

PUBLIC RECORD**Dates:** 10/06/2026 - 29/06/2026

Doctor: Dr Abhishek SHAH
GMC reference number: 7906056
Primary medical qualification: MBBS 2014 Rajiv Gandhi University of Health Sciences - S. Nijalingappa Medical College and HSK Hospital

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Harkiran Musgrave
Lay Tribunal Member:	Mrs Lorna Taylor
Registrant Tribunal Member:	Dr Gillian Livesey

Tribunal Clerk:	Mr Rowan Barrett
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Miss Isobel Thomas

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in private.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 22/06/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules) following a successful application by Dr Shah to hear the case in private.

Background

2. Dr Shah qualified in 2014. Prior to the events which are the subject of the hearing, Dr Shah worked in Emergency Medicine in India, where he qualified to practise medicine. At the time of the events, Dr Shah was practising as a Senior Clinical Fellow in Emergency Medicine at University Hospital Lewisham ('UHL'), a role which he had held since 2021.

3. The allegations that have led to Dr Shah's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that, between January 2022 and April 2023, whilst working within Lewisham and Greenwich NHS Trust ('the Trust'), Dr Shah sexually harassed four junior colleagues, Person A, Person B, Person C and Person D. Dr Shah is alleged to have repeatedly sent inappropriate and unwanted messages of a sexual nature from his personal mobile phone and social media accounts to all four colleagues. He is further alleged to have intentionally pressed his crotch against Person C's shoulder, on two separate occasions, whilst at work.

4. The initial concerns were raised with the GMC on 19 June 2024 by Dr E.

The Outcome of Applications made during the Facts Stage

5. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed with the hearing in Dr Shah's absence. The Tribunal's full decision on the application is included at Annex A.

6. The Tribunal also granted Dr Shah's application, made in writing pursuant to Rule 41 (2) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to hear the entirety of the case in private. The Tribunal's full decision on the application is included at Annex B.

Adverse Inference

7. In her submissions on facts Miss Thomas invited the Tribunal to draw an adverse inference from Dr Shah's non-attendance at this hearing, referring it to paragraphs 25-34 of the MPTS Guidance for Tribunals which deal with adverse inferences.

8. Miss Thomas submitted that the GMC has established a prima facie case against Dr Shah. She submitted that Dr Shah was given the opportunity to attend and that he was informed that the Tribunal may draw an adverse inference from his non-attendance should he choose not to do so. Miss Thomas submitted that Dr Shah does not have an innocent explanation for his non-attendance; if he did, he would have attended the hearing to provide that explanation. Miss Thomas submitted that the Tribunal should place little weight on Dr Shah's untested written submissions to the Tribunal.

9. The Tribunal considered Dr Shah's explanation for his non-attendance, which it understood as relating to XXX and the stress of participating in the proceedings. XXX The Tribunal recognised that it would of course be challenging for Dr Shah to attend the hearing as these proceedings are likely to be stressful for any doctor, in the same position.

10. As a result of Dr Shah's non-attendance at the hearing, the Tribunal has been unable to test his evidence and will be limited in its assessment of this. The Tribunal therefore determined that it was appropriate to draw an adverse inference from Dr Shah's non-attendance.

The Allegation and the Doctor's Response

11. The Allegation made against Dr Shah is as follows:

That being registered under the Medical Act 1983 (as amended):

1. At all material times you worked at XXX as a colleague of:
 - a. Person A; **Admitted and found proved**
 - b. Person B; **Admitted and found proved**
 - c. Person C; **Admitted and found proved**
 - d. Person D. **Admitted and found proved**

Person A

2. Between January 2022 and April 2023, on more than one occasion, as set out in Schedule 1, you behaved inappropriately and/or unprofessionally towards Person A, in that you sent WhatsApp messages from your private mobile telephone number to Person A's private mobile telephone number:
 - a. which you had been given to use as an emergency contact in a professional capacity; **Admitted and found proved**
 - b. in which you asked Person A questions of a sexualised nature, including: **Admitted and found proved**
 - i. 'And yr partner must be waiting for you at home ?'; **Admitted and found proved**
 - ii. 'U want someone to date as well?'; **Admitted and found proved**
 - iii. 'U want masseur ?'; **Admitted and found proved**
 - iv. 'Does it mean u into [XXX]?'; **Admitted and found proved**

- v. 'Need to find [XXX] masseur for you online before you come'. **Admitted and found proved**
- 3. In or around February 2022, as set out in Schedule 2, you behaved inappropriately and/or unprofessionally towards Person A, in that you sent private messages to Person A on Instagram:
 - a. from your personal account: **Admitted and found proved**
 - i. in which you wrote:
 - I. 'Sex is the best form of cardio'; **Admitted and found proved**
 - II. 'When you are having sex, you are very near to the center of creation, to the very source of life'; **Admitted and found proved**
 - ii. in which you asked if Person A was:
 - I. 'With [XXX] or alone?'; **Admitted and found proved**
 - II. 'Had [XXX]?'; **Admitted and found proved**
- a. from an anonymous Instagram account ('your anonymous Instagram account'), the details of which are set out in Schedule 3, in which you confessed you liked Person A. **Admitted and found proved**

Person B

- 4. On one or more occasion from February 2022, as set out in Schedule 4, you behaved inappropriately and/or unprofessionally towards Person B, in that you sent messages to Person B from your anonymous Instagram account, in which you told Person B that you:
 - a. were attracted to them; **Admitted and found proved**
 - b. wanted to date them. **Admitted and found proved**

5. On one or more occasion from February 2022, as set out in Schedule 5, you behaved inappropriately and/or unprofessionally towards Person B, in that you sent messages to Person B from your anonymous account on the XXX application, in which you:
- a. sent an unsolicited photo of male genitalia; **Admitted and found proved**
 - b. discussed XXX; **Admitted and found proved**
 - c. wrote 'Would u like if I play with your nipples?'; **Admitted and found proved**
 - d. persistently messaged Person B even though Person B told you to 'go away'. **Admitted and found proved**

Person C

6. On one or more occasion between 01 April 2022 and 31 May 2022, as set out in Schedule 6, you behaved inappropriately and/or unprofessionally towards Person C, in that you sent messages to Person C on the XXX application, in which you:
- a. commented on Person C's physical appearance; **Admitted and found proved**
 - b. invited Person C to come to your private accommodation; **Admitted and found proved**
 - c. sent to Person C:
 - i. two unsolicited images of a naked male torso; **Admitted and found proved**
 - ii. an unsolicited image of an erect penis; **Admitted and found proved**

- d. wrote that you felt like cuddling Person C tightly, or words to that effect; **Admitted and found proved**
 - e. disclosed XXX; **Admitted and found proved**
 - f. wrote 'I would really like to spend some time with you may be long term'; **Admitted and found proved**
 - g. persistently messaged Person C even though Person C did not send you any response. **Admitted and found proved**
7. On an unknown date between August 2021 and April 2022 whilst working with Person C, you:
- a. stood so close to Person C, who was seated, such as to make Person C feel uneasy; **To be determined**
 - b. pressed your crotch against Person C's left shoulder. **To be determined**
8. On an unknown date between August 2021 and April 2022 whilst working with Person C you rested your crotch on Person C's left shoulder while Person C was seated. **To be determined**

Person D

9. On a date between November 2022 and April 2023 you behaved inappropriately and/or unprofessionally towards Person D, in that you sent messages to Person D on Instagram from your personal account, in which you:
- a. included lewd and sexual content; **Admitted and found proved**
 - b. told Person D that you liked their bum; **Admitted and found proved**
 - c. wondered if Person D would have a bath and/or a shower with you; **Admitted and found proved**

- d. asked Person D to send you a picture of themselves wearing a bathrobe.

Admitted and found proved

10. In or around May 2023 you behaved inappropriately and/or unprofessionally towards Person D, in that you sent messages to Person D on Instagram from an anonymous account, in which you:

- a. wrote that:

- i. Person D's partner was such a lucky XXX, or words to that effect;

Admitted and found proved

- ii. you longed to be with Person D, or words to that effect: **Admitted and found proved**

- iii. it's a shame Person D was in a relationship, or words to that effect; **Admitted and found proved**

- iv. you would love if Person D would take their clothes off and put on your bathrobe, or words to that effect; **Admitted and found proved**

- b. asked if Person D would take a bath with you, or words to that effect; **Admitted and found proved**

- c. persistently messaged Person D even though Person D had asked you to stop messaging on a date prior to May 2023. **Admitted and found proved**

11. Your actions as set out at paragraphs 2-10:

- a. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for:

- i. Person A; **Admitted and found proved**

- ii. Person B; **Admitted and found proved**
- iii. Person C; **Admitted and found proved**
- iv. Person D; **Admitted and found proved**
- b. were sexually motivated; **Admitted and found proved**
- c. were an abuse of your more senior position. **To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

The Admitted Facts

12. In written submissions to the Tribunal, Dr Shah made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the 'the Rules'. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

13. In light of Dr Shah's response to the Allegation made against him, the Tribunal is required to determine whether Dr Shah acted in the ways set out in Paragraphs 7 and 8 of the Allegation, in standing closely behind and pressing his crotch against Person C's shoulder on two occasions. The Tribunal must also determine whether Dr Shah's actions amounted to an abuse of his more senior position, as set out in Paragraph 11 (c) of the Allegation.

Witness Evidence

14. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- XXX (Person B), via Microsoft Teams on 11 June 2026
- XXX (Person C), via Microsoft Teams on 15 June 2026
- XXX (Person A), via Microsoft Teams on 15 June 2026
- XXX (Person D), via Microsoft Teams on 16 June 2026

15. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms E, Chief Medical Officer at Lewisham and Greenwich NHS Trust
- Dr F, Consultant Anaesthetist and College Tutor at UHL;
- Ms G, Employer Relations Officer at Imperial College London

16. Dr Shah provided his own bundle, including a witness statement dated 15 May 2026.

Documentary Evidence

17. The Tribunal had regard to the documentary evidence provided by the parties.

The evidence from GMC included, but was not limited to, the following:

- Screenshots of social media messages;
- Transcript notes of WhatsApp exchanges between Dr Shah and Person A;
- Witness statements;
- Investigation notes;
- Email threads.

18. The following documentary evidence was provided from Dr Shah:

- Copies of apology letters addressed to the complainants;
- Appraisal and feedback documentation 2022-2024;
- Evidence of CPD;
- Witness statement.

The Tribunal's Approach

19. The Tribunal received and accepted legal advice in respect of MPTS Guidance, section three, step 1, and cases of *Dutta v GMC [2020] EWHC 1974 (Admin)*, *Khan v General Medical Council [2021] EWHC 374* and *Basson v GMC [2018] EWHC 505 (Admin)*. The Tribunal also received and accepted legal advice in regards to abuse of position, MPTS Guidance Introduction and Adverse Inference.

20. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

21. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

The Tribunal's Analysis of the Evidence and Findings

22. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

23. Dr Shah has made admissions in respect of the messages he sent to the complainants via social media, messaging platforms and the XXX app. Dr Shah has also admitted that these actions were sexually motivated and amounted to sexual harassment. Dr Shah denies having acted in the ways set out at paragraphs 7 and 8 of the Allegation and additionally does not accept the allegation that his actions amounted to an abuse of his more senior position, as set out in allegation 11(c).

24. Paragraphs 7(a) and 7(b) of the Allegation relate to allegations made by Person C. Having heard Person C's oral evidence, the Tribunal considered Person C to be a credible witness however it considered that Person C's evidence was inconsistent around the physical contact which allegedly occurred, which made parts of the evidence unreliable.

25. The Tribunal noted that, in the notes of the Trust investigation meeting dated 20 February 2024, Person C is recorded as having described the incidents as follows:

'A few physical interactions happened with Dr Shah, one happened in Resus and one in majors. I was sitting down taking notes and he would come up to my personal space.'

At the time I didn't think much of it but in the process he rubbed his crotch across my shoulder both times. The first one was in Resus and at the time I was more upset with him missing a stroke than thinking about what he had just done. This incident happened during a day shift and there was no one to witness it.

The second time it happened in Majors during a day shift. This is when I realised it was him sending the messages. By this point I didn't think much about the physical interactions, I was just thinking about my shift and how busy I was.'

Paragraph 7(a)

26. The Tribunal first considered solely the matter of whether Dr Shah stood so close to Person C such as to make them feel uneasy.

27. The Tribunal began by evaluating the evidence of Person C in respect of this aspect of their allegation, comparing the Trust investigation notes from 20 February 2024, with their witness statement given on 10 December 2024 and their oral evidence to the Tribunal at this hearing.

28. Person C described Dr Shah at the Trust investigation meeting as having 'come up' to their 'personal space' and went on to state that:

'At the time I didn't not think much of it but in the process he rubbed his crotch across my shoulder....'

29. The Tribunal compared this with Person C's witness statement, given around 10 months later, on 10 December 2024, in which they said:

'He was extremely close to me which made me feel uneasy.'

30. In their evidence to the Tribunal, Person C said that at the time they had considered that Dr Shah's actions could have been accidental, but in hindsight 'maybe not'.

31. The Tribunal considered that the account Person C gave to the Trust in February 2024, which does not give any indication that they felt uneasy about Dr Shah standing close to them, was more likely to be reliable because it was a more contemporaneous record and their first documented account, than their GMC witness statement and their oral evidence.

32. In the notes, Person C states,

'I was more upset with him missing a stroke than thinking about what he just done'

and that they,

'didn't think much of it.'

The Tribunal determined this to be more accurate as to how they were feeling at the time.

33. The Tribunal did not doubt that Dr Shah may have stood close to Person C whilst they were seated on this occasion, however, it considered that there was insufficient evidence before it to demonstrate that Dr Shah's actions in standing close to Person C caused Person C to feel uneasy at the time.

34. The GMC has not proven on the balance of probabilities that Person C was made to feel uneasy by Dr Shah standing close to them. The Tribunal therefore found Paragraph 7(a) of the Allegation not proved.

Paragraph 7(b)

35. The Tribunal next considered whether the GMC has discharged the burden of proof in respect of the allegation that Dr Shah pressed his crotch against Person C's left shoulder.

36. In the notes of the Trust investigation, Person C described the physical contact on (both occasions) as Dr Shah having,

'rubbed his crotch across my shoulder'.

In their witness statement, Person C stated,

'he proceeded to press his crotch into my left shoulder'.

In oral evidence, Person C told the Tribunal that Dr Shah,

'pressed himself',

and described it as Dr Shah's crotch and right thigh, into Person C's left shoulder.

37. Person C was asked to clarify why they had used the word press in oral evidence and the word rubbed during the investigation notes, Person C said that they were changing their vocabulary.

38. Notwithstanding this, the Tribunal considered that there was inconsistency in the description of the physical contact and that this inconsistency was fundamental given the importance of what it speaks to.

39. Furthermore in Person C's witness statement, they stated,

'following the first occasion, I initially thought Dr Shah had done this incidentally as he was in close proximity to me viewing my screen....'

In their oral evidence, Person C stated,

'at the time I thought it was an accident.'

40. Given there was an element of doubt in Person C's mind as to whether this was intentional or accidental, coupled with the inconsistencies, the Tribunal determined the GMC has not proven this Paragraph of the Allegation on the balance of probabilities.

41. The Tribunal therefore found Paragraph 7(b) of the Allegation not proved.

Paragraph 8

42. The Tribunal considered whether the GMC has discharged the burden of proof in respect of the allegation that Dr Shah rested his crotch on Person C's left (emphasis Tribunal's own) shoulder.

43. In the meeting notes, Person C stated,

'he rubbed his crotch across my shoulder both times.'

In their witness statement, Person C stated,

‘Dr Shah approached me, and he proceeded to rest his crotch on my right shoulder.’

In oral evidence, Person C stated that Dr Shah,

‘rested his crotch’ and ‘pressed his crotch’ against Person C’s ‘right’ shoulder.’

When questioned further by the Tribunal, Person C stated that it was a press against the right shoulder for 10 seconds.

44. The Tribunal determined that the inconsistencies of which shoulder was involved and the descriptions namely rubbing, resting and pressing were fundamental.

45. The Tribunal also noted that, in Person C’s oral evidence when asked about their reaction on this occasion, they described *‘freezing’*, however, the Tribunal considered that this was absent from and in contrary to their more contemporaneous account given at the Trust investigation meeting, when they said,

‘by this point I don’t think much about the physical interactions and I was just thinking about my shift and how busy I was.’

46. The Tribunal considered that, given the inconsistencies the GMC has not proven this Paragraph of the Allegation on the balance of probabilities.

47. The Tribunal therefore found Paragraph 8 of the Allegation not proved.

Paragraph 11 (c)

48. Finally, the Tribunal considered whether Dr Shah’s actions were an abuse of his more senior position.

49. The Tribunal noted that Dr Shah’s position was that he was not the direct line manager, clinical or educational supervisor for any of the complainants and Dr Shah described them in his witness statement as *‘professional colleagues’*.

50. The Tribunal determined that Dr Shah was in a more senior position than the complainants. His conduct took place with junior colleagues from the same hospital setting, which is an environment with a clear hierarchy and in which seniority of role confers a degree of power and responsibility within the workplace. The Tribunal noted that Dr Shah's role at the time was at the level of registrar and that all of the complainants were working with him at a more junior level than this at the time.

51. Person A was a newly qualified XXX in their first clinical position within the NHS. The Tribunal noted that Person A's evidence was that the unwanted messages from Dr Shah was one of the contributing reasons in their decision to leave the role and adversely affected their mental health. In terms of the frequency of professional contact Person A stated that Dr Shah was one of two registrars they worked with and whom they would need to take advice from on every patient they saw on shift (5-15 patients per shift). In Dr Shah's statement he commented that, in respect of Person A, that they,

'occasionally requested clinical advice regarding patients...and were limited in frequency'.

The Tribunal preferred the evidence of Person A and was satisfied that Dr Shah was clearly in a senior position to Person A.

52. Person B was working as a SHO/CT1/CT2 in general anaesthetics, general medicine and intensive care. Person B told the Tribunal that they would have to work with Dr Shah when dealing with very unwell patients in the Emergency Department. When questioned about their contact with Dr Shah at work, Person B said that they experienced feelings of 'dread' when they had to work with Dr Shah. When Dr Shah's position that he was not senior to Person B was put to them in evidence, Person B said:

'I totally refute that. There is no real way to argue with the fact he was in a more senior position than I was. Inherently a registrar is more senior to an SHO. The hierarchy in a hospital, regardless of what speciality you're in, is fixed and Dr Shah was a registrar and I was an SHO. I had an anaesthetic registrar who was my direct senior, but in hospitals we always understand what the hierarchy is across departments using this system.'

53. The Tribunal noted that Person B when giving evidence at the Trust hearing said they felt that reporting these matters would benefit future trainees, stating that Dr Shah was senior to the complainants in this matter.

54. Person C told the Tribunal that they did not consider that Dr Shah's seniority was a factor in their decision not to report the incidents until later on. However, the Tribunal bore in mind that Person C was working at the time at the level of a Junior Clinical Fellow in Medicine. When compared with Dr Shah's position of Senior Clinical Fellow in Emergency Medicine, it is clear that Dr Shah was in the more senior position.

55. The Tribunal also noted Dr Shah's position on the frequency with which he worked with Person C. In Person C's statement they set out,

'I would approximate that I would come into contact with Dr Shah on 50% of my on-call shifts.'

Dr Shah described his professional interactions as *'infrequent'* in regards to Person C. The Tribunal preferred the evidence of Person C in respect of this matter.

56. Person D was a new trainee and was at the same level of training as Person B. Person D described themselves in their oral evidence as having been *'very junior within the department'*. They told the Tribunal in their evidence that they had been concerned about not being believed when reporting the incident due to not being more senior and not wanting to *'rock the boat'*.

57. The Tribunal was satisfied that Dr Shah was in a more senior professional position than the four complainants.

58. The Tribunal noted that none of the colleagues that Dr Shah messaged were senior to him or even at the same level. The Tribunal considered that there was a clear power imbalance in this case. The Tribunal considered that Dr Shah's approach to the messages, in remaining anonymous and refusing to disclose his identity when challenged, revealing that he held information such as Person C's bleep number, referencing his clinical role and the locations that the complainants worked was intimidating. Dr Shah had described all four witnesses as *'professional colleagues'* and the Tribunal considered his written submissions sought to minimise not only his level of seniority but also the level of clinical contact he had with, and supervision he provided to, the complainants.

59. The Tribunal was therefore satisfied that Dr Shah's actions in respect of Paragraphs 2, 3, 4, 5, 6, 9 and 10 of the Allegation did constitute an abuse of his more senior position.

The Tribunal's Overall Determination on the Facts

60. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. At all material times you worked at XXX as a colleague of:

- a. Person A; **Admitted and found proved**
- b. Person B; **Admitted and found proved**
- c. Person C; **Admitted and found proved**
- d. Person D. **Admitted and found proved**

Person A

2. Between January 2022 and April 2023, on more than one occasion, as set out in Schedule 1, you behaved inappropriately and/or unprofessionally towards Person A, in that you sent WhatsApp messages from your private mobile telephone number to Person A's private mobile telephone number:

- a. which you had been given to use as an emergency contact in a professional capacity; **Admitted and found proved**
- b. in which you asked Person A questions of a sexualised nature, including: **Admitted and found proved**
 - i. 'And yr partner must be waiting for you at home?'; **Admitted and found proved**
 - ii. 'U want someone to date as well?'; **Admitted and found proved**

- iii. 'U want masseur ?'; **Admitted and found proved**
 - iv. 'Does it mean u into [XXX]?'; **Admitted and found proved**
 - v. 'Need to find [XXX] masseur for you online before you come'. **Admitted and found proved**
3. In or around February 2022, as set out in Schedule 2, you behaved inappropriately and/or unprofessionally towards Person A, in that you sent private messages to Person A on Instagram:
- a. from your personal account:
 - i. in which you wrote: **Admitted and found proved**
 - I. 'Sex is the best form of cardio'; **Admitted and found proved**
 - II. 'When you are having sex, you are very near to the center of creation, to the very source of life'; **Admitted and found proved**
 - ii. in which you asked if Person A was:
 - I. 'With [XXX] or alone?'; **Admitted and found proved**
 - II. 'Had [XXX]?'; **Admitted and found proved**
 - b. from an anonymous Instagram account ('your anonymous Instagram account'), the details of which are set out in Schedule 3, in which you confessed you liked Person A. **Admitted and found proved**

Person B

4. On one or more occasion from February 2022, as set out in Schedule 4, you behaved inappropriately and/or unprofessionally towards Person B, in that you sent messages to Person B from your anonymous Instagram account, in which you told Person B that you:

- a. were attracted to them; **Admitted and found proved**
 - b. wanted to date them. **Admitted and found proved**
5. On one or more occasion from February 2022, as set out in Schedule 5, you behaved inappropriately and/or unprofessionally towards Person B, in that you sent messages to Person B from your anonymous account on the XXX application, in which you:
- a. sent an unsolicited photo of male genitalia; **Admitted and found proved**
 - b. discussed XXX; **Admitted and found proved**
 - c. wrote 'Would u like if I play with your nipples?'; **Admitted and found proved**
 - d. persistently messaged Person B even though Person B told you to 'go away'.
Admitted and found proved

Person C

6. On one or more occasion between 01 April 2022 and 31 May 2022, as set out in Schedule 6, you behaved inappropriately and/or unprofessionally towards Person C, in that you sent messages to Person C on the XXX application, in which you:
- a. commented on Person C's physical appearance; **Admitted and found proved**
 - b. invited Person C to come to your private accommodation; **Admitted and found proved**
 - c. sent to Person C:
 - i. two unsolicited images of a naked male torso; **Admitted and found proved**
 - ii. an unsolicited image of an erect penis; **Admitted and found proved**
 - d. wrote that you felt like cuddling Person C tightly, or words to that effect;
Admitted and found proved

- e. disclosed XXX; **Admitted and found proved**
 - f. wrote 'I would really like to spend some time with you may be long term';
Admitted and found proved
 - g. persistently messaged Person C even though Person C did not send you any response. **Admitted and found proved**
7. On an unknown date between August 2021 and April 2022 whilst working with Person C, you:
- a. stood so close to Person C, who was seated, such as to make Person C feel uneasy; **Determined and found not proved**
 - b. pressed your crotch against Person C's left shoulder. **Determined and found not proved**
8. On an unknown date between August 2021 and April 2022 whilst working with Person C you rested your crotch on Person C's left shoulder while Person C was seated.
Determined and found not proved

Person D

9. On a date between November 2022 and April 2023 you behaved inappropriately and/or unprofessionally towards Person D, in that you sent messages to Person D on Instagram from your personal account, in which you:
- a. included lewd and sexual content; **Admitted and found proved**
 - b. told Person D that you liked their bum; **Admitted and found proved**
 - c. wondered if Person D would have a bath and/or a shower with you; **Admitted and found proved**
 - d. asked Person D to send you a picture of themselves wearing a bathrobe. **Admitted and found proved**

10. In or around May 2023 you behaved inappropriately and/or unprofessionally towards Person D, in that you sent messages to Person D on Instagram from an anonymous account, in which you:
- a. wrote that:
 - i. Person D's partner was such a lucky XXX, or words to that effect; **Admitted and found proved**
 - ii. you longed to be with Person D, or words to that effect: **Admitted and found proved**
 - iii. it's a shame Person D was in a relationship, or words to that effect; **Admitted and found proved**
 - iv. you would love if Person D would take their clothes off and put on your bathrobe, or words to that effect; **Admitted and found proved**
 - b. asked if Person D would take a bath with you, or words to that effect; **Admitted and found proved**
 - c. persistently messaged Person D even though Person D had asked you to stop messaging on a date prior to May 2023. **Admitted and found proved**
11. Your actions as set out at paragraphs 2-10:
- a. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for:
 - i. Person A; **Admitted and found proved**
 - ii. Person B; **Admitted and found proved**
 - iii. Person C; **Admitted and found proved**

iv. Person D; **Admitted and found proved**

b. were sexually motivated; **Admitted and found proved**

c. were an abuse of your more senior position. **Determined and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

Determination on Impairment - 24/06/2026

61. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Shah's fitness to practise is impaired by reason of misconduct.

The evidence

62. The Tribunal has reviewed its findings of fact.

Submissions

Submissions on behalf of the GMC

63. Miss Thomas submitted that Dr Shah's fitness to practise was impaired as a result of his misconduct. She referred the Tribunal to the 2013 edition of Good Medical Practice ('GMP') which was in force at the time of the events, highlighting paragraphs 12, 36, 37 and 65. Miss Thomas stated that Dr Shah's junior colleagues could be regarded as members of the public. She also referred the Tribunal to paragraph 31 of the MPTS Guidance for Tribunals ('the Guidance'), referring to the Tribunal's findings at the facts stage that this was a case of sexual harassment of junior colleagues. Miss Thomas submitted that this case should be assessed as falling at the higher end of the spectrum of seriousness and that the Tribunal's consideration of the case should start at the higher end of seriousness.

64. Miss Thomas submitted that the factors that increased the seriousness in this case included that the behaviour was persistent or repeated, and that it involved more than one

complainant and multiple incidences. The messages, which included explicit photos were unwanted. She submitted that it was predatory behaviour in that junior colleagues were targeted, that there was an imbalance of power and that Dr Shah's actions amounted to an abuse of his professional position. Miss Thomas further submitted that the relationship between Dr Shah and the complainants was not equal and that his actions undermined collaborative working relations.

65. Miss Thomas submitted that Dr Shah's contention that he was not aware of the appropriate boundaries within a UK workplace having recently arrived in the UK from India was not a sufficient explanation of his actions, particularly as he had completed the GMC's 'Welcome to UK Practice' workshop in October 2021. She submitted that his actions lacked awareness and he used a lack of social support and XXX as reasons for his actions.

66. Miss Thomas submitted that Dr Shah had limited insight into his misconduct which did not significantly mitigate the risk to public protection, which in this case was high. She further submitted that there was insufficient evidence to conclude that the risk of repetition in this case was low, noting that the absence of repetition in the intervening period should be given little or no relevance when a registrant was no longer working in a comparable environment. Miss Thomas submitted that, given the nature and seriousness of the findings made by the Tribunal and the limited insight and remediation from Dr Shah, all three limbs of public protection were engaged and the level of risk remains high.

Written submissions from Dr Shah

67. The Tribunal had regard to the bundle provided by Dr Shah, which included but was not limited to:

- Dr Shah's witness statement dated 15 May 2026
- Testimonials
- Appraisals
- CPD log
- Apologies

The relevant legal principles

68. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only

make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

69. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted. The Tribunal must first determine whether the facts as found proved amounted to misconduct, and whether that misconduct was serious. The Tribunal must then determine whether the finding of that misconduct, which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response, and therefore could lead to a finding of impairment.

70. To assess whether Dr Shah poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved
- the impact of any relevant context known about Dr Shah and/or their working environment, and
- how Dr Shah has responded to the allegations.

71. The Tribunal received and accepted legal advice in respect of misconduct and impairment and were referred to the cases of in *Roylance v General Medical Council* (no.2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC (Admin), *Calhaem v General Medical Council* [2007] EWHC 2606 (Admin), of *Zygmunt v GMC* [2008] EWHC 2643 (Admin), *Cohen v. GMC* [2008] EWHC 581 (Admin), *Cheatle v General Medical Council* [2009, EWHC 645 (Admin), *Meadow v General Medical Council* [2006] EWCA Civ 1390 [2007] 1 QB 462 and *CHRE v NMC and Grant* [2011] EWHC 927 (Admin).

The Tribunal's determination on impairment

72. In making its decision on whether there is current impairment of Dr Shah's fitness to practise, the Tribunal has applied the steps set out at MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e) and has also referred

to MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types.

Is there a legal basis for considering impairment?

73. The Tribunal first considered the question of whether there was a legal basis for considering whether Dr Shah's fitness to practise is currently impaired. The Tribunal had regard to the following paragraphs of GMP referred to by the GMC.

12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

74. The Tribunal considered that the above paragraphs of GMP were engaged given the nature and scale of Dr Shah's behaviour towards junior colleagues. The Tribunal determined that sexual misconduct (in this case sexual harassment and sexual motivation) and abuse of position are serious departures from the standard of conduct expected of a registered medical practitioner and considered that fellow practitioners would consider Dr Shah's behaviour unacceptable. The Tribunal was therefore satisfied that the misconduct found proved in this case was serious and that there was a legal basis for considering impairment. It then went on to consider where on the spectrum of seriousness the misconduct fell.

Where on the spectrum of seriousness does the allegation lie?

75. The Tribunal determined that the starting point for assessing seriousness in this case was at the higher end of the spectrum of seriousness. It had regard to paragraph 31 of the Guidance, which outlines the types of allegations that usually fall at the higher end of the spectrum of seriousness, and noted that sexual harassment was cited in this category; a primary feature of this case.

76. The Tribunal also had regard to the specific case types set out in the Guidance introduction and concluded that this case fell into ‘Case type 1: sexual misconduct’. The Tribunal bore in mind paragraph 63 of the introduction which states:

‘63 Whilst a range of behaviour can be seen, the nature of the departure from the professional standards usually means these concerns or allegations fall at the higher end of the spectrum of seriousness. Even a single incident of sexual misconduct can have a significant harmful impact and pose a high level of risk to public protection.’

77. Having established that the starting point for assessing seriousness was high, the Tribunal went on to consider factors which may increase the seriousness in this particular case.

78. The Tribunal considered that the repeated and prolonged nature of the misconduct found proved increased the level of seriousness in this case. Dr Shah was found to have sexually harassed four junior colleagues concurrently over a period of time, in one instance over a course of approximately 18 months. The Tribunal also took into account its finding that Dr Shah’s actions were an abuse of his more senior professional position and considered that this was a factor increasing the seriousness of the misconduct. The Tribunal determined that Dr Shah had attempted to minimise not only his seniority but also the level of clinical interaction with the witnesses from whom the Tribunal heard as set out in its findings of fact.

79. The Tribunal also considered that Dr Shah’s actions undermined collaborative working. The Guidance sets out that *‘behaviour that undermines colleagues or is otherwise obstructive to effective team working can directly or indirectly impact on patient safety.’* In oral evidence the Tribunal heard evidence from Person C that they felt anxious and Person B, who felt distracted at work, knowing they may work alongside Dr Shah. In Person B’s statement they set out their difficulty concentrating whilst working with Dr Shah for example whilst engaged in patient resuscitation, saying:

‘my mind would not be entirely dialled into the clinical situation knowing that this was going on in the background’.

Person B also stated that Dr Shah’s presence at a clinical training event had a negative impact on them, saying it:

‘affected my ability to learn well.’

In Person A's statement they explained that the messages from Dr Shah made them feel:

'very uncomfortable and I felt very awkward working on shift with him in the knowledge that he had bombarded me with messages.'

Person A told the Tribunal that Dr Shah's behaviour was a contributing reason for leaving their role. The Tribunal determined that Dr Shah did not appear to consider the potential impact of his behaviour on patient care with sufficient detail. Whilst acknowledging some of the detrimental results of his misconduct on colleagues, he appeared to focus on the impact proceedings had on himself.

80. The Tribunal noted that Dr Shah persistently sent both direct and anonymous messages to junior colleagues, and continued when he was clearly told to stop. He also sent explicit photographs to two of the complainants. The Tribunal reminded itself of its finding that Dr Shah's behaviour constituted sexual harassment and of the impact it was found to have had on the complainants.

81. Having determined that the starting point for assessing seriousness was high and taken into account the factors increasing the seriousness, the Tribunal was satisfied that this case continues to lie at the high end of the spectrum of seriousness.

What is the impact of any relevant context known about Dr Shah and/or their working environment?

82. The Tribunal went on to consider the impact of any relevant context to Dr Shah's misconduct. It noted that in terms of relevant context around his workplace and role, this was Dr Shah's first role in the UK and in the NHS. However, the role was not one of a junior doctor but that of a senior clinician at Registrar/Senior Clinical Fellow level, who would at times have responsibility for the Emergency Department. In terms of relevant personal context, the Tribunal had regard to Dr Shah's written submissions, in which he stated that his being new to the UK, being a young man (of 30 years old), isolated and unfamiliar with the social setting and XXX, meant that he had not been aware of the inappropriateness of his actions. The Tribunal did not accept a lack of social support and XXX as a sufficient explanation for his actions. The Tribunal also had regard to the GMC's submission that Dr Shah had completed the GMC 'Welcome to UK Practice' workshop, prior to commencing his new role and Dr Shah outlined that this covered boundaries within the workplace.

83. The Tribunal considered, from the screenshots presented of the messages from Dr Shah, the oral evidence and witness statements, that Dr Shah was told clearly that the messages were unwelcome and he was told to stop, with Person B using language such as ‘go away’. The Tribunal considered that Person C did not reply to any of the communication yet Dr Shah persisted in sending multiple messages to them over a period of approximately two months. The Tribunal considered that Dr Shah should have understood that his messages were unwanted and that he was being instructed to stop sending them.

84. The Tribunal noted from Dr Shah’s statement that he lacked familiarity with the cultural environment of the UK, however, it found that XXX and social isolation did not constitute relevant personal context that would decrease the overall level of risk to public protection.

How has Dr Shah responded to the allegation?

85. The Tribunal went on to consider whether Dr Shah has demonstrated meaningful insight into his misconduct and whether he has remediated. The Tribunal bore in mind that misconduct of this nature is difficult to remediate.

86. The Tribunal had regard to Dr Shah’s witness statement and the admissions he made to a large part of the allegation. However, the Tribunal noted that Dr Shah accepted that he initiated contact with junior colleagues in one part of his statement, yet contended that he was initially contacted by Person B on two separate occasions on XXX. He also stated he was in communication with Person D prior to their clinical interaction. Both witnesses strongly denied this was the case.

87. The Tribunal determined that Dr Shah continues to attempt to deflect blame for his misconduct in distancing himself from the clinical responsibility he held and to minimise the level of contact he had with the junior colleagues involved.

88. Dr Shah has now offered an apology to colleagues in his submissions to the GMC but the Tribunal noted that the apologies were at a late stage and therefore should be given less weight when considering insight. The Tribunal noted paragraph 87 of the Guidance:

'87. While all evidence of insight is important when assessing risk, some factors will enhance the impact of insight which means they may carry more weight. The following are relevant considerations:

...

the timing – for example, an apology given soon after the relevant events to the appropriate person may carry more weight than if it were given following a delay and just before, or at, the decision point...'

89. The Tribunal considered that Dr Shah has demonstrated limited insight into the seriousness of his misconduct, having not addressed the feelings of intimidation or alarm his behaviour caused his colleagues, the explicit images he sent, or the potential impact on patient care of creating such an environment for junior colleagues, whom in addition, may have felt unable to challenge his behaviour.

90. The Tribunal considered that Dr Shah has demonstrated some awareness in hindsight that his actions were not appropriate. However, there is an absence of meaningful and sufficient insight into the impact of his having sexually harassed a number of junior colleagues, at times simultaneously, over a prolonged period and of how he could have acted differently in the circumstances.

91. Further, the Tribunal determined that Dr Shah failed to demonstrate that he has sufficiently understood the impact of his behaviour on public confidence in the profession.

92. In respect of remediation, the Tribunal considered if Dr Shah's misconduct was remediable. It noted that sexual misconduct is often described as conduct which is particularly difficult to remediate. In assessing if Dr Shah had been able to demonstrate sufficient remediation in relation to the allegation, the Tribunal considered the testimonials Dr Shah has provided but note none speak of having awareness of the allegation.

93. The Tribunal considered the positive steps Dr Shah reports he has taken in developing a support network and his assertion that he has adopted a 'quiet quitting' approach to his use of social media. It also considered the evidence of relevant continuous professional development (CPD) provided by Dr Shah. The Tribunal noted he has attempted to maintain his clinical skills by undertaking a number of clinically relevant learning modules, a two-and-a-half-hour literature review on sexual harassment in the workplace, and a number of courses on professional standards and ethics. However, the Tribunal found that there was very little

evidence of reflection on this short literature review or courses in relation to Dr Shah's misconduct.

94. Further, as a result of Dr Shah's non-attendance the Tribunal was unable to properly test his level of insight and remediation through questioning and determined there was insufficient evidence to conclude there was a low risk of repetition of the misconduct. The Tribunal therefore determined that there remained a risk of repetition in this case.

95. The Tribunal considered the Guidance at paragraph 134:

134. In cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may have less impact and carry less weight because these types of allegations can be more difficult to remediate. Evidence of the doctor having kept their knowledge and skills up to date may also be less relevant. This should be considered by the MPT when they are reaching a view on risk and a conclusion that the doctor poses a current and ongoing risk to one of more of the three parts of public protection requiring restrictive action in response may be needed, particularly as the allegation is likely to engage public confidence.

96. Overall, the Tribunal was not satisfied that Dr Shah has demonstrated sufficient insight into his misconduct or taken adequate meaningful steps to remediate. The Tribunal reminded itself of its finding that the case remained at the high end of the spectrum of seriousness. Accordingly, the Tribunal was only able to give this evidence limited weight in relation to the risk of repetition and the risk to public protection.

Tribunal's decision as to whether Dr Shah poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

97. On the basis of the facts found proved, the insufficient insight and remediation Dr Shah has demonstrated, the Tribunal was satisfied that the risk to public protection remains high. The Tribunal determined that Dr Shah has breached all three parts of public protection and has also breached fundamental tenets of the profession, namely maintaining trust, acting with integrity, respecting others and not abusing a position of power.

98. The Tribunal has therefore determined that Dr Shah's fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 29/06/2026

99. Having determined that Dr Shah's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

100. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

101. On behalf of the GMC, Miss Thomas submitted that the appropriate sanction in this case, taking account of the MPTS Guidance and the Tribunal's assessment on current and ongoing risk to public protection, was erasure. She invited the Tribunal to consider the sanction bandings set out in the MPTS Guidance, relating to cases involving sexual misconduct, and reminded it that it should consider each possible sanction in turn, starting with the least restrictive and applying the principle of proportionality.

102. Miss Thomas stated that there were no exceptional circumstances in this case which would warrant the Tribunal taking no action. Moving to conditions, she submitted that the concerns in relation to Dr Shah's behaviour that have been found proved are not easily remediable through conditions. She stated that there were no identifiable, measurable or workable conditions that could adequately address the risk that has been identified, and conditions are not the appropriate sanction in this case.

103. In relation to suspension or erasure, Miss Thomas submitted that this case had involved sending unwanted, lewd messages and images to junior colleagues over a significant period of time. She reminded the Tribunal of its findings at the impairment stage that Dr Shah had continued to deflect blame for his misconduct in distancing himself from the clinical responsibility he had and to minimise the level of contact he had with the junior colleagues that were involved. Further, she stated that Dr Shah has demonstrated limited insight into the seriousness of his misconduct, and had not demonstrated sufficient insight or taken

adequate steps to remediate, such that there remains a risk of repetition. Miss Thomas submitted that, in these circumstances, suspension would not be an appropriate response and that Dr Shah's behaviour is incompatible with continued registration.

104. Miss Thomas referred the Tribunal to paragraph 57 of the MPTS Guidance (MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction), which sets out where erasure may be the proportionate response. She stated that all four factors set out were applicable in this case, and reminded the Tribunal of the impact Dr Shah's actions had on the four complainants involved. She submitted that the seriousness of the facts that have been found, taken in the context within which the behaviour occurred, coupled with the limited and incomplete insight, means that the risk to public protection remains high, and that erasure is the only sanction which meets the need to promote and maintain public confidence in the profession and to uphold the standards of the profession. Miss Thomas then asked the Tribunal to consider paragraph 73 of the MPTS Guidance Introduction.

105. Miss Thomas acknowledged that erasure would likely have a significant effect on Dr Shah, but the impact of the sanction should be given little weight, given the seriousness of the findings that have been made.

The Tribunal's Determination on Sanction

106. The Tribunal received and accepted legal advice and the procedure to be adopted under the MPTS Guidance (MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction). It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

107. In making its decision on sanction, the Tribunal has reviewed its decision on impairment and has considered the level of current and ongoing risk that Dr Shah poses to public protection, which it has assessed as high. It has referred to all of the guidance for MPTS Tribunals, with regards to sexual misconduct and the sanctions banding for cases involving sexual misconduct. It noted that the suggested sanction in such cases under the sanctions bandings ranges from 12 months suspension to erasure. It has also considered the impact of any specific sanction type, where applicable, the evidence concerning Dr Shah's previous good character, and the testimonials provided.

108. The Tribunal reminded itself that the sanctions bandings are intended to provide a guide, and that there may be evidence relevant to the individual circumstances of the case that indicates a sanction which is more or less restrictive than that suggested in the bandings.

109. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No action

110. The Tribunal considered that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the Tribunal's determination on impairment. It considered that taking no action would not be sufficient to protect the public, proportionate, or in the public interest.

Conditions

111. The Tribunal next considered whether to impose conditions on Dr Shah's registration. It noted all of the Guidance relevant to conditions and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable. The Tribunal bore in mind that the sanction should address the seriousness of the misconduct found in this case.

112. As a starting point, the Tribunal considered that the sanctions banding for this case type does not indicate that conditions would be sufficient to meet the level of risk to public protection. Further, it does not fit within the Guidance as set out at above.

113. Moreover, given the seriousness of Dr Shah's conduct, the Tribunal did not consider that the imposition of conditions would be a proportionate or appropriate response sufficient to satisfy its determined level of the current and ongoing risk to public protection. The Tribunal further considered that it would not be possible to formulate conditions to address Dr Shah's conduct and, as such, conditions would be unworkable in this case. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

114. The Tribunal then went on to consider if it should impose a period of suspension.

115. In reaching its decision, the Tribunal bore in mind the following paragraphs of the Guidance:

‘41. Suspension is for those cases where the doctor’s behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

- a. conditions are not appropriate, measurable and/or workable*
- b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
- c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.’*

116. The Tribunal reminded itself that the aim for imposing a period of suspension is to manage the current and ongoing risk to public protection with the ultimate aim being that the doctor should be able to safely return to unrestricted practice in the future. However, the Tribunal determined that the above factors, which would indicate that suspension may be appropriate, did not apply in this case.

117. The Tribunal determined that it had limited evidence of Dr Shah’s insight or remediation, which was not sufficient to reduce the high risk to public protection. The Tribunal considered that, despite the passage of three years since the behaviour was reported, Dr Shah continues to deflect blame onto others, and minimise his position of seniority. Further, it has concerns that Dr Shah has not appreciated the impact of his actions on public confidence in the profession. Whilst Dr Shah has shown a degree of willingness to remediate, he has not done so to a sufficient level, to satisfy the Tribunal that the risk of

repetition had reduced, considering the sexual harassment, sexual motivation and the abuse of a senior position identified within the Tribunal's findings.

118. The Tribunal considered the impact of Dr Shah's actions on the four complainants. Person A told the Tribunal that Dr Shah's behaviour had impacted their mental health, and also impacted their training and development. It also contributed to them resigning from their role. Person B said that they had experienced 'feelings of dread' when they had to work with Dr Shah, and that his actions had led to them feeling 'anxious', experiencing 'palpitations' and a 'heaviness in [their] chest' and that they felt 'uncomfortable', 'nervous' and that this had affected their ability to concentrate in clinical situations. Person C told the Tribunal that they were very 'shocked' and 'alarmed' by the messages they received, particularly from Dr Shah's anonymised account, as the person who was messaging them knew their bleep number and other details about them. They told the Tribunal that it was emotionally distressing for them and that when Dr Shah started referencing their work, it had really upset them, they had been scared, and it had impacted their desire to go to work. Person D said they felt 'annoyed' at Dr Shah's actions when their partner was brought into the messages and felt 'a bit sick' and 'grossed out' by Dr Shah's contact. The Tribunal considered how Dr Shah's behaviour affected junior colleagues and their ability to work. It considered that this had the potential to put patients at risk of harm.

119. The Tribunal was of the view that the prolonged and repeated nature of Dr Shah's conduct, involving multiple junior colleagues, and the fact that they represented an abuse of his senior position was indicative of an attitudinal issue. The Tribunal was not satisfied that Dr Shah had rectified the serious misconduct identified and has found that the risk of repetition remained high in this case.

120. Taking all of this into account, the Tribunal was not satisfied that Dr Shah would, following a period of suspension, be able to safely return to unrestricted practice in the future.

Erasure

121. The Tribunal then went on to consider whether erasure would be the appropriate and proportionate sanction in the circumstances of this case. The Tribunal considered that paragraph 73 of the Guidance Introduction was relevant:

‘73. In cases where sexual misconduct is found to be sexually motivated, the inherent seriousness is likely to be high and make any outcome short of erasure inappropriate.’

122. The Tribunal also bore in mind paragraphs 55, 57 and 66 of the Guidance, namely:

‘55. Erasure is action available for those cases where a doctor’s behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

...

57. Erasure may be the proportionate response where:

- a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
- b. the doctor’s behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
- c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
- d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.*

...

66. The following matters are not relevant to the assessment of current and ongoing risk to public protection which will have informed the MPT’s decision on impairment, but can be considered at this stage when deciding what sanction is proportionate:

- a. evidence about the impact that taking a specific type of action may have on patients or members of the public, or the doctor themselves, and/or*

b. references and testimonials about the doctor's character'

123. For the reasons set out above, the Tribunal has found that conditions would not be appropriate, measurable or workable and suspension was not sufficient to protect the public. The Tribunal has found that Dr Shah's behaviour put patients at potential risk of harm, and the risk of harm could not be mitigated sufficiently through conditions or suspension.

124. The Tribunal determined that Dr Shah's actions were borne from attitudinal issues, that he sexually harassed four junior colleagues over a period of time and in addition, that he has demonstrated limited insight. Dr Shah has been unable to demonstrate that he has meaningful understanding of the impact and consequences of his actions upon the complainants, patients and public. The Tribunal determined that his actions are fundamentally incompatible with continued registration.

125. The Tribunal determined that the seriousness of the facts found proved and the current and ongoing high risk to public protection meant that the effect of Dr Shah's continuing to hold registration would undermine public confidence in the profession.

126. The Tribunal bore in mind that sanctions are not intended to be punitive but may have a punitive effect. The Tribunal acknowledged that this sanction would undoubtedly have an impact on Dr Shah but was of the view that this is outweighed by the need to uphold professional standards and maintain public confidence in the profession.

127. The Tribunal determined that the risk to public protection could not be adequately managed by any sanction short of erasure and that public confidence in the profession would be undermined by a lesser sanction.

128. Accordingly, the Tribunal determined to erase Dr Shah's name from the Medical Register.

Determination on Immediate Order - 29/06/2026

129. Having made a direction to erase Dr Shah's registration, the Tribunal has now considered, in accordance with Rule 17ZA(h) of "The Rules" and Section 38(1) of the Medical Act (1983) as amended, whether his registration should be subject to an immediate order.

Submissions

130. Ms Thomas submitted that an immediate order is necessary in the case of Dr Shah. Ms Thomas drew the Tribunal's attention to the relevant guidance and submitted that it is necessary for an immediate order to be made, given the findings of the high level of risk posed by Dr Shah, the need to protect the public and uphold public confidence in the profession.

131. The Tribunal received and accepted legal advice.

The Tribunal's Decision

132. The Tribunal has taken account of the relevant paragraphs of the Guidance, including paragraphs 79 and 84:

79. The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed 18 Section 38 of the Medical Act 1983 (as amended) a sanction of suspension or erasure, it may impose an immediate order of suspension.

84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high,*
- c. immediate action is needed to maintain public confidence in the medical profession.*

133. The Tribunal has borne in mind its findings about the risk to public protection, public confidence and professional standards in this case.

134. Therefore the Tribunal determined that it is necessary for the protection of members of the public and is in the public interest to suspend Dr Shah's registration forthwith.

135. This means that Dr Shah's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is

made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

136. The interim order currently in place will be revoked.

137. That concludes this hearing.

ANNEX A – 11/06/2026

Determination on Service and Proceeding in Absence

Service

138. Dr Shah is neither present nor represented.

139. The Tribunal was provided with a service bundle in advance of the hearing.

140. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), and paragraph 8 of the Fourth Schedule of the Medical Act 1983. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions made by Miss Isobel Thomas Counsel, on behalf of the GMC.

141. The Tribunal received legal advice.

142. The Tribunal had regard to the relevant Rules which required notice of a new hearing to be served on the practitioner no later than 28 days before the hearing held under Rule 22 of the Rules. This required that such a notice or document to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, which the practitioner had notified to the Registrar as an address for communications.

143. The Tribunal noted that Dr Shah was sent the Notice of Hearing ('NoH') letter by the MPTS on 22 April 2026 and that this was acknowledged by Dr Shah by email on the same day. The Tribunal noted that draft bundles were sent to Dr Shah by the GMC on 24 April 2026 and that these were also acknowledged by the doctor. The Tribunal therefore determined that notice of this hearing and the requisite GMC documentation, has been served in accordance with the relevant provisions.

144. Based upon the evidence before it, the Tribunal was satisfied that the NoH had been served upon Dr Shah in accordance with the relevant Rules.

145. Having determined that service had been effected, the Tribunal then considered whether to proceed in Dr Shah's absence pursuant to Rule 31.

Proceeding in Dr Shah's Absence

146. Miss Thomas invited the Tribunal to proceed in Dr Shah's absence. She submitted that it is clear from the service bundle that all reasonable efforts had been taken to serve the necessary documentation on Dr Shah. She submitted that it was clear from Dr Shah's email responses to the documentation, that he was aware of the GMC investigation into the matters before the Tribunal and had indicated that he was content for the matter to proceed in his absence. Miss Thomas submitted that Dr Shah had made a conscious decision not to attend the hearing and had thus voluntarily absented himself.

147. The Tribunal received further legal advice.

148. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Shah's absence was a matter for its discretion and that such discretion was to be exercised with care and caution. The Tribunal noted Rule 31 for determining applications to proceed in absence which sets out:

"Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules."

149. The Tribunal also had regard to the principles set out in *Adeogba v the GMC [2016] EWCA Civ 162* and the case of *R v Jones [2002] UKHL5* and *General Medical Council v Visvardis [2016] EWCA Civ 162*. The Tribunal had regard to all the circumstances including the following.

- The nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
- Whether an adjournment would secure Dr Shah's attendance;
- The likely length of any such adjournment;
- The extent of any disadvantage to the doctor in not being able to present his account of events;
- The public interest that a hearing should take place within a reasonable time.

150. The Tribunal balanced the interests of Dr Shah, alongside the public interest in deciding whether to proceed in his absence.

151. The Tribunal determined that Dr Shah had been properly served with the hearing documentation. That documentation clearly set out the date and time of this hearing, and advised Dr Shah that the Tribunal may proceed the case in his absence. Having considered all of the available information, the Tribunal determined that Dr Shah's absence was voluntary, that he had chosen not to attend and waived his right to be present.

152. The Tribunal considered that there is no evidence before it to persuade it that adjourning the hearing today was likely to secure Dr Shah's attendance in the near future. It noted that Dr Shah had not requested an adjournment and that he has lodged substantial written submissions for the purpose of the hearing which the Tribunal has read. Furthermore the Tribunal noted an email dated 15 May 2026 from Dr Shah to the GMC and MPTS, in which he stated *'Please be advised that I will not be attending the hearing. I intend to rely on my written submissions.'*

153. The Tribunal bore in mind its overarching objective, which is to protect the public, and of the need to dispose of the issues raised in this case expeditiously. The Tribunal bore in mind that attendance of the practitioner should not be determinative, due to the adverse impact on the effective and efficient running of hearings.

154. The Tribunal was mindful that proceeding in Dr Shah's absence may cause some disadvantage to him. However, he has been served with the requisite documentation and been provided with proper information about this hearing and has indicated that he would not be attending. The Tribunal took into account the length of any likely delay, that witnesses have been called and the associated impact of further diverting clinical witnesses from providing healthcare if the hearing was adjourned.

155. The Tribunal could identify no reason, based on the information before it, to adjourn the hearing. It was therefore determined, in all the circumstances, that it was proper and in the public interest to proceed with Dr Shah's hearing in his absence.

ANNEX B – 11 June 2026

Determination on application for the hearing to be held in private

156. In written submission to the Tribunal, Dr Shah made an application under Rule 41 (2) that the hearing be held entirely in private.

157. Dr Shah relied on two grounds for his application. XXX

158. XXX

159. XXX

160. The GMC adopted a neutral position in respect of the application made by Dr Shah. XXX

161. The tribunal received legal advice.

162. The Tribunal considered that the content within the documentation provided in respect of XXX was insufficient to justify a decision to hear the case in private.

163. The Tribunal was persuaded, however, on the basis of XXX

164. XXX

165. The Tribunal considered whether it would be possible to hold the hearing partly in private and partly in public, however, it considered that due to the nature of the allegations, it would not be possible to hold any part of the hearing in public without XXX.

166. The Tribunal therefore determined that the hearing should be held fully in private under Rule 41 (2), as the particular circumstances of this case outweigh the public interest in holding the hearing in public.

Schedule 1

XXX

Schedule 2

XXX

Schedule 3

XXX

Schedule 4

XXX

Schedule 5

XXX

Schedule 6

XXX