PUBLIC RECORD

Dates: 29/06/2026 - 02/07/2026

Doctor:	Dr Ahmed ABDELGHANI
GMC reference number:	6050889
Primary medical qualification:	MB BCh 1988 Ain Shams University

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

Summary of outcome

Suspension, 4 months

Tribunal:

Legally Qualified Chair	Ms Louise Sweet
Lay Tribunal Member:	Mr Paul Hepworth
Registrant Tribunal Member:	Dr Anup Singh

Tribunal Clerk:	Joel Taylor-Garratt

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Chloe Fairley, Counsel

Attendance of Press / Public

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

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 and Impairment - 30/07/2026

Background

1. Dr Abdelghani qualified as a doctor in 1988. At the time of the events, Dr Abdelghani was practising as a Registrar in General and Breast Surgery at the South Tees NHS Foundation Trust ('The Trust'). Prior to the events that led to the Allegation Dr Abdelghani had worked at the Trust since 2019. He had retired from working as a doctor in the Egyptian army in 2018.

2. It is alleged by the General Medical Council (GMC) that in three of Dr Abdelghani's appraisals, covering the period 2021 to 2023, he submitted a total of five certificates of attendance for training courses that he did not attend. It is alleged that Dr Abdelghani's actions were dishonest.

3. The initial concerns were raised with the GMC in an online complaint form, dated 13 August 2024 by a member of the public who alleged that Dr Abdelghani had been committing fraud in order to pass the revalidation process. They alleged that most of the conference, seminar and course certificates Dr Abdelghani provided for revalidation were non-existent or forged.

The Allegation and the Doctor's Response

4. The Allegation made against Dr Abdelghani is as follows:

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

1. In your appraisal for period 1 April 2021- 31 March 2022, you submitted a certificate of attendance in your name for an online webinar 'Surgical Management of

Difficult Cholecystectomy' held on 20/12/2021, when you did not attend the training. Admitted and found proved

2. In your appraisal for period 1 January 2022 to 31 December 2022, you submitted the following attendance/completion certificates in your name when you did not attend the training:

a. the annual Egyptian Society of Surgeons meeting between 28/10/2022 - 30/10/2022; Admitted and found proved

b. Latest Advancements in the Management of Locally Advanced Breast Cancer held on 7/11/2022 - 10/11/2022. Admitted and found proved

3. In your appraisal for period 1 January 2023 to 31 December 2023, you submitted the following attendance/completion certificates in your name when you did not attend the training:

a. the Latest Updates in Breast Oncoplastic Surgery course 24 November 2023; Admitted and found proved

b. the annual Egyptian Society of Surgeons meeting 5-7 December 2023. Admitted and found proved

4. You knew you:

a. had not attended any of the training listed in paragraphs 1-3 above; Admitted and found proved

b. should not submit certificates of attendance/completion in your appraisal when you did not attend the training. Admitted and found proved

5. Your actions as set out at paragraphs 1-3 were dishonest by reason of paragraph 4. Admitted 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

The Admitted Facts

5. At the outset of these proceedings, Dr Abdelghani made admissions to the entirety 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.

6. In light of his admissions, the Tribunal now has to decide, in accordance with Rule 17(2)(l) of the Rules, whether Dr Abdelghani's actions amounted to misconduct and whether his fitness to practise is currently impaired by reason of that misconduct.

Witness Evidence

7. Dr Abdelghani provided two reflective witness statements, both of which were undated.

Documentary Evidence

8. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, the following:

    a. Dr Abdelghani's appraisal documentation for the relevant appraisals, including the false certificates, as well as documentation for his 2026 appraisal.
    b. Correspondence relating to Dr Abdelghani's XXX and current working arrangements.
    c. Patient and Colleague feedback.
    d. Various correspondence relating to the local investigation into Dr Abdelghani's alleged dishonesty.
    e. Evidence of courses attended by Dr Abdelghani.

9. The Tribunal also received in support of Dr Abdelghani a number of testimonials from colleagues and employers, all of which it has read. In particular, the Tribunal noted the testimonial from Dr B, Dr Abdelghani's current Responsible Officer ('RO').

Submissions

<u>Submissions on behalf of the GMC</u>

10. Ms Chloe Fairley, Counsel, submitted that Dr Abdelghani's actions amounted to misconduct and that his fitness to practise was currently impaired. She said that for a

doctor's conduct to amount to misconduct, it must be a serious departure from the standards expected of a doctor.

11. Ms Fairley said that Dr Abdelghani's actions straddled both the 2013 and 2024 editions of Good Medical Practice ('GMP') but that the same standard was present in both and applied in this case, which was set out at paragraph 81 of the 2024 GMP:

> *'81 You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.'*

12. Ms Fairley submitted that honesty and integrity were fundamental tenets of the profession and that, by producing false certificates for his appraisals, Dr Abdelghani had breached these tenets and had seriously departed from the standards set out in GMP. She submitted that this departure amounted to misconduct and that this provided the legal basis for the Tribunal to consider Dr Abdelghani's fitness to practise.

13. Ms Fairley submitted that Dr Abdelghani's dishonesty was at the higher end of seriousness, having breached fundamental tenets of the profession. She submitted that dishonesty at the lower end of the spectrum of seriousness would have a limited impact and occur outside of a doctor's professional role, which was not the case with Dr Abdelghani's actions. She said that Dr Abdelghani's dishonesty was firmly within his professional role, was for the purpose of maintaining his professional position and was repeated.

14. Ms Fairley acknowledged that Dr Abdelghani had gained no actual benefit from his dishonesty, his RO having stated that Dr Abdelghani would have passed his appraisals even without the documents in question. However, she submitted that this was of limited relevance when the Tribunal was considering the seriousness of Dr Abdelghani's misconduct as it was clear Dr Abdelghani thought the documents were necessary to pass his appraisals.

15. Ms Fairley submitted that there were features in the case that increased the seriousness of Dr Abdelghani's misconduct. She said these were that Dr Abdelghani's dishonesty was repeated and persistent, having taken place over three separate appraisal processes, and that his actions were deliberate and premeditated.

16. Ms Fairley submitted that the starting point for the Tribunal's assessment of the risk to public protection was high and was not mitigated by any personal or professional context on Dr Abdelghani's behalf. She acknowledged that Dr Abdelghani had not trained in the

UK and had not been subject to comparable appraisal processes for the majority of his career but submitted that it was the responsibility of all doctors to know the standards expected of them under GMP and to engage fully and openly with regulatory processes, including appraisals.

17. Ms Fairley accepted that Dr Abdelghani had shown insight into his misconduct, having made a full apology, full admissions and having been open about his conduct from the point he was challenged on it. She also said that Dr Abdelghani had provided objective evidence of remediation such as relevant courses and demonstrated insight in his early admissions and reflective statements.

18. However, Ms Fairley submitted that insight and remediation have less weight when the risk to public protection is high. She noted that dishonesty is difficult to remediate. Ms Fairley also submitted that Dr Abdelghani appeared to still place blame in his written responses upon the individual who advised him to submit false certificates, thereby minimising his responsibility to some extent.

19. Ms Fairley submitted that doctors occupy a position of particular privilege and trust and that dishonest conduct is particularly serious. She said this is because dishonesty directly impacts public confidence in the profession, especially when the dishonesty took place in the professional setting and when it has been repeated. Ms Fairley submitted that proper professional standards and public confidence in the profession would be undermined if the Tribunal did not find Dr Abdelghani's fitness to practise to be impaired.

Submissions on behalf of Dr Abdelghani

20. Dr Abdelghani agreed his actions amounted to misconduct. He said that he regretted his actions, which were a mistake. He submitted he had admitted his actions from the outset and regretted them immediately upon learning of their seriousness. Dr Abdelghani submitted that, although his misconduct occurred over three appraisals, it was not repetition of dishonesty, merely continuation of his initial mistake.

21. Dr Abdelghani submitted that he meant no harm to patients and had caused none. His intentions were merely to conclude his appraisal as quickly as possible so that he could return to his clinical work. However, he now accepts and understands that his actions were not correct and said he takes full responsibility for the decision to provide false certificates and sought to blame no one else.

22. Dr Abdelghani told the Tribunal about the background to his misconduct, which included his first appraisal covering the period during the height of Covid-19. During this period, he was separated from his family, living in hospital accommodation and working in a highly stressful and understaffed environment, including seeing patients on his days off without ever claiming overtime. He had also had XXX at the time, including XXX.

23. Dr Abdelghani submitted that, prior to 2021, he had never been required to participate in a formal appraisal process and did not appreciate the significance of this system. He stated he had only been appraised on a more informal basis in the past and had come from a career which did not have a comparable process.

24. He told the Tribunal that he accepted, what turned out to be 'bad advice,' from an individual who suggested he provide false certificates to assist in the appraisal process and offered to produce these for Dr Abdelghani. Dr Abdelghani said that, having done this for his appraisal in 2021, he repeated this at his two subsequent appraisals, not thinking about the seriousness of his conduct.

25. Dr Abdelghani reiterated his regret and apology and insisted he would not repeat his actions in the future. He referred the Tribunal to his long career without any regulatory history. He also referred the Tribunal to the testimonial evidence from his colleagues, particularly that from his RO who expressed an opinion that Dr Abdelghani was unlikely to repeat his actions. Dr Abdelghani also affirmed he gained no financial or professional advantage because of the certificates he had supplied.

26. Dr Abdelghani accepted he had departed from the standards set out in GMP and made no submission about the seriousness of his misconduct and left it to the Tribunal's judgment. He urged upon the Tribunal the context of his misconduct.

27. Dr Abdelghani said that he now had full understanding of the appraisal process and the seriousness of his misconduct. He said that he was in a more stable position, XXX and understood better the culture and opportunities of the Trust, including access to CPD and how to establish boundaries to reduce work pressure. He expressed his apology and regret.

The relevant legal principles

28. 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 may 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.

29. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then 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.

30. To assess whether Dr Abdelghani poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal follow the steps set out it in Guidance. It 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 Abdelghani and/or their working environment, and
- how Dr Abdelghani has responded to the allegations.

31. The Tribunal will also have regard to the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the Guidance').

32. The Tribunal had regard to *Cheatle v General Medical Council [2009] EWHC 645 (Admin) (27 March 2009):*

> *'22 In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'*

33. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC, [2011] EWHC 927 (Admin):*

'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

Also:

'74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

34. The Tribunal began by considering whether there was a legal basis for it to consider impairment. The Tribunal reminded itself that the facts of the case involved Dr Abdelghani's submission of false certificates, which were intended to deceive his colleagues as to courses undertaken which were relevant to his professional skills. Those certificates were submitted as part of three appraisals, taking place in 2022, 2023 and 2024. Dr Abdelghani had also made full admissions to the Allegation, including that his actions were dishonest.

35. The Tribunal had regard to paragraph 81 of GMP (2024), which reflected paragraph 65 of GMP (2013), as set out by Ms Fairley. It considered that Dr Abdelghani's dishonesty was

a clear departure from these standards and that it breached a fundamental tenet of the profession.

36. The Tribunal was satisfied that Dr Abdelghani's conduct amounted to serious professional misconduct and that this provided a legal basis for it to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

37. The Tribunal considered that Dr Abdelghani's dishonesty was within his professional role but did not go beyond the appraisal process. The Tribunal noted that he had not sought any financial or professional gain. The Tribunal further noted that his dishonesty was limited in its impact as the false certificates were not determinative in his passing his appraisals. He would have passed the appraisals anyway. The Tribunal noted that his dishonesty was repeated over three separate appraisals.

38. The Tribunal had regard to paragraph 28 of the Guidance, which indicates allegations that usually fall at the lower end of the spectrum of seriousness:

> *'28 Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*
>
> *…*
>
> - *an incident of dishonest behaviour which is limited in nature and had limited impact, such as where it occurred outside of the doctor's professional role and the value of any financial or other benefit derived was low.'*

39. The Tribunal also had regard to paragraph 31 of the Guidance, which indicates allegations that usually fall at the higher end of the spectrum of seriousness:

> *'31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> *…*
>
> - *dishonesty, other than where it occurred outside of the doctor's professional role and was not persistent or repeated, and the value or other benefit derived was not significant.'*

40. The Tribunal considered that this paragraph was relevant in this case, although the specific features of the case may mean it was not at the highest end of the spectrum of seriousness.

41. The Tribunal considered it significant that Dr Abdelghani's appraisals were not actually affected by the false certificates and that no harm had come to patients. The Tribunal noted that the certificates were submitted by Dr Abdelghani, who was of the, albeit mistaken, view they were necessary to "pass" his appraisal and therefore preserve his professional position.

42. The Tribunal turned to consider if any of the facts increased the seriousness. It considered that the seriousness was increased because Dr Abdelghani had repeated his dishonesty by providing five false documents across three appraisals. The Tribunal considered that Dr Abdelghani's actions were premeditated as he had discussed his appraisal with someone else, who had then provided the false documents for Dr Abdelghani to use. The Tribunal also considered that Dr Abdelghani's dishonesty undermined the appraisal process, which was designed to protect the public.

43. The Tribunal was mindful of Dr Abdelghani's RO having stated that Dr Abdelghani would have passed his appraisals even without the certificates but noted that this was not known to Dr Abdelghani at the time of his dishonesty. The Tribunal considered that a doctor attempting to mislead their employer or colleagues about what professional training they had carried out would undermine public confidence in the profession.

44. The Tribunal determined that this case lay on the border between medium and high on the spectrum of seriousness. It considered it relevant that Dr Abdelghani made no actual gains, had no actual impact on patient safety and had no previous probity concerns but was of the view that such dishonesty is serious, which is increased in seriousness because of its repetition.

<u>What is the impact of any relevant context known about Dr Abdelghani and/or their working environment?</u>

45. The Tribunal reminded itself of Dr Abdelghani's written evidence and his oral submissions regarding the pressures he was under during the time of the first appraisal, including separation from family, living in hospital accommodation, XXX and the increased pressure on healthcare from Covid-19. The Tribunal also noted that the usual systems of work were interrupted during Covid-19. He was isolated from family and was

available at all times to be called upon for assistance during the pandemic. This had all added a great deal of stress to his home and working life.

46. The Tribunal accepted in principle that these sorts of pressures can impact a person's thought processes and decision making and it could be reasonably inferred were relevant to the misconduct. The Tribunal noted that the GMC had accepted Dr Abdelghani's dishonesty did not appear to be a deep-seated personality trait and considered that it could be potentially explained by context.

47. The Tribunal accepted the context provided by Dr Abdelghani and considered this relevant when weighing up the risk to the public. The Tribunal also considered it significant that the context was now different. Dr Abdelghani was XXX and more stable at work. Although there were stresses at work there was no pandemic. The Tribunal considered that this reduced the risk of Dr Abdelghani repeating his misconduct. However, the Tribunal again noted that this was a case of repeated dishonesty, which will adversely impact public confidence in him and the profession.

48. The Tribunal noted that it is a doctor's responsibility to understand and comply with relevant appraisal processes and systems and to act with honesty and integrity. The Tribunal accepted that Dr Abdelghani had practised in Egypt for many years without a comparable appraisal process and it was not clear from the evidence how much interaction with the process Dr Abdelghani had had before 2022, but considered it remained his responsibility to understand that process and to comply with GMP. The Tribunal considered Dr Abdelghani should have understood the importance of the appraisal process and the need to engage with it honestly. It was also relevant that Dr Abdelghani held a senior position and had responsibility to demonstrate compliance with GMP.

<u>How has Dr Abdelghani responded to the allegation?</u>

49. The Tribunal considered that Dr Abdelghani had been open and honest with the Trust once the issues came to light and that he had fully cooperated with the Trust, the GMC investigation and the hearing process, including making full admissions at the outset. He had accepted his mistake, expressed regret and taken responsibility for his actions:

'I would like to begin by expressing my sincere regret, admitting my mistake and taking full responsibility for my actions. I admit that submitting certificates that I had not completed in my appraisal was a big mistake and is away from the professional

standards. I deeply regret this lapse in judgement and I fully understand that my actions were not keeping with the principles of Good Medical Practice.'

50. The Tribunal noted that, in his written evidence, Dr Abdelghani had sought to put some blame on the individual advising him in Egypt but had since taken full responsibility.

51. The Tribunal considered that there was evidence Dr Abdelghani had engaged with relevant learning about GMP and professional standards, having provided evidence of these courses. He had also fully disclosed and discussed the probity concerns raised by his misconduct at his 2025 appraisal. Dr Abdelghani's RO stated in his witness statement:

'Dr Abdelghani has accepted responsibility and acknowledged his error of judgement from the outset. Remorseful and apologetic throughout all communications, not just for the actions he has taken but for the impact on others in investigating professional standards concerns.'

52. The Tribunal reminded itself that dishonesty is difficult to remediate but not impossible. It considered that Dr Abdelghani had demonstrated significant remediation efforts and developed insight. The GMC had also accepted he had presented objective evidence of insight and remediation. The Tribunal agreed that he had done as much as he could in the time that had passed since these events had come to light.

53. The Tribunal further considered that the testimonial evidence, as well as colleague and patient feedback, indicated Dr Abdelghani is a doctor who is otherwise well regarded and has no other probity concerns. The Tribunal accepted that Dr Abdelghani's insight was genuine and accepted that he did not seek to apportion blame to anyone else.

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

54. The Tribunal considered that Dr Abdelghani's insight and remediation was significant and that, because of this, the risk of him repeating his misconduct was low. The Tribunal considered that Dr Abdelghani appeared to be an otherwise good doctor but reminded itself that dishonesty is difficult to remediate.

55. The Tribunal reminded itself that the GMC did not suggest that the dishonesty in this case was a deep-seated personality issue, even though it was repeated. The Tribunal agreed with this position. As the dishonesty had been repeated, the Tribunal was unable

to come to a view that Dr Abdelghani's misconduct was highly unlikely to be repeated but remained of the view that the risk was low.

56. The Tribunal considered there was ample evidence of Dr Abdelghani keeping his knowledge and skills up to date and noted that he had continued to work without restrictions. He was fully supported by his RO and colleagues.

57. The Tribunal turned to consider the test from *Grant*, as set out above. It considered that limbs (b), (c) and (d) were engaged in this case.

58. The Tribunal considered that the level of risk to public protection was medium (albeit at the top of medium) due to the context, his commendable work history and as a result of Dr Abdelghani's considerable insight and remediation. The risk could be reduced no further because of the serious nature of dishonesty and the adverse impact it would have on public confidence in him and the profession.

59. The Tribunal considered that a finding of impairment was necessary to uphold proper professional standards and to maintain public confidence in the profession.

60. The Tribunal has therefore determined that Dr Abdelghani's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 02/07/2026

The Evidence

1. 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

2. On behalf of the GMC, Ms Fairley submitted that a period of suspension was the appropriate sanction in this case. She referred the Tribunal to the relevant paragraphs of the Guidance, including the sanctions banding. Ms Fairley submitted that, whilst a sanction may impact the career of a doctor, the interests of the public outweigh those of any individual practitioner. She also set out that, whilst a sanction may have a punitive effect, it is not intended as punishment or discipline.

3. Ms Fairley submitted that there must be exceptional circumstances to justify the Tribunal taking no action against Dr Abdelghani and that there were no such circumstances in this case. Dr Abdelghani accepted there were no exceptional circumstances about his case.

4. Ms Fairley submitted that an order of conditions would not be sufficient to reflect the seriousness of Dr Abdelghani's misconduct. Dr Abdelghani submitted that conditions would allow him to continue to work but did not suggest what conditions might be appropriate or sufficient to protect the public interest on the facts of his case.

5. Ms Fairley reminded the Tribunal of its findings that the seriousness of the case was on the border between medium and high and that the risk to public protection was medium. She submitted that this level of risk in cases of dishonesty should result in a period of suspension between 3 and 9 months, as indicated by the sanctions banding. Ms Fairley submitted that, whilst the Tribunal had found significant mitigation in Dr Abdelghani's insight and remediation, it had also noted the seriousness of repeated dishonesty.

6. Ms Fairley submitted that a period of suspension at the upper end of the range available would be appropriate and was necessary to maintain public confidence in the profession. Ms Fairley said that a review would be appropriate in cases of longer suspensions

7. Ms Fairley set out that, in light of Dr Abdelghani's insight and remediation, the GMC did not seek a sanction of erasure in this case. She said that a period of suspension could serve to send a message to the profession and to the public about the standards expected of a doctor and would have a deterrent effect on other members of the profession.

8. Dr Abdelghani submitted that he accepted Ms Fairley's submissions on impairment as well as the Tribunal's findings. He repeated that his intentions were good and that he had made a mistake by acting dishonestly. He reminded the Tribunal of his efforts to remediate and accepted that his misconduct was repeated, despite his previous belief that it was merely a continuation of circumstances, he understood the Tribunal findings.

9. Dr Abdelghani submitted he now understood that his misconduct occurred solidly within his professional role, which he had previously understood to be limited to non-clinical issues.

10. Dr Abdelghani reminded the Tribunal he had enjoyed a long career with no other probity or other concerns and would not repeat his misconduct. He reminded the Tribunal of the difficult circumstances he was under at the time of his initial misconduct and described the potential impact to his life and family if he were to be removed from practice.

11. Dr Abdelghani accepted that this case was not extraordinary and did not justify the Tribunal taking no action but submitted he could continue to work under an order of conditions. Dr Abdelghani said that he had made a human mistake, as all humans are liable to do, but that he had learned from that mistake and would not repeat it. He submitted that a member of the public would understand that doctors are still human and capable of making mistakes and that he had worked above and beyond for the Trust, especially in times of Covid. He had never sought compensation for any additional work. That had been the way he had always worked. He submitted that a member of the public would be able to understand that his motivation was to do the best for his patients. He had focused on getting back to his patients rather than his appraisal and now appreciated that this was the wrong thing to do.

The Tribunal's Determination on Sanction

12. The Tribunal bore in mind that the reason for imposing sanctions is to protect the public. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

13. The Tribunal took a proportionate approach, balancing the interests of Dr Abdelghani with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

14. In making its decision on sanction, the Tribunal reviewed its decision on facts and impairment and considered the level of current and ongoing risk the doctor poses to public protection. It referred to the sanctions banding for dishonesty cases as set out in Part C of the Guidance for MPT hearings. It also considered the impact of any specific sanction type, where applicable and any references or testimonials provided.

15. The Tribunal had regard to *Chaudhary v GMC [2017] EWCH 2561,* where it was plain that each case of dishonesty must be assessed on its own facts. Both as to it seriousness and to the future risk the misconduct might pose:

> *'37 …this court has stated often enough that any finding of dishonesty in a professional person is extremely serious and will often lead to the sanction of erasure.*

…

57 …dishonesty is not necessarily a monolithic concept. That has two consequences. First of all, questions of degree obviously arise, that much must be self-evident but secondly, that dishonesty in an individual does not have to be an all pervading or immutable trait.'

16. The Tribunal also had regard to the case of *Lusinga v Nursing and Midwifery Council [2017] EWHC (Admin) 1458:*

'103 I hope the Indicative Sanctions Guidance will be looked at again in the light of this judgment. The guidance does not differentiate between different forms of dishonesty, and takes one of the most serious forms of dishonesty (fraudulent financial gain) as the paradigm, without alluding to the possibility that dishonest conduct can take various forms; some criminal, some not; some destroying trust instantly, others merely undermining it to a greater or lesser extent.'

17. The Tribunal reminded itself of the serious nature of Dr Abdelghani's misconduct, of its finding that the risk to public protection was medium and that Dr Abdelghani had demonstrated well developed insight and had remediated.

18. The Tribunal considered all the available sanctions, beginning with the least restrictive.

No action

19. The Tribunal noted that to take no action exceptional circumstances must be present to justify such a course. The Tribunal considered that no such exceptional circumstances were present in this case. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

20. The Tribunal next considered whether to impose conditions on Dr Abdelghani's registration. It noted paragraphs 19 and 20 of the relevant section of the Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

21. The Tribunal considered that the sanctions banding for this case type indicates that conditions would be insufficient to meet the level of risk to public protection. Given the nature of Dr Abdelghani's misconduct, the Tribunal considered that an order of

conditions would not be proportionate to address the seriousness of the case, nor could any appropriate, workable and measurable conditions be formulated to reduce the risk of Dr Abdelghani acting dishonestly.

22. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be the appropriate sanction in this case.

Suspension

23. The Tribunal then went on to consider suspension. It referred to paragraph 45 of Part C of the Guidance:

> *'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.'*

24. The Tribunal considered that paragraph 4(c) was relevant in this case as conditions were not appropriate and because the level of risk to public protection required a sanction to maintain public confidence in the profession and to maintain professional standards. The Tribunal considered that a period of suspension was likely to be necessary to send a message to the profession that conduct of this nature is not acceptable, even where there has been no direct impact on patient safety.

25. The Tribunal reminded itself it had found the facts of the case to be at the higher end of the spectrum of seriousness but that the risk to public protection was medium. It reminded itself that Dr Abdelghani's misconduct, although in the course of his profession, took place during a period of high stress due to factors such as the Covid-19 pandemic and Dr Abdelghani's being separated from his family. The Tribunal also found that Dr Abdelghani had not been used to the formal appraisal process. The Tribunal accepted usual systems of explanation had been interrupted due to the pandemic. The Tribunal accepted that Dr Abdelghani had been previously used to informal appraisal in

Egypt. The Tribunal were persuaded that Dr Abdelghani now accepted that it was his responsibility to know the importance of appraisal to maintain professional standards and understood the adverse impact on public confidence as a result of his actions.

26. The Tribunal reminded itself that there were no patient safety concerns in this case and that Dr Abdelghani had worked for two years unrestricted since his misconduct came to light without restriction and without any further concerns being raised.

Erasure

27. The Tribunal had regard to paragraph 57 of the Guidance:

'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.'

28. The Tribunal considered that, whilst Dr Abdelghani's misconduct was serious, the risk to public protection was medium. It considered that a period of suspension would be sufficient to uphold public confidence in the profession and to promote proper professional standards and send out a message that any dishonesty was inappropriate in a doctor and especially when repeated no matter how inconsequential in gain for the doctor concerned.

29. The Tribunal accepted that Dr Abdelghani had not caused actual harm to patients and accepted that the risk to public confidence could be managed by a period of suspension. The Tribunal also accepted that Dr Abdelghani had remediated and shown good insight into his misconduct. The Tribunal was satisfied that public confidence in the profession would not be undermined by Dr Abdelghani continuing to hold registration.

30. The Tribunal therefore determined that a period of suspension was the appropriate sanction in this case. It was satisfied that a period of suspension would have a deterrent effect, sending an appropriate message to both the public and the profession about the standards expected of a doctor.

Length of suspension

31. The Tribunal had regard to the following paragraphs of Part C of the Guidance:

> *'46 The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:*
>
> *a. the assessment of the level of current and ongoing risk to public protection posed by the doctor*
> *b. the reasons for assessing suspension as being the proportionate response*
> *c. the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or*
> *d. the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.*
>
> *47 A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards. It might also be appropriate in relation to a very small number of clinical cases where a doctor's performance was such that although unlikely to recur, the nature of the allegation was so serious as to undermine the public's trust in the profession.*
>
> *…*
>
> *64 Once the MPT has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising their decision they must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. They should also remind themselves of their decision on how the*

case engaged one or more of the three parts of public protection with reference to their decision on impairment and the general guidance and specific case types of section in the Introduction.'

32. The Tribunal also had regard to the sanctions banding and noted that, having determined to suspend Dr Abdelghani's registration, it was indicated that the appropriate length of suspension for cases of medium risk to patient safety should be between 3 and 9 months.

33. The Tribunal considered it was significant that Dr Abdelghani had worked unrestricted for the past two years without any concerns being raised and that he had provided compelling evidence that he had learned from his mistakes.

34. The Tribunal had regard to the testimonial evidence that had been provided and to the evidence from Dr Abdelghani's RO. The Tribunal considered that these demonstrated Dr Abdelghani's good standing as a doctor and his RO's opinion that he had learned from his mistakes.

35. Further, the Tribunal considered that Dr Abdelghani had demonstrated an active willingness to learn from his mistakes through his submissions at the sanction stage.

36. The Tribunal considered that the period of suspension must reflect the seriousness of Dr Abdelghani's misconduct but it also bore in mind the context at the time of events and also Dr Abdelghani's current situation. In all the circumstances of the case, the Tribunal determined that a period of four months suspension would be sufficient to maintain public confidence in the profession and to send the appropriate message to the profession about proper professional standards.

37. The Tribunal determined that a review hearing would not be necessary in light of Dr Abdelghani's considerable efforts to develop his insight and to remediate, including having written essays and attended relevant training courses. The Tribunal considered that the order of suspension was made to maintain public confidence and professional standards but there was little question about Dr Abdelghani's ongoing probity. The Tribunal was also confident that a suspension of four months would have no adverse impact on Dr Abdelghani's clinical skills as he had demonstrated how he had been keeping his clinical and professional skills up to date. The Tribunal was confident that Dr Abdelghani would maintain this during the period of suspension.

Determination on Immediate Order - 02/07/2026

1. Having determined to suspend Dr Abdelghani's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Ms Fairley submitted that an immediate order is not necessary in this case to protect members of the public or otherwise in the public interest.

3. Dr Abdelghani did not make any submissions to the contrary.

The Tribunal's determination

4. In its deliberations, the Tribunal had regard to the Immediate orders section of the *'Guidance for MPTS Tribunals Section three: MPT hearings'* and in particular paragraph 79 which states:

> *'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 a sanction of suspension or erasure, it may impose an immediate order of suspension.'*

5. The Tribunal noted that Dr Abdelghani has been working unrestricted for two years since his misconduct came to light. In that time, he has provided considerable reflection, evidence of remediation and had demonstrated considerable insight. The Tribunal was satisfied the public does not need to be protected by an immediate order in this case. It was also satisfied that the public interest does not require the order of suspension to be made immediately.

6. The Tribunal therefore determined not to impose an immediate order.

7. This means that Dr Abdelghani's registration will be suspended from the medical register 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Abdelghani does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

8. That concludes the case.