PUBLIC RECORD

Date: 25/06/2026

Doctor:	Dr Bashir AHMEDSOWIDA
GMC reference number:	6127894
Primary medical qualification:	MD 1996 Ibne-Sina Balkh Medical School (Balkh University)

Type of case

Review - Misconduct

Outcome on impairment

Not Impaired

Summary of outcome

Suspension revoked

Tribunal:

Legally Qualified Chair:	Mr Ian Comfort
Lay Tribunal Member:	Mrs Jane Johnson
Registrant Tribunal Member:	Dr Aamna Khan

Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Lucy Chapman, 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 Impairment - 25/06/2026

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Ahmedsowida's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Ahmedsowida graduated with an MD from Ibne-Sina Balkh Medical School (Balkh University) in Afghanistan in 1996. At the time of the index events, he was practising in the United Kingdom. He completed his Foundation Years at Worcester (Redditch) Hospital and Sunderland City Hospital between 2007 and 2009. In August 2010 he was appointed as a Speciality Trainee Year 1 (ST1) at the Northern Ireland Medical and Dental Training Agency (NIMDTA). He was posted to the Belfast Health and Social Care Trust (BHSCT) from August 2010 to August 2011.

2021 Tribunal

3. A Medical Practitioners Tribunal (MPT) convened to consider Dr Ahmedsowida's case in March 2020 and was heard on a number of dates in 2020 and 2021 before concluding on 16 April 2021 ('the 2021 Tribunal'). The 2021 Tribunal found a number of allegations proved, which amounted to serious misconduct, as follows:

- Dr Ahmedsowida provided false information concerning his employment in two Curriculum Vitae (CV);
- Dr Ahmedsowida falsely identified his Responsible Officer in his application to the Birmingham Women's and Children's NHS Foundation Trust ('the Trust');
- Dr Ahmedsowida failed to declare that he was a trainee at NIMDTA from August 2010 to March 2018 in his second CV and in his application to the Trust;
- Dr Ahmedsowida failed to follow the instructions of Dr B and Dr D;
- On 14 September 2017 Dr Ahmedsowida provided misleading information to Dr E that he had worked in Obstetrics and Gynaecology for three years since 2010 and had completed ST1, ST2 and ST3, also that he failed to provide Dr E with details of his previous posts and training in Obstetrics and Gynaecology;

- Dr Ahmedsowida sent a dishonest email to Dr E about his failure to meet with her on 27 October 2017;
- Dr Ahmedsowida sent a dishonest email to Dr G on 1 November 2017 concerning his alleged attempts to arrange an appointment with Dr G;
- Dr Ahmedsowida sent a dishonest email to Dr A on 15 May 2018, that, on 18 August 2016, Dr A and Dr I had instructed him to refrain from divulging information relating to the investigation conducted by Antrim Area Hospital (AAH) and NIMDTA; and
- Dr Ahmedsowida made a dishonest statement to Dr A on 14 November 2017 that Worcestershire Royal Hospital ('the Hospital') had not raised any concerns about him until after his resignation and that concerns had been raised at the Hospital by only one person.

4. The 2021 Tribunal found that Dr Ahmedsowida's fitness to practise was impaired by reason of misconduct and imposed a sanction of erasure.

5. On 21 December 2021 the High Court allowed Dr Ahmedsowida's appeal. The 2021 Tribunal's decisions on impairment and sanction were set aside and the case was remitted back to the MPTS for consideration by a differently constituted Tribunal.

2023 Tribunal

6. A remittal MPT convened at the impairment stage to consider Dr Ahmedsowida's case on 13 to 23 November 2023 ('the 2023 Tribunal').

7. The 2023 Tribunal considered that Dr Ahmedsowida's behaviour amounted to a pattern of repeated dishonesty in order to cover up issues, which persisted between July 2017 and May 2018. It found that Dr Ahmedsowida was not honest about his skills, experience and capabilities and hid information from colleagues that would have allowed them to make informed, and possibly different, decisions about appointments to clinical roles and suitable candidates. In doing so he risked putting himself in positions where he could not safely manage and treat patients.

8. The 2023 Tribunal also found that Dr Ahmedsowida had created an unwarranted risk of harm by failing to follow instructions and failing to be honest in providing information about his past clinical experience. It was of the view that his actions risked bringing the

profession into disrepute and that he had breached the fundamental tenet of honesty amongst the profession and acted dishonestly.

9. The 2023 Tribunal considered that, whilst Dr Ahmedsowida was entitled to not accept the full factual findings without this being held against him, he should have been able to describe and explain how the factual findings against him would be perceived; their seriousness; how a person with those findings against them could, and had, worked to address the matter; demonstrate insight and reassure the 2023 Tribunal that there was a low risk of repetition. The 2023 Tribunal stated that Dr Ahmedsowida did not appear to demonstrate fully how his development of insight had changed him personally, and consequently the impact on his practice.

10. The 2023 Tribunal was of the opinion that Dr Ahmedsowida's approach had been task-focused rather than introspective self-development relating to his dishonesty. It was of the view that he had clearly put effort into developing a structure to enable him to remediate but he had not yet developed full understanding, by use of those mechanisms or support networks to mentor him and to discuss the key issues.

11. The 2023 Tribunal considered that the seriousness and persistence of the dishonesty as found by the 2021 Tribunal pointed to attitudinal issues and a willingness to be dishonest, in the past. It was also concerned that the findings, such as in relation to the failure to follow instructions, demonstrated an over confidence in his own skills and experience and an unwillingness to respect senior colleagues. The 2023 Tribunal concluded that it had not received sufficient evidence which could satisfy it that he had developed full insight into this or had reflected on the causes of such behaviour or put in place sufficient preventative measures to ensure there was no repetition.

12. The 2023 Tribunal determined that Dr Ahmedsowida's fitness to practise was impaired by reason of misconduct. It determined to suspend Dr Ahmedsowida's registration for a period of 12 months.

13. Dr Ahmedsowida appealed the decision of the 2023 Tribunal. The appeal was dismissed by the High Court on 7 April 2025.

March 2026 Tribunal

14. A MPT convened to review Dr Ahmedsowida's case on 18 to 19 March 2026 ('the March 2026 Tribunal').

15. The March 2026 Tribunal noted that there had been targeted training around probity and ethics, fortnightly or monthly meetings with mentors, and a number of case-based discussions in which he had been doing role-play to explore scenarios.

16. The March 2026 Tribunal was of the view that Dr Ahmedsowida had clearly put in significant effort to achieve the volume of work evidenced and his degree of insight had improved since the 2023 Tribunal hearing. However, the March 2026 Tribunal was of the view that Dr Ahmedsowida's insight was very much focussed on how his behaviour had impacted himself, and not the wider profession. It noted that he had not explored the impact of the specific aspects of his conduct and behaviour on others, such as exploring how providing false information on his CV could have impacted other people applying honestly for the same position and potentially could have impacted patient safety had he obtained a clinical role based on the false information on his CV.

17. Also, the March 2026 Tribunal was of the view that Dr Ahmedsowida had not fully addressed the failure to follow instructions, the impact this had on the involved patients and how he intended to prevent future recurrence.

18. The March 2026 Tribunal was concerned about the volume of Continuing Professional Development (CPD) Dr Ahmedsowida had completed often in a limited time span: for example, during one 24-hour period, the amount of CPD claimed was 40 CPD points. The March 2026 Tribunal was concerned about Dr Ahmedsowida's understanding of what qualifies as CPD and that he did not understand the purpose of CPD to learn something new or solidifying knowledge.

19. The March 2026 Tribunal was satisfied that Dr Ahmedsowida had made efforts to improve his ethical knowledge and maintain his clinical skills. It was also of the view that he had made significant progress in his journey of insight and remediation and that it has had a positive impact on the assessment of risk. However, it was not satisfied that, when considering the original findings of dishonesty, these had been sufficiently remediated so that it could consider the risk of repetition to be low. The March 2026 Tribunal formed the view that the risk currently posed was at the lower end of medium risk.

20. The March 2026 Tribunal determined that Dr Ahmedsowida's fitness to practise was impaired by reason of misconduct. It determined to suspend Dr Ahmedsowida's registration for a period of three months and directed this review hearing.

21. The March 2026 Tribunal stated that it might assist the reviewing Tribunal if Dr Ahmedsowida provides: (1) reflection on the impact his dishonest conduct had on his colleagues and the wider profession, and (2) reflection on the impact his dishonest conduct had on public confidence in the profession. The March 2026 Tribunal considered it might be helpful if Dr Ahmedsowida was to discuss these two points with his mentors before producing a concise and short document addressing the concerns of the March 2026 Tribunal. It was stated that Dr Ahmedsowida would also be able to provide any other information that he considers will assist, although he should focus on up-to-date information directly associated with the above two points.

This Hearing

The Evidence

22. The Tribunal has taken into account all the evidence received. It received a large volume of documentary evidence which included:

- MPTS Record of Determinations of the 2021, 2023 and March 2026 Tribunals;
- A bundle from Dr Ahmedsowida in respect of 2015 to 2021 including character references, CPD certificates, and a reflective statement;
- A bundle from Dr Ahmedsowida in respect of 2022 to 2025 including CPD certificates, case-based discussions, references and feedback, appraisal certificates, and a reflective statement.
- A bundle from Dr Ahmedsowida in respect of the papers submitted to the March 2026 Tribunal including case-based discussions, references and feedback, CPD certificates, Personal Development Plan (PDP), reflective statement of March 2026 and a book written by Dr Ahmedsowida entitled *'A Practical Guide to Insight, Remediation and Professional Restoration in Medical Care'*;
- A bundle from Dr Ahmedsowida prepared for this hearing, including CPD certificates, character statements, case-based discussions, confirmation of enrolment in the MSc Artificial Intelligence for Healthcare at the University of Chichester and The Centre for European Masters Programmes, and a supplementary reflective statement; and

- Various correspondence between Dr Ahmedsowida and the MPTS/GMC after the March 2026 Tribunal hearing.

CPD / Character References / Case-Based discussions

23. Dr Ahmedsowida provided various certificates of CPD carried out between April and June 2026 on a variety of topics including probity/ethics, clinical skill development, medical CVs and application forms, use of AI in clinical practice, communication and conversations, and professional practice.

24. There were character statements and case-based discussions from:

- Mr C, Obstetric and Gynaecologist and previously Dr Ahmedsowida's clinical supervisor;
- Mr F, Consultant in Trauma and Orthopaedics and Dr Ahmedsowida's educational supervisor; and
- Mentors: Dr H, Dr J and Ms K, Ward Sister/ Manager.

Supplementary Reflective Statement

25. Dr Ahmedsowida provided a supplementary reflective statement, which was further to the reflective statements submitted for the previous Tribunal hearings. Dr Ahmedsowida wrote that he formally and unreservedly apologised for the misconduct that led to these proceedings and expressed his full acceptance of the Tribunal's findings. He stated that he acknowledged that his past behaviour fell significantly short of the professional standards mandated by the GMC's *Good Medical Practice* guidelines. Dr Ahmedsowida stated that he accepted that his actions were wrong and took full, personal responsibility for the deficiencies identified.

26. Dr Ahmedsowida stated, with reference to the March 2026 Tribunal determination, that he acknowledged that the fourth cause of his misconduct was *"other-centred insight"*. He stated that he accepted the findings and criticism of the MPTS that his previous explanations and reflections were overly self-focused and introspective. Dr Ahmedsowida stated that he now recognised that an apology is hollow unless it explicitly identifies and addresses the specific stakeholders and institutional interests affected by his wrongdoing. He stated that his focus had shifted entirely from the personal impact of these proceedings to the broader consequences of his actions on the healthcare system.

27. Dr Ahmedsowida stated that he deeply regretted the direct impact of his conduct on his peers and the operational integrity of the profession. He stated that he now fully understands how his actions compromised fairness to colleagues, the reliability of recruitment, the accuracy of supervision and the dignity of senior colleagues.
Dr Ahmedsowida stated that, beyond the immediate workplace, he recognised the gravity of his actions regarding public safety and trust. He stated that, while his conduct may not have taken place within a direct clinical setting, he understood that maintaining the reputation of the profession was inextricably linked to patient safety. Dr Ahmedsowida stated that, when a doctor breaches professional boundaries or integrity, it eroded the public's trust in the entire medical workforce. He accepted that his behaviour damaged that collective confidence and stated that he deeply regretted that his actions brought the reputation of the profession into disrepute.

28. Dr Ahmedsowida stated that, should he be permitted to return to medical practice, he will ensure that his conduct is consistently characterised by transparency, institutional respect, and an unwavering commitment to the safety of patients and the integrity of the wider medical profession.

29. Dr Ahmedsowida stated that his statement was provided as a focused addendum that should be read alongside the material already submitted (reflective statement, PDP and wider book material) as part of one cohesive reflective and remediation bundle. He stated that the statement developed the further reflections required by the previous Tribunal with additional academic and professional support. Dr Ahmedsowida stated that the March 2026 Tribunal had found that the impact of dishonest conduct on colleagues and the wider medical profession had not been explored with sufficient depth and that the impact of dishonest conduct on public confidence in the profession required further reflection.

30. Dr Ahmedsowida stated that the first stage of his insight was factual acceptance, the second was ethical understanding, the third was behaviour remediation, and this statement addressed the fourth stage. He asked himself a number of questions including what his dishonest conduct did to honest applicants who complied with the rules, what burden did it place on recruiters and supervisors, and how could it have affected patients if decisions were based on misleading information. Dr Ahmedsowida stated plainly that his conduct could have: disadvantaged honest doctors, misled recruiters, obstructed supervisors, placed colleagues in difficulty, weakened patient-safety safeguards, and made the public question whether doctors are honest about competence, training and concerns.

31. Dr Ahmedsowida reflected on the impact of dishonest conduct on colleagues, on the wider profession and on public confidence in the profession. He also reflected on the expressed concern that he had not fully addressed failure to follow instructions, its impact on involved patients and recurrence prevention. Dr Ahmedsowida referred to his corrective plan and stated that this demonstrated how the reflections would be implemented and reviewed.

Submissions

Submissions on behalf of the GMC

32. Ms Lucy Chapman, Counsel, submitted that the GMC remains neutral on the question of current impairment.

33. Ms Chapman referred to the new material provided by Dr Ahmedsowida including the CPD certificates. She stated that there was evidence of over 250 BMJ CPD points completed between April and June 2026. Ms Chapman stated that the GMC noted that, in contrast to the March 2026 review where concerns were raised about the levels of CPD being completed in individual days, the CPD appears to be spread out much more evenly and realistically across the period of suspension.

34. Ms Chapman referred to the character statements provided. She stated that it was fair to say that all of the statements commented positively on Dr Ahmedsowida's level of remediation and insight and were very supportive of him returning to unrestricted practice. Ms Chapman stated that Dr Ahmedsowida had also provided a detailed and targeted reflective piece providing reflections specifically on the findings of the March 2026 Tribunal. She stated that it was fair to say that in the statement Dr Ahmedsowida recognised and shifted focus from how his actions had impacted himself to focus on the Tribunal's recommendations around the impact of his actions on colleagues, the wider profession and public confidence. She stated that the statement also addressed the March 2026 Tribunal's concerns around the risk of future occurrence.

35. Ms Chapman submitted that whether Dr Ahmedsowida's fitness to practise remains impaired, was entirely a matter for the Tribunal. She confirmed that the GMC's position is that it is neutral. Ms Chapman stated that impairment is a forward-facing exercise, considering any current or ongoing risk to the public and public interest in light of the seriousness of past misconduct as identified. She referred to the overarching objective and

stated that the Tribunal will need to assess what, if any, risk Dr Ahmedsowida poses to the three limbs and whether any restrictive action is required in response.

36. Ms Chapman referred to the March 2026 Tribunal's determination. She stated that they found there to be a low risk of repetition, it had assessed all three limbs of the overarching objective to be engaged and found the current risk to be at the lower end of medium risk. Ms Chapman stated that the legal authorities made it clear that impairment is a present-day exercise in order to protect the public where it is necessary to consider the past actions of the practitioner in order to perform that assessment. She stated that the seriousness of the index misconduct remained unchanged but what was changeable was the potential risk to the public and the public interest, taking into account what has happened since. Ms Chapman submitted that the Tribunal would look at the evidence that Dr Ahmedsowida has provided, his reflection, maintenance of his skills and knowledge, and whether he has developed insight to such a degree to satisfy those limbs and the risk of repetition is lowered such that restriction is no longer required on his practice. Ms Chapman submitted that it was for Dr Ahmedsowida to satisfy the Tribunal of his current fitness to practise without restriction by demonstrating he has fully acknowledged why past professional performance was deficient and sufficiently addressed the past impairment.

Submissions from Dr Ahmedsowida

37. Dr Ahmedsowida referred to the supplementary reflective statement that he had provided for these proceedings. He reiterated his apology and full acceptance of the finding as set out in that statement. Dr Ahmedsowida referred to the recommendations from the 2023 Tribunal, which included that he provide *"evidence of his further reflection, in particular reflecting on how his remediation has impacted on himself as a reflective practitioner".* He stated that he followed this recommendation in his preparation for the March 2026 Tribunal hearing. Dr Ahmedsowida referred to all the documentation that he had provided in this case, which has been going on for nine years now. He stated that it was difficult for him to condense all of this material and that he felt he had been punished for focusing on one area rather than another.

38. Dr Ahmedsowida continued, with reference to his reflective statement, that he accepted the findings and criticism of him that his previous reflection was overly focused and introspective. He stated that his focus has now shifted entirely from the personal impact to the broader consequences of his past dishonest and misconduct actions on healthcare as a whole. Dr Ahmedsowida referred to the impact of his actions on colleagues, on public

confidence, of the ramifications on the reliability of recruitment processes, and the accuracy of supervision.

39. Dr Ahmedsowida referred to the character statements from and case-based discussions with Dr C, Mr F, Dr H, Dr J and Ms K. He referred to the role-playing situations he had been presented with and that these had formed part of his development of insight. Dr Ahmedsowida stated that both Mr C and Mr F had a good understanding of him through discussions with him over a long period of time. Dr Ahmedsowida also referred to the supportive relationship he had with his mentors. He stated that all of these people had been provided with the previous MPTS determinations on his case.

40. Dr Ahmedsowida spoke about the different CPD he had completed, one part which was clinically related and the other part was focused on probity/ethics. He stated that he has done around 250 CPD points since March 2026 with a maximum of around five or six CPD points a day. Dr Ahmedsowida referred to his PDP and all the work he had completed. Dr Ahmedsowida submitted that the material should all be read together as a cohesive remedial bundle to address all of the concerns raised in relation to the misconduct.

Additional Comment from Ms Chapman

41. In response to Dr Ahmedsowida's submissions, Ms Chapman stated that Dr Ahmedsowida had provided comprehensive documents and had been very willing to talk the Tribunal through those documents and his work to date. She stated that the Tribunal might think it somewhat understandable that Dr Ahmedsowida took from the original 2023 determination that he needed to reflect on the effect on himself and so he focused on that for the March 2026 review and accordingly his disappointment at the March 2026 Tribunal's comments on that. Ms Chapman stated that, regardless, Dr Ahmedsowida accepted that was perhaps a misunderstanding and responded reflectively to that decision. She stated that, some nine years on from the index misconduct, Dr Ahmedsowida did not appear to have waned in his efforts to prove his remediation and he had used the time he has been suspended productively. Ms Chapman referred to the substantial amount of material that Dr Ahmedsowida has provided in which he has clearly thought about and focused on the recommendations of the March 2026 Tribunal. She stated that, on any view, Dr Ahmedsowida's efforts were very commendable, particularly in light of his disappointment at previous decisions.

The Relevant Legal Principles

42. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

43. Throughout the decision-making process, the Tribunal will bear in mind the GMC and MPTS' legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession ('uphold professional standards').

44. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the March 2026 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

45. This Tribunal must assess whether Dr Ahmedsowida poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the original Tribunal and any reviewing Tribunals, as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Ahmedsowida's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

Misconduct

46. The Tribunal considered whether Dr Ahmedsowida poses any current and ongoing risk to public protection and if his fitness to practise remains impaired by reason of his misconduct.

Step 1a: consider what has happened since the previous MPT's decision

What was the March 2026 Tribunal's assessment of risk to public protection and the reasons given for it?

47. The Tribunal had regard to the determination of the March 2026 Tribunal, including that it was of the view that Dr Ahmedsowida had made significant progress in his journey of insight and remediation and that this had a positive impact on the assessment of risk. The Tribunal noted that the March 2026 Tribunal was not satisfied that, when considering the original findings of dishonesty, these had been sufficiently remediated so that it could consider the risk of repetition to be low. The Tribunal noted that the March 2026 Tribunal had found that all three parts of public protection were engaged at that time and that the overall risk posed was at the lower end of medium risk.

48. The Tribunal also noted that the March 2026 Tribunal had suggested that Dr Ahmedsowida provide: (1) reflection on the impact his dishonest conduct had on his colleagues and the wider profession, and (2) reflection on the impact his dishonest conduct had on public confidence in the profession.

What new evidence has been received since the March 2026 Tribunal hearing and what impact does it have?

49. The Tribunal has been provided with new evidence since the March 2026 Tribunal hearing. This included detailed CPD material in relation to both clinical skills and probity/ethics. The Tribunal has had regard to the character references from and case-based discussions with his previous clinical supervisor, his educational supervisor and three mentors, as well as his supplementary reflective statement.

50. The Tribunal determined that Dr Ahmedsowida has used the last three months well to reflect and to remediate. The Tribunal was satisfied that this material directly addressed the deficiencies previously identified. In particular, the supplementary reflective statement demonstrated a clear and structured shift from self-focused reflection to an analysis centred on the impact of his conduct on others and on the integrity of professional systems.

What evidence is there of insight and is Dr Ahmedsowida's insight genuine?

51. The Tribunal considered whether Dr Ahmedsowida had developed genuine and sufficiently deep insight into his misconduct. It bore in mind that insight requires more than

factual acceptance; it requires a proper understanding of the nature and gravity of the misconduct, its consequences, and how similar conduct will be prevented in future.

52. The Tribunal had regard to the character references provided including from Mr F dated 22 June 2026, in which he stated:

> *"I am satisfied that Dr Sowida has demonstrated genuine and profound insight into the circumstances leading to his previous shortcomings. His remediation efforts have been both rigorous and comprehensive, therefore, I have complete confidence in his unwavering commitment to the principles outlined in Good Medical Practice. I am convinced that he has successfully and significantly minimised the risk of recurrence… I offer my full support for his return to unrestricted medical practice."*

and from Ms K dated 22 June 2026, in which she stated:

> *"In my professional opinion, Dr Sowida has made substantial progress in insight and remediation within the limits of his current position. I consider the progress credible because it is not expressed only as apology. It is reflected in more specific understanding of harm, better tolerance of accountability and practical routines designed to protect colleagues, patients, and public confidence."*

53. The Tribunal was of the view that the references and case-based discussions, along with the other various material before it, evidenced the journey that Dr Ahmedsowida has been on in terms of his insight and how this has developed.

54. The Tribunal took account of the supplementary reflective statement and considered that Dr Ahmedsowida had explored matters in detail rather than just displaying an academic understanding of insight. The Tribunal found Dr Ahmedsowida to have shown deep introspection where he was able to articulate how he will behave differently in the future.

55. The Tribunal was provided with a comprehensive set of bundles to show that he has developed insight. The Tribunal determined that Dr Ahmedsowida has developed genuine insight where he has been able to show introspective focus and is clear about being committed to transparency on a return to work.

56. The Tribunal also determined that Dr Ahmedsowida took on board the comments of the March 2026 Tribunal including in respect of his CPD and shown that he could address

them in carrying on varied CPD carried out consistently, but not excessively, over the last three months.

57. The Tribunal has been able to see an evolution in Dr Ahmedsowida's insight over time and the journey he has taken, which further supports its conclusion that the insight shown is genuine.

What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?

58. The Tribunal has addressed this, in part, in the previous section, and refers to its comments on the character statements, CPD, case-based discussions and supplementary reflective statement.

59. The Tribunal was of the view that the adaption of the case-based discussion process in thinking outside of the box and applying this process to the question of probity and ethics was valuable. It showed that Dr Ahmedsowida had asked to be assessed by colleagues, had reflected on the discussions himself and then developed actions points of what he could work on which also related to his CPD.

60. The Tribunal considered that Dr Ahmedsowida had taken steps aimed at reducing the risk of similar concerns occurring again and determined that the evidence was such that the Allegation has now been remedied. The Tribunal concluded that, in light of all the evidence, the likelihood of repetition is now very low.

Has Dr Ahmedsowida kept his knowledge and skills up to date?

61. The Tribunal noted that, while a sanction of suspension is in place, a doctor must keep their knowledge and skills up to date and be aware of relevant guidelines and developments that affect their work. The Tribunal had regard to all of the evidence before it, including the large volume of CPD material, and determined that Dr Ahmedsowida has kept his knowledge and skills up to date.

Has the risk to public protection that previously required restrictive action in response changed and if so, how?

62. The Tribunal had regard, in considering whether the previous assessment of risk to public protection requiring restrictive action in response had changed, to the conclusions it has reached as set out above.

63. The Tribunal determined, given all the evidence before it and no evidence of clinical issues, that the present assessment of current and ongoing risk to one or more of the three parts of public protection indicated the risk posed by Dr Ahmedsowida had decreased and was now at a very low level.

Step 1b: make a finding on impairment

64. On the basis of the conclusions reached in Step 1a, the Tribunal must decide if Dr Ahmedsowida poses any current and ongoing risk to public protection and make a finding on impairment.

65. The Tribunal took account of all of the evidence provided to it and the conclusions it has reached above. It has found that Dr Ahmedsowida has insight into his misconduct, that he has kept his skills and knowledge up to date and that he has sufficiently remediated such that he is safe to return to unrestricted practice.

66. The Tribunal has found there is no current and ongoing risk to public protection requiring restrictive action in response. The Tribunal has therefore determined that Dr Ahmedsowida's fitness to practise is no longer impaired by reason of misconduct.

67. The Tribunal was clear that, in making a finding that Dr Ahmedsowida's fitness to practise is no longer impaired, it should decide whether to allow the current sanction to expire or revoke it with immediate effect. The Tribunal noted that the suspension of Dr Ahmedsowida's registration is due to expire on 5 July 2026. In the light of its findings on impairment, the Tribunal determined to revoke the order of suspension with immediate effect. It was of the view that this was both appropriate and proportionate in all the circumstances.