PUBLIC RECORD

Dates: 03/08/2026 - 11/08/2026

Doctor:	Dr Jawad AHMAD
GMC reference number:	7415269
Primary medical qualification:	MB BS 2013 Khyber Medical University - Ayub Medical College

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	Ms Alison Storey
Lay Tribunal Member:	Mr Paul Hepworth
Registrant Tribunal Member:	Mr David Maplin

Tribunal Clerk:	Ms Hinna Safdar 03/08/2026 -07/08/2026 Ms Fiona Johnston 10/08/2026 - 11/08/2026

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr James Halliday, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly 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 - 07/08/2026

1. This determination was handed down in private due to matters relating to XXX being discussed. A redacted version will be circulated at the close of proceedings.

Background

2. Dr Ahmad qualified in 2013 from Khyber Medical University in Pakistan. At the time of the events, Dr Ahmad was practising as a trust grade doctor in urology at University Hospitals of North Midlands NHS Trust ('the Trust').

3. The allegations that have led to Dr Ahmad's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that in 2020, Dr Ahmad behaved inappropriately towards Ms A and that his actions constituted sexual harassment, were sexually motivated, were an abuse of his more senior position and were undertaken without Ms A's consent.

4. It is further alleged that in June 2020, Dr Ahmad signed an extension to his contract and failed to disclose that he had been arrested for a criminal offence. It is alleged that his actions were dishonest.

5. The initial concerns were raised with the GMC on 2 November 2021 by Ms A via email.

The outcome of applications made during the facts stage

6. The Tribunal granted the GMC's application, made pursuant to Rules 31 and 40 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), that service had been effected and it was appropriate to proceed in Dr Ahmad's absence. The Tribunal's full decision is set out in Annex A.

7. The Tribunal also granted the GMC's application pursuant to Rule 34(1) of the Rules to adduce hearsay evidence. The Tribunal's full decision is set out in Annex B.

The Allegation and the doctor's response

8. The Allegation made against Dr Ahmad is as follows:

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

1. Whilst working at University Hospitals of North Midlands NHS Trust ('the Trust'), you behaved inappropriately towards a colleague, Ms A, in that:

    a. on 11 February 2020 you:

        i. after finishing XXX, asked Ms A if she wished to have dinner with you, or words to that effect; To be determined

        ii. texted Ms A whilst she was driving home to ask her if she wanted to stop for a break and to meet at the motorway services, or words to that effect; To be determined

        iii. texted Ms A to ask her again if she wanted to have dinner with you, or words to that effect; To be determined

    b. on a date between 11 February 2020 and 11 June 2020 you:

        i. called Ms A to ask whether you could collect XXX from her house, or words to that effect; To be determined

        ii. became insistent about picking up XXX; and To be determined

        iii. told Ms A that you had something important you needed to speak to her about, or words to that effect; To be determined

    c. on 11 June 2020, whilst Ms A was working, under the pretence of discussing WhatsApp messages that you claimed to have thought were about Ms A, you:

i. asked Ms A if she could speak to you, noting that it was important and it would only take five minutes, or words to that effect; To be determined

ii. insisted it was essential that you spoke to Ms A, despite her asking if it could wait till another time; To be determined

iii. told Ms A that you should speak in the Urology offices because it was important, or words to that effect, when she had asked whether you could just speak in the corridor; To be determined

iv. asked Ms A what had happened with other staff members, as you had received WhatsApp messages showing that they were upset with Ms A, or words to that effect; To be determined

v. quickly decided the messages were not relevant to Ms A, telling Ms A that you had misread the messages, or words to that effect; To be determined

vi. asked whether you could come by Ms A's house later to collect XXX or words to that effect; To be determined

vii. hugged Ms A when she got up to leave; To be determined

viii. continue to hug Ms A despite her dropping her hands down by her sides, to signal an end to the hug; To be determined

ix. pushed Ms A down into the chair and told her to sit down, or words to that effect; To be determined

x. massaged Ms A's back and shoulders; To be determined

xi. ignored Ms A when she said she needed to go to XXX and said that you were really good at giving massages, or words to that effect; To be determined

xii. continued to touch Ms A's back, sides and face; To be determined

xiii. stroked Ms A's cheeks and jawline and up to her ears; To be determined

xiv. pulled Ms A into another hug when she stood up to leave; To be determined

xv. would not let Ms A go, despite her repeating that she needed to get to XXX, or words to that effect; To be determined

xvi. kissed Ms A's face and neck; To be determined

xvii. physically held her body to yours; To be determined

xviii. said 'just a kiss. I want a kiss. Just a kiss' or words to that effect; To be determined

xix. kissed Ms A's lips and face; To be determined

xx. held Ms A tight, despite her trying to pull away from you; To be determined

xxi. trapped Ms A between a desk in the room and yourself; To be determined

xxii. texted Ms A that evening to ask if you could buy her a XXX present, or words to that effect. To be determined

2. Your actions as set out at paragraph 1:

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 Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; To be determined

b. were sexually motivated; To be determined

c. were an abuse of your more senior position. To be determined

3. Your actions at paragraph 1c.vii., 1.c.viii., 1.c.ix., 1.c.x., 1.c.xii., 1.c.xiii., 1.c..xiv., 1.c.xv., 1.c.xvi., 1.c.xvii., 1.c.xix., 1.c.xx., 1.c.xxi. were carried out without:

a. Ms A's consent; To be determined

b. reasonable belief in Ms A's consent. To be determined

4. On 22 June 2020, you signed an extension to your contract with the Trust without disclosing that you had been arrested for a criminal offence on 20 June 2020. To be determined

5. You knew that the Trust would want to know the information about your arrest to consider the implications of this before agreeing to the contract extension. To be determined

6. Your actions at paragraph 4 were dishonest by way of paragraph 5. 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

Evidence

Witness evidence

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

- Ms A
- Mr B, a friend of Ms A from University
- Dr D, a Consultant working in the Intensive Care Unit at the Trust.

10. 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 C, the Chief People Officer at the Trust
- Ms E, the Assistant Director of Resourcing at the Trust
- Dr F, a Consultant Colorectal Surgeon at the Trust
- Dr H, a Consultant Urological Surgeon at the Trust
- Dr G, a Consultant General & Hepato-Pancreato-Biliary Surgeon at the Trust
- Dr I, a workplace colleague and friend of Ms A's.

Documentary evidence

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

- Ms A XXX Statement, dated 17 May 2022
- XXX
- Ms A complaint to the Trust, dated 16 June 2020
- Record of Ms A's Trust interview
- Ms A's emails to the GMC
- Letter from Staffordshire Police, dated 22 June 2020
- Dr Ahmad's Conditional Offer of Appointment, dated 22 June 2020
- Email from Dr D to Dr Ahmad re terms of reference, dated 21 July 2020

- Trust investigation report, dated 13 Nov 2020
- Chronology of events from the Trust's perspective following Ms A's complaint
- Correspondence and documentation from Ms E to the GMC
- Doctors and dentists in training Terms and Conditions
- Investigation statement form, dated 12 August 2020
- Investigation meeting record – dated 8 October 2020
- Investigation meeting record, dated 7 October 2020
- Dr Ahmad's Work Details Form
- Email from Dr Ahmad, dated 23 Dec 2020
- Dr I's Investigation Statement, dated 14 June 2020
- Messages between Ms A and Dr I
- Messages between Ms A and various colleagues and friends
- Messages between Dr Ahmad and Ms A
- Trust investigation interview with Dr Ahmad
- Email from the BMA to the Trust, dated 24 July 2020.

Evidence Relating to Allegations 1-3

Ms A's Evidence

12. Ms A had made a detailed statement relating to her allegations for XXX. She made a statement for the GMC adopting the content of that earlier statement as her evidence. She said that she was working as a XXX at the Royal Stoke Hospital where Dr Ahmad was also employed. She said that she was not friends with him, but was aware that he was XXX. He had suggested that they XXX together but she did not want to and therefore was non-committal. As a result, they did not XXX together.

13. When she attended XXX on 11 February 2020 to XXX she saw that Dr Ahmad was also present. At the end XXX he asked if she would like to have dinner with him. She declined. Later as she was driving home, he rang her, but she did not answer the call. This was followed by a text asking if she wanted to stop and meet on the motorway services. She again declined. Later he sent a further text, again asking if she wanted have dinner. She declined again.

14. On 13 March 2020 she received XXX. She sent a text to Dr Ahmad asking him XXX. He called her and said that he had XXX. She mentioned to him and other colleagues that she had XXX which might help anyone who was XXX.

15. On an occasion when she was working with Dr Ahmad in the Urology unit, they had a discussion about XXX. Dr Ahmad wanted to collect XXX from her home, but she told him that she would bring XXX into the hospital. Later that evening he called her at home and again asked if he could come to her home to collect XXX. She declined but he became insistent, saying that he had something important he needed to talk to her about. She started to feel uneasy. She again declined, saying that she was busy.

16. On 10 June 2020 Dr Ahmad texted her to request XXX again. Ms A replied that she was busy but would be around the next week.

17. She referred to a rota mix up that occurred on 27 May 2020, when she was due to be on shift, but had advised the rota co-ordinator that she was XXX and would not be in. It appeared that the co-ordinator had not passed on the information and, on the 27 May 2020 she received calls and messages from a number of people who were on shift, asking why she was not there. One of these was from Dr Ahmad. Ms A was upset with the rota coordinator because she felt it made her look bad despite having informed the coordinator in advance, who should have taken steps to cover her absence.

18. She explained the circumstances to Dr Ahmad and to others in text messages, asking them to update colleagues on the misunderstanding. Dr Ahmad told her that he had told XXX. There was no further communication about the absence, as it was not an unauthorised absence.

19. On 11 June 2020 she said that she was on duty on a late shift and at around 19.40 Dr Ahmad approached her and asked to speak to her. He told her it was very important and would only take five minutes. Ms A said that she was very busy at the time as it was XXX and she was going through XXX, so that she could provide an update XXX. XXX were one of the busiest times of the shift, and she would not have left for chitchat with someone she did not really know.

20. As she was so busy, Ms A asked if it could wait until another time, but Dr Ahmad insisted that it was essential that they spoke and so she agreed, although she was slightly irritated. Her thoughts were that she might have done something wrong and was in trouble. She said that once they were in the corridor she paused and asked if they could speak there, but that Dr Ahmad said no, it was important that they should go to the Urology office. Dr Ahmad led her to the Urology offices which were empty. They were locked via a code which she did not know. She did not regularly use the Urology offices.

21. Ms A said that they sat down and Dr Ahmad then referred to some WhatsApp messages and said everyone was upset with her and asked what she had done to upset XXX.

She did not understand what he was referring to and he then took out his phone and said "*oh, no it's not you, never mind".* She said that she looked at the messages and they were about the Rota Co-ordinator, XXX, and her own name was not mentioned in the chat. Dr Ahmad said he had misread the messages. She assumed it was a strange misunderstanding and thanked him for telling her about it as she would have wanted to know if people were talking negatively about her.

22. Ms A said that Dr Ahmad again asked about XXX and asked if he could come to her house later to collect them. She was uncomfortable with this suggestion and told him that she was driving straight to XXX after work as it was XXX.

23. Ms A said that she got up to leave and told Dr Ahmad that she needed to get back to prepare for XXX, at which Dr Ahmad started to hug her. She felt uncomfortable but politely patted his back and told him again that she needed to go. She then dropped her arms down by her sides, but Dr Ahmad continued hugging her. He then pushed her back into the chair and proceeded to massage her back and shoulders. She felt very uncomfortable and again told him that she needed to go to XXX, but he continued to touch her back, sides and face, saying he was really good at giving massages.

24. Ms A said that she again insisted that she needed to go to XXX and stood up and turned around. At this point he was standing in front of her and her back was against the desk. She said that Dr Ahmad then grabbed her in another hug and would not let go, she repeated that she needed to get to XXX. He started to kiss her face and neck and held her body to his. He said, *"just a kiss, I want a kiss, just a kiss".* He kissed her face and lips. She said that she tried to pull away but he held tight and persisted, he would not let her go and pushed her against the desk. She said that she was trapped between Dr Ahmad and the desk. She kept saying that she needed to get to XXX, but couldn't get free, she was trapped. Eventually she managed to push Dr Ahmad away and quickly left the room.

25. She said that after she left the room she felt absolutely violated, angry and upset, and was trying hard not to cry. She did not tell her colleagues at XXX what had happened. She asked to leave early. At 20.30 the same evening, Dr Ahmad texted her asking if he could buy her a XXX present, she did not respond to him.

26. She texted a number of friends and colleagues to tell them what had occurred, and spoke to Dr G at around 21.30. In all of these conversations she described the events she detailed in her account in a consistent manner. The texts have been viewed by the Tribunal.

27. The Tribunal has also seen the accounts of colleagues at the hospital who Ms A spoke to, and where she made the same allegations. (Dr G, Dr F, Mr J). She also told a friend, Mr B, about what had occurred when she arrived in XXX late that evening.

28. In relation to the after affects the incident had on her, Ms A sent messages to her friend Dr I, she referred to being anxious about running into Dr Ahmad and just wanting to feel safe in the hospital. She has been diagnosed with Post-Traumatic Stress Disorder (PTSD) and prescribed medication, this was as a result of the incident and XXX which followed. Further Ms A has not returned XXX following this incident and works in a non-medical field.

Mr B

29. Mr B is a close and long-standing friend of Ms A. In his statement to the Trust he said that she called him in a distressed state after finishing her shift on 11 June 2020. He said that she was crying and shaken and said she had been sexually assaulted by a colleague in a secluded part of the hospital. Later when she arrived at his house she told him in more detail. She said that a colleague came over and said he wanted a private word and it was urgent and so she agreed to go with him. When they were in the corridor, she asked if they could talk there, but he insisted they went to an empty office.

30. She told him that once in the office he briefly mentioned a WhatsApp group, seemingly as a pretence for asking to speak to her, then he tried to hug her, making her feel awkward and uncomfortable. He then sat her down and massaged her shoulders and when she stood up to leave, he again hugged her and groped and kissed her. She told him that she felt distressed and violated by the uninvited actions of a colleague in a location that she considered to be safe. She said that this was a colleague that she only briefly knew from having worked together a few times, and never displayed any affection towards.

Dr I

31. Dr I received WhatApp messages from Ms A at 19.57 on 11 June 2020. In those messages Ms A said that one of the urology registrars had asked her for a chat, and she had told him it was XXX, could it wait? He said it was important and would only take five minutes. He then took her to the urology offices and showed her WhatsApp messages saying, "*I thought you were in trouble*", but the messages were not about her and he said "*oh! I misread it*". He then started giving her a massage and hugging her. She was saying that she needed to go to XXX, but he would not let her go and started kissing her face and neck. He then held her head and started kissing her, eventually she pushed him off and left. She said she felt really upset, and it was entirely one-sided.

32. She referred to getting "*creepy vibes*" from him and referred to his wanting to come to her house to collect XXX.

Dr G

33. In his statement to the Trust, Dr G received a call from Ms A on the evening of 11 June 2020. She was distressed and said that XXX doctor had acted inappropriately, and he tried to calm her down, she was sobbing. She told him that the urology registrar had approached her and said that he needed to talk to her and she went with him to an office. He then started to put his hands in her. He said it was very unusual for Ms A to be upset as she is a strong person.

34. She told him that she felt intensely uncomfortable with him invading her private space and when he touched her she felt extremely vulnerable, she felt that she couldn't leave the room, almost as though she initially froze.

Dr F

35. Dr F was XXX. He said that Ms A telephoned him a day or two after the incident and told him she had been sexually assaulted. She described one of the urology registrars coming to see her and telling her that he needed to speak to her, but that he didn't want to do it in SAU. She told him he had taken her to a room in the urology ward, which was unoccupied and then he started having a general conversation with her. She said she was sat down and he then started to rub her shoulders and at this point she thought this was peculiar, she didn't object at the time, but then as it went on, she became uncomfortable and stood up. She then described that her back was against the desk and approached her and tried to kiss her neck and at that point she said, "*what are you doing*" and duly extricated herself from the room.

36. He said that she was distressed when she spoke to him.

Dr Ahmad's Evidence

37. Dr Ahmad has not engaged with the GMC process and has not provided any statement for the MPT to consider. The only account from him is that which he gave in an interview as part of the Trust investigation in 2020. That interview took place on 4 September 2020.

38. In that account he denied the allegations. He said that he and Ms A had been in XXX together XXX but did not travel together. He did not offer any detailed information about

their interaction and did not mention his request to meet for dinner. He recalled that Ms A offered him XXX and that he wanted to collect them, as there were XXX, but said that Ms A changed her mind and said she would bring them into the hospital.

39. He said that on 27 May 2020 he reported her to the rota co-ordinator and XXX for not being at work. He said that she got really annoyed and texted him, but he no longer had that text, as he had changed his phone.

40. He said that he was not rostered to work on the evening of 11 June 2020 but was carrying out professional development at the hospital. He went to the Urology ward and saw Ms A who asked if she could have a chat with him about a couple of things, and she suggested they go to the Urology office.

41. Dr Ahmad said that she had previously asked him to gather information about what she could do after XXX when XXX. He said that they went to the urology office and sat on chairs, at arm's length. Ms A then asked him about XXX work. She also told him that she was going XXX that evening as it was XXX and would ask to finish early. He said that he told her not to do that and she got annoyed at this.

42. Dr Ahmad said that Ms A told him that a colleague, XXX, was gathering evidence against XXX, the Rota Co-ordinator. He said that she got annoyed that he said he had shared XXX which suggested that she was involved in XXX. He stated that he asked her whether she had reflected on a day of unauthorized leave she took, which has caused problems in the department and that he had reported her to XXX and the rota co-ordinator.

43. He said that it was not a relaxed discussion and Ms A got annoyed and left. Afterwards he texted her as a gesture of goodwill offering to buy her a XXX present.

44. Dr Ahmad denied he was in Ms A's way, preventing her from leaving the room.

45. He said that he had no recollection of touching her or going into her personal space and that the allegations were false. He thought they were retaliatory, as she was upset about the issue of her unauthorised leave which he brought to the attention of XXX.

Evidence Relating to Allegations 4-6

Dr D

46. The Tribunal has received evidence from Dr D. In his statement Dr D said that he was Dr Ahmad's Responsible Officer. He said that the Trust received a letter from the police on 22

June 2020. That letter advised the Trust that Dr Ahmad had been arrested on 20 June 2020 for a sexual assault on a female under the age of 16, which occurred on 29 May 2020. The letter advised that Dr Ahmad had been interviewed by the police on 20 June 2020 and denied the allegation. He had been released under investigation whilst further enquiries were made.

47. Dr D was aware that Dr Ahmad had been offered an extension to his contract with the Trust and had signed it on 22 June 2020, so his contract was renewed. Dr Ahmad had not informed anyone of his arrest prior to signing the contract. He said that in his view any doctor should inform his employer and the GMC if something occurs that can affect their fitness to practise. He should have informed his line manager.

48. In his oral evidence he explained that every doctor has a senior doctor, the Responsible Officer (RO), who oversees their professional practice and deals with matters such as appraisals, revalidation and any other professional issues; it was not a mentoring role. He considered that Dr Ahmad had a professional responsibility to tell him as RO or his medical line manager, of any significant event, and certainly have not signed a new contract without telling the Trust.

Ms E

49. Ms E is the Assistant Director of Resourcing at the Royal Stoke Hospital. In her statement she confirmed that as well as his substantive employment at the Trust Dr Ahmad was also registered on “the bank” working bank shifts at the hospital.

50. Ms E produced and referred to the document signed by Dr Ahmad. This set out his duties to inform the Trust of any criminal investigations, prosecutions or convictions whilst registered to work on the bank.

Dr Ahmad’s Evidence

51. Dr Ahmad has not engaged with the GMC and has not provided a statement for the Tribunal. The only available account is in an email sent to the Trust on 24 July 2020 from Mr K, Dr Ahmad’s BMA representative who outlined what Dr Ahmad’s position was.

52. In that email, Dr Ahmad was reported as saying that, on 20 June 2020, after he was released by police, he was in shock. He said that his line manager was on leave and he wanted to speak to him face to face about it. He said that in hindsight should have phoned somebody, but he was in shock and not thinking clearly.

53. On 22 June 2020, he attended the hospital and was doing an outpatient clinic over the telephone. He said that he wanted to avoid disruption to clinical services, by continuing his duties.

54. He received an email on 22 June 2020 requesting him to sign and return the new contract, which he did. He said that in hindsight he should have confirmed details of his arrest first, but he was not thinking clearly.

The Tribunal's approach

55. 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.

56. 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.

Dishonesty

57. In this matter there is an allegation of dishonesty. In determining whether or not the allegation regarding dishonesty has been proved, the Tribunal should apply the test set out in the matter of *Ivey v Genting Casinos*. This is a two limb test:

> The tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. The reasonableness of the belief is a matter of evidence going to whether he genuinely held the belief but it is not a requirement that the belief must be reasonable;
>
> Secondly, the tribunal must then consider whether that conduct was dishonest by the (objective) standards of ordinary decent people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

58. When considering the test for dishonesty in Ivey: the objective standards of ordinary and decent people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public.

The Tribunal's analysis of the evidence and findings

Paragraph 1(a)

59. The Tribunal dealt with Paragraph 1(a) in its entirety.

60. It had regard to Ms A's account that Dr Ahmad and she had both attended XXX separately to XXX on 11 February 2020, and that following XXX Dr Ahmad had asked her if she wanted to get dinner, which she declined. Despite this, Dr Ahmad contacted her again by text on two occasions on her journey home. This account was also in her statement to the Trust, and in the text messages from this date from Dr Ahmad to Ms A.

61. The Tribunal had regard to the messages at 4.00pm on 11 February 2020 where Dr Ahmad texts Ms A and asked, "*M* [sic] *stopping at* [XXX] *services if you need to refuel with a coffee"* and at 6.42pm where Dr Ahmad texts Ms A and asks, '*want to eat something?*'

62. There is another message from Ms A to her friend/colleague XXX on 14 June 2020 at 12:28pm when she wrote, *'On the drive back he messaged and asked if I fancied dinner but I brushed him off again.'*

63. Dr Ahmad had not provided any evidence about this in his account to the Trust and the Tribunal considered that the messages corroborated Ms A's account and that she had been consistent on this point, it therefore accepted Ms A's account.

64. The Tribunal found Paragraph 1(a) of the Allegation proved.

Paragraph 1(b)

65. The Tribunal dealt with Paragraph 1(b) in its entirety.

66. It had regard to Ms A's account to the Trust and her statement to the GMC, in which she was consistent.

67. Dr Ahmad also accepted in his interview that he was intending to collect XXX from Ms A's house but said she had changed her mind. He said, "*I didn't go because then she changed*

her mind saying that I will bring them to the hospital which got delayed slowly and I didn't get them in the end."

68. Mr B also corroborated this in his witness statement. He said, *"I remember [Ms A] telling me about one other incident involving Dr Ahmad where she had offered out* [XXX] *to all members of staff in the department, and Dr Ahmad had tried to persuade her to let him come to her house to get them from her, but she did not allow him to do this. I think this incident happened before the incident on the 11 June 2020, but I cannot remember any other details about it."*

69. The Tribunal considered that the accounts aligned with Ms A's claim that there was some evidence from Dr Ahmad that he was expecting to collect XXX from her home. It therefore found Paragraph 1(b) of the Allegation proved.

Paragraph 1(c)(i), (ii) and (iii)

70. The Tribunal balanced the accounts of Ms A and Dr Ahmad, whilst noting that Dr Ahmad has not provided an account for the MPT, and it only has the interview with the Trust.

71. Ms A told the Tribunal that Dr Ahmad had asked her to come and speak to him, in the Urology offices. Dr Ahmad said in his Trust interview that Ms A had asked him to speak with her as she was asking his advice for XXX. The Tribunal considered that Ms A had XXX and Dr Ahmad had not. Further, it noted that Ms A had already established what her plans would be and therefore it did not make sense for her to ask Dr Ahmad for advice on this.

72. Further Ms A was very busy at the time preparing for XXX, which is a key part of the day, the Tribunal considered it is implausible that she would seek a chat of the type suggested by Dr Ahmad at that time.

73. The Tribunal considered that Dr Ahmad's evidence on this point does not make sense and is implausible.

74. The Tribunal noted the most contemporaneous account on this was the text messages Ms A sent to Dr I on 11 February starting at 7:59pm. At 8:36pm, she said, "*So. He's always been a bit weird with me. And I've got creepy vibes before from him. But I get that from so many people. He comes onto sau [sic] being like "can I have a chat?" I'm like "*[XXX] *can it wait?" And he's like "this is important, it will take 5 mins. About work" and I'm like.... ok. Assuming I'd done something wrong. So he takes me round to the urology offices which are empty."*

75. The evidence of Dr G and Mr B also confirm that Ms A told them this on the evening of 11 June 2020. She has been consistent in reporting this detail.

76. The Tribunal therefore preferred Ms A's account on this and found Paragraphs 1(c)(i), (ii) and (iii) of the Allegation proved.

Paragraph 1(c)(iv), (v) and (vi)

77. The Tribunal noted that Dr Ahmad had denied that this conversation took place in the way alleged however, Ms A's account of this was consistent and repeated several times, in her text messages and statements.

78. In Ms A's message to Dr I, she wrote, *"And he's all like "I thought you were in trouble!" Showing me this WhatsApp chat about how useless* [XXX] *is and I'm like "dude. This is about* [XXX]*. Not me" and he's all like "oh! I misread it!"*

79. Having determined, in respect of Paragraph 1 (c)(i), (ii), and (iii) of the Allegation, that Dr Ahmad was the one who had asked Ms A to speak with him and that it was an urgent or private matter, the Tribunal considered that it was not unreasonable to infer that he had suggested the text messages were about Ms A, as a way to justify the meeting.

80. Further, the Tribunal noted that, as determined above, Dr Ahmad seemed to be eager to go to Ms A's home, to collect XXX. It therefore followed that it was more likely than not for him to have asked again. The Tribunal considered Ms A's evidence on this point to be consistent and credible.

81. The Tribunal therefore found Paragraphs 1(c)(iv), (v), and (vi) of the Allegation proved.

Paragraph 1(c)(vii) – (xxii)

82. The Tribunal dealt with the remainder of 1(c) together.

83. It had regard to Ms A's accounts in her Trust statement, GMC statement, text messages, and email to the GMC. The Tribunal found Ms A's account to be compelling in its detail and consistency. Dr Ahmad has provided no written statement for these proceedings, and the Tribunal only has his Trust interview. The Tribunal found that Ms A's account of events was credible.

84. The Tribunal reminded itself that Dr Ahmad is of positive good character and that the burden of proof lies with the GMC, however, the Tribunal decided that Ms A's account should

be preferred to that of Dr Ahmad in the dispute as to the events set out in paragraph 1(c)(vii) – (xxii).

85. The Tribunal also had regard to the evidence of those who had been informed of these events, including Dr I who was sent a WhatsApp message from Ms A, detailing the incident. On 11 February 2020 at 7:59pm, Ms A wrote, *'I've just had a horrible fucking run in with one of the urology registrars who wouldn't stop trying to kiss me*.'

86. In the messages at 8:36pm, Ms A continued, "…*Then he's starts giving me a massage and I'm like err.. "I need to go to* [XXX]*". Then he starts hugging me. And will not let me go. And I'm like "ooh Kay I need to go to* [XXX]*" and he just would not let me go. Then starts kissing my face and neck and then physically holds me to him. And holds my head and starts kissing me. Will not let me go. Just pushes me against the wall. And I'm just like "I need to go to* [XXX]*. I need to go now" eventually I push him off me and basically leg it.'*

87. At 8:38pm, Ms A wrote, "*I feel really upset. I feel like I can't report it. But I feel really upset. Cannot stress how entirely one sided this was. Did not want him near me.*" Dr I then encouraged Ms A to report it.

88. On the same date, Ms A also contacted Dr G to ask his advice on how to deal with the situation. She said during this conversation, which started at 8:57pm on 11 February 2020, '*My friend thinks I should report it. But I would rather just avoid him until he leaves*.'

89. Mr B also provides evidence in his Trust interview of the consistent account given by Ms A to him, on the evening this occurred.

90. It also had regard to the accounts Ms A gave to friends and colleagues almost immediately after the incident which also detailed Ms A's distressed state at the time. Dr G's evidence is particularly noteworthy; he refers to Ms A being very distressed and was sobbing, and that this was unusual as she was a strong person, who could handle herself; a strong character.

91. The Tribunal also considered the overall picture. It had already found that Dr Ahmad's account of how they came to enter the room and the type of discussion that took place to be wholly implausible. Having rejected that explanation, the Tribunal treated Dr Ahmad's denials with scepticism, and found it more likely that the pretext of the meeting was for Dr Ahmad to make advances towards Ms A. This was also inferred by the earlier interactions on 11 February 2020 when Dr Ahmad had repeatedly asked Ms A to meet with him for dinner or coffee, despite her refusals, and his suggestions that he visit her home to collect XXX. The

overall evidence infers that Dr Ahmad had an interest in Ms A and events on 11 June 2020 were the culmination of that.

92. Considering all of the consistent evidence from various sources, the contemporaneous nature of the WhatsApp messages and the lack of evidence that Ms A had any reason to fabricate this, and the overall inferences, the Tribunal found the remainder of Paragraph 1(c) of the Allegation proved.

Paragraph 2(a)

93. Having found that Dr Ahmad had carried out the actions alleged in Paragraph 1, the Tribunal went on to determine whether Dr Ahmad's actions constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A.

94. The Tribunal considered the actions in relation to 1(a) and 1(b). It determined that there was insufficient evidence to conclude that these actions, on their own, were of a sexual nature and constituted sexual harassment. Whilst it might be inferred, given the later conduct, taken in isolation it did not meet the definition of sexual harassment, as set out above. The Tribunal noted that Ms A did not indicate in her evidence that she considered that this was sexual harassment, or that it had caused her to feel violated, although it was, at times, unwelcome. The Tribunal did not find evidence that the conduct violated Ms A's dignity, or that it created a hostile, intimidating or offensive environment for her.

95. The Tribunal considered the actions in Paragraph 1(c) of the Allegation

96. It firstly considered whether the nature of Dr Ahmad's touching of Ms A was sexual.

97. The Tribunal reminded itself of the advice it had received that whether behaviour is of a sexual nature will ultimately be a question of fact. Whilst some behaviour will be unambiguously sexual; other behaviour may be open to multiple interpretations; the context will be key.

98. The Tribunal reminded itself, that Ms A had given a detailed account of the nature of the touching. She had given evidence under affirmation and had been questioned on her evidence. The Tribunal has accepted Ms A's account that Dr Ahmad hugged her, massaged her, hugged her again and kissed her face and neck, including her lips. It also noted the words used by Dr Ahmad during this incident, *"just a kiss, I want a kiss, just a kiss*".

99. The Tribunal, having accepted Ms A's account, reminded itself that the context of the touching was an unwanted encounter in a professional setting. The Tribunal accepted Ms A's evidence that there was nothing about the context of the incident nor Ms A's conduct which could reasonably have led Dr Ahmad to conclude that his touching was consensual. The Tribunal was of the view that the actions described were readily inferred as sexual. Further, Ms A had clearly perceived his actions as sexual and was left feeling upset by his behaviour.

100. The Tribunal was in no doubt that Dr Ahmad's behaviour was objectively sexual and concluded that this was '*unwanted conduct of a sexual nature*' under Section 26(2) of the Equality Act 2010.

101. The Tribunal went on to consider whether that conduct '*had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A.*' It reminded itself that it was sufficient for it to find that his actions had the alleged *'effect'* whether or not that was Dr Ahmad's purpose.

102. The Tribunal accepted that Ms A felt that Dr Ahmad had violated her dignity, his actions were a gross intrusion of her dignity and personal integrity. Further, her account of feeling trapped between the desk and Dr Ahmad added to the intrusion and humiliation.

103. The Tribunal accepted that Dr Ahmad's actions had created an intimidating, hostile, degrading and humiliating environment for Ms A.

104. The Tribunal considered the evidence of Ms A and noted the impact that Dr Ahmad's actions had had upon her. It is clear from the evidence of those she reported this incident to that she was very distressed. In her statement she described feeling violated angry and upset. It also considered the long-term impact on Ms A. In her messages to her friend Dr I, Ms A referred to being anxious about running into Dr Ahmad and just wanting to feel safe in the hospital. She has subsequently been diagnosed with PTSD and prescribed medication. This was as a result of the incident, and XXX which followed. Further Ms A has not returned XXX following this incident and works in a non-medical field.

105. Considering the evidence and the Tribunal's previous findings as set out above, it concluded that Dr Ahmad's actions did constitute sexual harassment and found Paragraph 2(a) of the Allegation proved.

<u>Paragraph 2(b)</u>

106. Having determined that Dr Ahmad had engaged in '*unwanted conduct of a sexual nature*' within the definition of sexual harassment under Section 26(2) of the Equality Act

2010, the Tribunal went on to consider whether his actions as alleged at paragraph 1(c)(vii) – (xxii) were sexually motivated.

107. The Tribunal reminded itself of the advice it had received that a finding of sexual motivation requires a finding that the actions were carried out for Dr Ahmad's sexual gratification and/or with the intention of pursuing a sexual relationship. However, the Tribunal should not become distracted by notions of sexual gratification but rather should make a deduction from all the facts and circumstances of the case and look at the material in the round. The best evidence of a sexual motivation may be the behaviour itself and where there is no plausible alternative explanation other than that the behaviour is sexually motivated then the Tribunal may well find that it was.

108. The Tribunal had established that Dr Ahmad had hugged, massaged and kissed Ms A. The Tribunal took account of the Legally Qualified Chair's advice that where there is no other plausible or innocent explanation for a doctor's actions, a Tribunal is entitled to conclude that they could only have been sexually motivated. The Tribunal reminded itself that Dr Ahmad is a man of good character but, notwithstanding that, concluded that in the absence of any other plausible explanation, his actions in touching Ms A in the way she described and in the circumstances were sexually motivated.

109. Therefore the Tribunal concluded that Dr Ahmad's behaviour was sexually motivated and found Paragraph 2(b) of the Allegation proved.

Paragraph 2(c)

110. The Tribunal then considered whether Dr Ahmad's actions were an abuse of his more senior position. The GMC submitted that Dr Ahmad was in a senior position to Ms A, he was a Registrar and she was XXX. The GMC submit that he leveraged his position to get Ms A to a secluded location.

111. The Tribunal considered, giving it its ordinary meaning, that an abuse of senior position involves misusing seniority for personal gain or to further personal interests.

112. The Tribunal bore in mind that, while Dr Ahmad was XXX of Ms A, they worked together as colleagues. The Tribunal noted that Ms A was able to challenge Dr Ahmad when he asked to speak to her, saying '*can it wait?*' rather than immediately complying. She went with him because she was persuaded that he had something important to tell her, and it related to her work, not because she felt compelled to because of his position.

113. The Tribunal did not consider that it could draw an inference of an abuse of seniority on the facts before it. It determined that the GMC had not discharged the burden on it to prove that Dr Ahmad's actions were an abuse of his power. It therefore found Paragraph 2(c) of the Allegation not proved.

Paragraph 3

114. The Tribunal dealt with Paragraph 3 in its entirety.

115. The Tribunal had regard to Ms A's account, in which she stressed that she was not consenting to Dr Ahmad's advances.

116. The Tribunal noted that Ms A said in her evidence that, during the hug Dr Ahmad gave her, she patted him on the back and then put her arms by her sides. This demonstrated an unwillingness to engage. Ms A also repeatedly told Dr Ahmad that she had to go and wanted to leave to do XXX.

117. Further, Ms A is clear in the text messages she sends to Dr G that Dr Ahmad's advances were unwanted. On 11 February 2020, at 9:02pm, she wrote, "*He's married with children and I cannot stress how entirely unreciprocated this whole encounter was and how in no way have I given him any indication that I am in any way interested in him.*"

118. The Tribunal accepted Ms A's evidence that she was not consenting to Dr Ahmad hugging, massaging and kissing her. Further it was of the view that by her dropping her arms to her sides and repeatedly telling him that she wanted to leave, there was no way he could have had a reasonable belief of her consent.

119. The Tribunal therefore found Paragraph 3 of the Allegation proved, in that Paragraphs 1(c)(vii), (viii), (ix), (x), (xii), (xiii), (xiv), (xv), (xvi), (xvii), (xix), (xx), and (xxi) were carried out without Ms A's consent and without reasonable belief in her consent.

Paragraph 4

120. The Tribunal had regard to the documents before it, including the evidence of Dr D, Ms E, Dr H and Ms C.

121. It noted the letter from the police dated 20 June 2020, disclosed that Dr Ahmad had been arrested and interviewed by the police on 20 June 2020, and that he was released whilst the police continued their investigation. Further, it noted the contract with the Trust was signed by Dr Ahmad on 22 June 2020.

122. The Tribunal have considered the evidence of Dr D, who was Dr Ahmad's Responsible Officer, that Dr Ahmad had not informed the Trust of his arrest, but had nonetheless signed the contract. Further, in his email to the Trust on 4 September 2020, Dr Ahmad conceded that he did not notify anybody at the Trust of his arrest but did sign the contract on 22 June 2020.

123. The Tribunal found Paragraph 4 of the Allegation proved.

Paragraph 5

124. The Tribunal noted Dr Ahmad's account of why he did not inform the Trust about his arrest.

125. Dr Ahmad said that he was in shock after he was arrested on 20 June 2020. He stated that he could not decide who it was he needed to talk to as his line manager was on leave at the time. Further, Dr Ahmad stated that he wanted to speak face-to-face with someone. He said in hindsight he should have phoned.

126. The Tribunal noted that Dr Ahmad was able to attend work and carry out his clinic for the day. If he was able to carry out those duties, it could not be said that he was in such shock that he was unable to appreciate the implications of being arrested for a sexual assault on a child and that the Trust would need to know about this urgently.

127. It was a specific term of his employment as a bank doctor that he notifies the Trust of any criminal investigation. Further, it is implausible that, as a doctor, he would not have appreciated the significance of his arrest for such an offence, and the need for the Trust to be informed.

128. In the circumstances, the Tribunal was of the view that Dr Ahmad knew that he should have informed the Trust about his arrest, and he also knew that his arrest would have implications on whether or not his contract was extended.

Paragraph 6

129. The Tribunal considered the test set out in *Ivey v Genting Casinos*.

130. It noted its findings above, that Dr Ahmad knew that he had been arrested for a serious criminal offence and that an investigation was ongoing. His bank contract required

disclosure of any criminal investigation. He would know that his arrest would have implications on his contract extension. That was Dr Ahmad's subjective knowledge.

131. The Tribunal considered that applying the standards of ordinary decent people, his decision to sign a new contract knowing that he had not disclosed such important and impactive information, would be considered dishonest.

132. The Tribunal was of the view that Dr Ahmad had not informed his Trust as he wanted to continue working and was reluctant to tell the Trust as he knew, if he did share the information or details of his arrest, the Trust would have been unlikely to extend his contract. That was dishonest.

133. For these reasons, the Tribunal determined that Dr Ahmad's actions were dishonest and found Paragraph 6 of the Allegation proved.

The Tribunal's overall determination on the facts

134. The Tribunal has determined the facts as follows:

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

1. Whilst working at University Hospitals of North Midlands NHS Trust ('the Trust'), you behaved inappropriately towards a colleague, Ms A, in that:
    a. on 11 February 2020 you:
        i. after XXX, asked Ms A if she wished to have dinner with you, or words to that effect; **Determined and found proved**
        ii. texted Ms A whilst she was driving home to ask her if she wanted to stop for a break and to meet at the motorway services, or words to that effect; **Determined and found proved**
        iii. texted Ms A to ask her again if she wanted to have dinner with you, or words to that effect; **Determined and found proved**
    b. on a date between 11 February 2020 and 11 June 2020 you:
        i. called Ms A to ask whether you could collect XXX from her house, or words to that effect; **Determined and found proved**
        ii. became insistent about picking up XXX; and **Determined and found proved**

iii. told Ms A that you had something important you needed to speak to her about, or words to that effect; **Determined and found proved**

c. on 11 June 2020, whilst Ms A was working, under the pretence of discussing WhatsApp messages that you claimed to have thought were about Ms A, you:

i. asked Ms A if she could speak to you, noting that it was important and it would only take five minutes, or words to that effect; **Determined and found proved**

ii. insisted it was essential that you spoke to Ms A, despite her asking if it could wait till another time; **Determined and found proved**

iii. told Ms A that you should speak in the Urology offices because it was important, or words to that effect, when she had asked whether you could just speak in the corridor; **Determined and found proved**

iv. asked Ms A what had happened with other staff members, as you had received WhatsApp messages showing that they were upset with Ms A, or words to that effect; **Determined and found proved**

v. quickly decided the messages were not relevant to Ms A, telling Ms A that you had misread the messages, or words to that effect; **Determined and found proved**

vi. asked whether you could come by Ms A's house later to collect XXX or words to that effect; **Determined and found proved**

vii. hugged Ms A when she got up to leave; **Determined and found proved**

viii. continue to hug Ms A despite her dropping her hands down by her sides, to signal an end to the hug; **Determined and found proved**

ix. pushed Ms A down into the chair and told her to sit down, or words to that effect; **Determined and found proved**

x. massaged Ms A's back and shoulders; **Determined and found proved**

xi. ignored Ms A when she said she needed to go to XXX and said that you were really good at giving massages, or words to that effect; **Determined and found proved**

xii. continued to touch Ms A's back, sides and face; **Determined and found proved**

xiii. stroked Ms A's cheeks and jawline and up to her ears; **Determined and found proved**

xiv. pulled Ms A into another hug when she stood up to leave; **Determined and found proved**

xv. would not let Ms A go, despite her repeating that she needed to get to XXX, or words to that effect; **Determined and found proved**

xvi. kissed Ms A's face and neck; **Determined and found proved**

xvii. physically held her body to yours; **Determined and found proved**

xviii. said 'just a kiss. I want a kiss. Just a kiss' or words to that effect; **Determined and found proved**

xix. kissed Ms A's lips and face; **Determined and found proved**

xx. held Ms A tight, despite her trying to pull away from you; **Determined and found proved**

xxi. trapped Ms A between a desk in the room and yourself; **Determined and found proved**

xxii. texted Ms A that evening to ask if you could buy her a XXX present, or words to that effect. **Determined and found proved**

2. Your actions as set out at paragraph 1:

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 Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; **Determined and found proved**

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

c. were an abuse of your more senior position. Determined and found not proved

3. Your actions at paragraph 1c.vii., 1.c.viii., 1.c.ix., 1.c.x., 1.c.xii., 1.c.xiii., 1.c..xiv., 1.c.xv., 1.c.xvi., 1.c.xvii., 1.c.xix., 1.c.xx., 1.c.xxi. were carried out without:

a. Ms A's consent; Determined and found proved

b. reasonable belief in Ms A's consent. Determined and found proved

4. On 22 June 2020, you signed an extension to your contract with the Trust without disclosing that you had been arrested for a criminal offence on 20 June 2020. Determined and found proved

5. You knew that the Trust would want to know the information about your arrest to consider the implications of this before agreeing to the contract extension. Determined and found proved

6. Your actions at paragraph 4 were dishonest by way of paragraph 5. 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 - 10/08/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

2. The Tribunal has reviewed its findings of fact and the evidence it has received thus far.

Submissions

On behalf of the GMC

3. Mr James Halliday submitted that the Tribunal must follow the established two-stage approach, first determining whether the statutory ground of misconduct is made out and, if so, whether Dr Ahmad's fitness to practise is currently impaired. He reminded the Tribunal that misconduct requires a serious departure from the standards set out in *Good Medical Practice (2013) (GMP)*, whether arising inside or outside a doctor's professional life. He referred to the authorities, including *Roylance*, *Aga* and *Aston*.

4. Mr Halliday submitted that each of the three categories of Dr Ahmad's behaviour, sexual harassment, sexual assault, and dishonesty, individually amount to misconduct. He submitted that these actions breached core duties in *Good Medical Practice*, including maintaining respectful relationships with colleagues, acting with integrity, and upholding public trust in the profession. Although the Tribunal found the harassment occurred on a single occasion, he maintained that the failure to inform the Trust and supervising clinician of his arrest and interview under caution was itself a serious departure from expected standards.

5. On impairment, Mr Halliday submitted that all three statutory limbs, protection of the public, maintaining public confidence, and upholding standards, were engaged. He highlighted the MPTS guidance which came into force in November 2025 that identified sexual misconduct and dishonesty as behaviours at the higher end of seriousness, and he submitted that the circumstances suggested potentially predatory behaviour. Mr Halliday noted Dr Ahmad's complete lack of engagement, remorse, insight or remediation. He added that these factors created a high risk to the public and justified a finding of current impairment.

The Relevant Legal Principles

6. 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.

7. 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.

8. The Tribunal will be guided by the MPTS Guidance. Paragraph 11 of Part B: stage two - impairment of the new MPT Hearings Guidance provides a description as to what may constitute misconduct.

9. The Tribunal was reminded by the Legally Qualified Chair (LQC) that misconduct has been defined by the *Privy Council in the case of Roylance v GMC (No.2) [2000] 1 AC 311* as *'a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*' In that case, the Privy Council went on to say that '*The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances*.'

10. The relevant standards to be applied to the current case are set out in the 2013 version of Good Medical Practice. The Tribunal should ask itself how far short of those standards the doctor's conduct has fallen.

11. As to seriousness, this must be given its proper weight: it is conduct which would be regarded as deplorable by fellow practitioners *(Nandi v GMC [2004] EWHC 2317 (Admin)* at paragraph 31, approved by *Meadow v GMC [2007] QB 462 at paragraph 200)*.

12. To assess whether Dr Ahmad 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 Ahmad and/or his working environment, and
- how Dr Ahmad has responded to the Allegation.

<u>The Tribunals determination on impairment: Steps 2A to 2E</u>

13. At all times, the Tribunal had regard to *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the MPT Guidance').

14. The Tribunal had regard to the following paragraphs of the GMP:

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

35 You must work collaboratively with colleagues, respecting their skills and contributions.

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

68 you must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information

Step 2A: legal basis for considering impairment

Sexual misconduct – Ms A

15. The Tribunal noted that the facts found proved in paragraphs 1c, 2a, 2b, 3a and 3b amounted to unwanted conduct towards Ms A and constituted serious misconduct.

16. The Tribunal considered that the behaviour outlined was a serious departure from the professional standards expected of a registered medical practitioner, as set out in *GMP* In determining whether Dr Ahmad's actions amounted to misconduct, the Tribunal had regard to the standards expected of medical practitioners, including paragraphs 1, 35, 36, 37 and 65

of *Good Medical Practice*. The Tribunal considered that on any view, unwanted conduct of a sexual nature towards a colleague in the workplace, can only be viewed as a falling far short of the standards expected of a medical practitioner and conduct which would be viewed as deplorable by fellow practitioners.

17. Earlier in its determination the Tribunal found the facts set out in 1a and 1b proven but did not consider that these actions amounted sexual harassment. Whilst the conduct is capable of providing context to what occurred on the 11 June 2020, the Tribunal did not consider it amounted to serious misconduct.

Dishonesty

18. The Tribunal found that, on 22 June 2020, Dr Ahmad signed an extension to his contract with the Trust without disclosing that he had been arrested for a criminal offence on 20 June 2020. The Tribunal determined that when Dr Ahmad signed the extension to his contract, he was aware at that time he was subject of an ongoing criminal investigation. The Tribunal concluded that, in making the declaration, Dr Ahmad had acted dishonestly.

19. The Tribunal determined that Dr Ahmad's dishonest conduct constituted serious misconduct. It found that his conduct breached paragraphs 68, 71(a) and (b) of *Good medical practice*, which require doctors to be honest and trustworthy and to act with integrity.

20. The Tribunal considered that dishonesty in relation to a doctor's professional responsibilities constituted a breach of a fundamental tenet of the medical profession. Such conduct was liable to undermine public confidence in both the medical profession and its regulatory processes.

21. The Tribunal was in no doubt that Dr Ahmad's conduct was sufficiently serious as to amount to a finding of misconduct. Accordingly, the Tribunal concluded that there was a proper legal basis to proceed to consider whether Dr Ahmad's fitness to practise was impaired by reason of misconduct.

Step 2b Where on the spectrum of seriousness does the allegation lie?

22. The Tribunal reminded itself that a finding of impairment requires a finding that Dr Ahmad poses a current and ongoing risk to public protection. In order to assess whether Dr Ahmad poses such a risk, and the extent of that risk, the Tribunal first considered where on the spectrum of seriousness the allegation lies.

Sexual misconduct – Ms A

23. The Tribunal considered the submissions made by the GMC. Mr Halliday submitted that the misconduct fell at the higher end of the spectrum of seriousness.

24. The Tribunal also had regard to the Introduction to the Guidance, which indicates that cases involving sexual misconduct will usually fall at the higher end of the spectrum of seriousness because of the significant risk they pose to public confidence in the profession.

> *'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*
>
> *66. Most allegations relating to sexual misconduct have a starting point of a high level of seriousness and therefore fall at the higher end of the spectrum of seriousness. This means the starting point for assessing current and ongoing risk to public protection will usually be high.*
>
> *69. The level of risk associated with a sexual misconduct allegation will generally be medium or high.*

25. The Tribunal determined that the appropriate starting point for assessing the seriousness of this case was at the higher end of the spectrum. It had regard to paragraph 31 of the Guidance, which identifies sexual misconduct as a type of misconduct that will usually be regarded as falling within the higher range of seriousness.

> *31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to: sexual assault, indecency or sexual harassment*

26. The Tribunal further concluded that the case fell within Case Type 1: Sexual Misconduct as described in the Introduction to the Guidance.

27. In assessing the overall seriousness of the misconduct, the Tribunal considered that the conduct presented a high level of risk to the public, given the nature of the sexual misconduct, to public confidence in the medical profession and to the maintenance of proper professional standards. Although the misconduct was not directed towards patients and therefore did not present the highest level of risk to patient safety, the Tribunal recognised that the behaviour had the potential to cause significant emotional harm and to undermine confidence in doctors as professionals.

28. Taking all the circumstances into account, including the physical sexual misconduct, the sexual harassment of Ms A, the abuse of professional boundaries, and the emotional harm caused to her, the Tribunal considered that the misconduct was particularly serious.

29. The Tribunal next considered whether there were any features which increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the MPTS Guidance and considered that the following applied:

Predatory behaviour

Predatory behaviour is characterised by the doctor taking, or attempting to take, advantage of an opportunity to exploit a person or situation. It can involve premeditation or be opportunistic.

Premeditated Behaviour

Premeditated behaviour is characterised by the doctor having acted intentionally and with planning. It usually arises where a doctor looks for, or identifies, an opportunity to take advantage of a person or situation and takes steps towards doing so.

Undermining collaborative working

How doctors treat their colleagues, and how they work together in the interests of patients, is essential for good healthcare. Behaviour that undermines colleagues or is otherwise obstructive to effective team working, can directly or indirectly have a negative impact on patient safety. However, a doctor who raises a concern to comply with their professional duty to raise concerns in the public interest should not be regarded as having behaved in a way that undermines collaborative working, even where their doing so has had a negative impact on colleagues or team working.

Putting their own interests before those of patients

This occurs when a doctor puts their personal interests above those of a patient in a way that could compromise their judgment, decisions or actions.

30. The Tribunal found that Dr Ahmad's conduct was predatory and premeditated. He was not at work at the time but said that he was at the Hospital to undertake private study. He provided a pretext for being on Ms A's ward and then lied to her about needing to speak

to her urgently. He deliberately lured her into an empty office, where the assault took place. The Tribunal considered that this demonstrated a deliberate and serious abuse of the professional environment and of the trust placed in Dr Ahmad as a medical practitioner. It also demonstrated that the misconduct was not spontaneous or opportunistic, but involved planning and a conscious decision to exploit the professional setting for his own purposes.

31. Ms A was upset after the incident, and this could have caused her to be distracted, for the rest of the shift and during XXX. She provided evidence of this in her statement, where she related a later incident where a male doctor was stood behind her whilst she was viewing material on screen. He put his hand on the chair and this caused her to lose focus. Dr Ahmad had put his sexual interests ahead of his duties as a doctor.

32. The Tribunal took into account the impact of Dr Ahmad's conduct on Ms A. In particular, Ms A had taken steps to avoid night shifts in an effort to avoid Dr Ahmad and not work when the hospital was quiet, when she considered she was more vulnerable. The Tribunal considered that this demonstrated the continuing impact of his conduct upon her and the extent to which she had felt compelled to alter her working arrangements.

33. Taking all these factors together, the Tribunal concluded that the misconduct fell towards the higher end of the spectrum of seriousness. It determined that the combination of these aggravating features increased the level of seriousness and represented a serious departure from the standards expected of a registered medical practitioner.

Dishonesty

34. In assessing the seriousness of Dr Ahmad's dishonesty, the Tribunal considered that honesty and integrity are fundamental tenets of the medical profession. It further considered that openness and candour in relation to a doctor's professional responsibilities are essential to maintaining public confidence and ensuring effective professional regulation.

35. The Tribunal had regard to paragraph 31(c) of the *Guidance*, which states that allegations 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*".

36. The Tribunal considered that Dr Ahmad had failed to act openly and honestly in relation to his professional responsibilities. He signed the relevant forms without disclosing the criminal investigation.

37. The Tribunal considered that the dishonesty occurred squarely within Dr Ahmad's professional role and was connected to matters that were directly relevant to his fitness to practise. It therefore considered that the dishonesty fell within the circumstances identified in paragraph 31(c) of the *Guidance* as ordinarily attracting a higher level of seriousness.

38. The Tribunal next considered whether there were any features which increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the MPTS Guidance and considered that the following applied:

> *Undermining a system designed to protect the public*
>
> *Where a doctor does not provide accurate information to one of these organisations, their regulator or another body who they're employed by, or registered with, to provide healthcare services, the ability of those organisations to protect the public or deliver safe care to patients can be undermined. This also applies where a doctor is seeking employment or registration.*
>
> *Putting their own interests before those of patients*
> *It also arises where they are not honest in their financial or commercial dealings, do not declare conflicts of interests and / or allow any interests to affect the way they prescribe, treat, refer or commission services for patients.*
>
> *An attempt to hide and / or avoid taking responsibility for behaviour or poor performance*
>
> *Doctors must be open and honest if things go wrong. Where, at the time of the circumstances giving rise to the allegation, they attempt to hide unacceptable behaviour or poor performance or avoid taking responsibility for their behaviour or poor performance by blaming others for their own acts or omissions, this can have a negative impact on patient safety and / or workplace culture.*

39. The Tribunal considered the dishonesty to be particularly serious because it occurred in the context of allegations involving sexual misconduct, including an alleged sexual assault on a child. His failure to disclose the matters had the potential to undermine regulatory and safeguarding processes intended to protect patients and the public. The Tribunal considered that Dr Ahmad's conduct demonstrated a willingness to place his own interests above his professional responsibilities and the protection of patients. By failing to disclose the arrest and investigation into his alleged offence he had sought to hide it from the Trust.

40. The Tribunal considered that the dishonesty, viewed in the context of the wider misconduct, represented a serious departure from the standards expected of a registered medical practitioner and constituted a significant aggravating feature.

41. The Tribunal concluded that the dishonesty had occurred in a professional context and was deliberate. It considered that persistent or deliberate dishonesty ordinarily falls towards the higher end of the spectrum of seriousness.

Step 2c - What is the impact of any relevant context known about Dr Ahmad and/or their working environment?

42. The Tribunal had regard to paragraph 45 of the MPTS Guidance, which asks the Tribunal to consider: *"What is the impact of any relevant context known about the doctor and/or their working environment?"* It considered whether any such context affected its assessment that the allegation fell at the medium end of the spectrum of seriousness.

43. In doing so, the Tribunal considered whether there was any relevant personal context, role-related context, or working environment context that might explain, mitigate, or otherwise reduce the level of seriousness of the misconduct or the current and ongoing risk to public protection.

44. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by a doctor will generally carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum is typically more difficult to mitigate and address.

45. The Tribunal noted that, prior to the matters giving rise to these proceedings, Dr Ahmad had an otherwise unblemished career. However, he had not engaged with the GMC proceedings at all. He did not provide any evidence to assist the Tribunal, that might have assisted it in determining whether there were any relevant contextual factors operating at the time of the events.

46. In those circumstances, the Tribunal concluded that there was insufficient evidence of relevant contextual factors that would reduce the seriousness of the misconduct or materially affect its assessment of the current and ongoing risk to public protection.

Step 2d - How has Dr Ahmad responded to the allegation(s)?

47. The Tribunal considered how Dr Ahmad had responded to the allegation and whether he had demonstrated insight into the concerns in this case. Paragraph 74 states:

> *'How has the doctor responded to the allegation(s)?*
>
> *74. The MPT should consider the evidence available to them to establish if the doctor has:*
>
> > *a. shown insight into their own practice, behaviour and/or impact of a health condition*
> > *b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, …..*
> > *c. kept their knowledge and skills up to date.'*

48. The Tribunal also noted from the Guidance that evidence of insight and remediation will have a different impact on the assessment of current and ongoing risk to public protection in each case, depending on the nature of the allegation and individual circumstances of the case. In cases where the allegation falls at the higher end of the spectrum of seriousness, and therefore the starting point for assessing current and ongoing risk to public protection is high, evidence of insight and remediation will usually carry less weight and therefore will have less impact, if any, on the assessment of current and ongoing risk to public protection. This is because the risk to public protection arising from these allegations is generally more difficult to address.

49. The Tribunal assessed the extent of Dr Ahmad's insight into his misconduct. It had regard to paragraph 81 of the MPTS Guidance under Step 2(d) which states:

> *To demonstrate insight, and insight which is genuine, the doctor will need to show they understand what happened and accept how they could have acted differently. This involves showing, where relevant, that they have: considered the allegation, understanding what went wrong and accept they should have acted differently*
>
> *fully understood the impact or potential impact of their behaviour, performance, or health condition*
>
> *empathy for any individual affected, for example by apologising*

taken, or are taking, steps to remediate and to identify how they will act differently in the future to avoid similar issues arising

sought appropriate support for a health condition and are seeking and/or following treatment and advice and/or are engaging with local support and any steps put in place to manage any risks to patients

complied with the professional duty of candour

co-operated with earlier investigations into the allegation (if they had the opportunity to do so) and engaged with the GMC's investigation, and/or

self-referred to their employer and/or the GMC.'

50. The Tribunal noted that Dr Ahmad had ceased engaging with the GMC approximately six years ago and had subsequently left the country. The only evidence available to the Tribunal in relation to the matters was the Trust's investigation notes prepared at the time of the events. There was no witness statement, reflective statement or other material before the Tribunal that enabled it to assess Dr Ahmad's current level of insight or remediation.

51. The Tribunal considered the email sent by his BMA representative on 4 September 2020 which provided some explanation for his conduct in signing the contract renewal. In this email he acknowledged that with hindsight he should not have signed the contract before confirming details of his arrest. This demonstrated some very limited insight.

52. The matters concerned allegations of dishonesty and sexual assault against a colleague. The Tribunal noted that there was no evidence of meaningful reflection, remediation, or any steps taken by Dr Ahmad to address the causes of the misconduct or to reduce the risk of similar behaviour recurring.

53. In the absence of evidence demonstrating current insight, remediation, or a change in the circumstances that had given rise to the misconduct, the Tribunal was unable to conclude that the risk of repetition had been adequately addressed. It therefore considered that there remained a high risk of repetition.

54. Accordingly, the Tribunal concluded that there was no reliable evidence of current insight or remediation sufficient to demonstrate that the concerns arising from Dr Ahmad's misconduct had been adequately addressed.

55. The Tribunal also took into account the absence of any evidence that Dr Ahmad has maintained his professional knowledge and clinical skills since the events in question.

56. Having considered all of the evidence, the Tribunal concluded that the misconduct has not been remedied. In the absence of evidence of insight, remediation, or steps taken to reduce the risk of repetition, the Tribunal determined that there remains a significant risk of repetition and, consequently, a continuing risk to public protection.

Step 2e - Tribunal's decision as to whether Dr Ahmad poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

57. The Tribunal next had to consider, overall, whether Dr Ahmad poses any current and ongoing risk to public protection which may require restrictive action on his registration, and make its decision on impairment.

58. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Ahmad's misconduct, which involved inappropriately touching Ms A for his own sexual gratification, lies at the high end of the spectrum of seriousness.

59. His actions amounted to sexual Harassment under the Equality Act. Sexual harassment is a type of discrimination that is established in law, and the Tribunal should take into account both the sexual misconduct section and the discrimination section of the General Introduction to the MPTS Guidance.

60. Further the dishonest failure to disclose the fact that he had been arrested and was under a criminal investigation for a sexual assault against a child, and actively signing a new contract was at the high end of the spectrum of seriousness.

61. The Tribunal considered the lack of evidence of any contextual factors relating to Dr Ahmad and took into account his response to the allegation. The Tribunal concluded that neither contextual factors, nor Dr Ahmad's response to the allegation, decreased the current and ongoing risk which he presents to public protection.

62. The Tribunal had regard to the General Introduction section of the MPTS Guidance, and specifically the sections headed 'Case Type 1: sexual misconduct''. Paragraph 63 of the General Introduction sets out how the three parts of public protection might be engaged in a sexual misconduct case.

63. In relation to dishonesty, paragraph 87 sets out how the three parts of public protection might be engaged.

64. The Tribunal considered that all three parts of public protection are engaged in the current case:

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety

65. As to the first limb, the Tribunal considered whether there was a current risk of harm to patients. It acknowledged that there was no evidence of any actual harm to patients arising from Dr Ahmad's clinical practice. However, the Tribunal considered that this did not, in itself, address the risk arising from the misconduct.

66. The Tribunal has found that Dr Ahmad's sexual misconduct caused lasting harm to Ms A's emotional wellbeing which has affected her sense of safety in the workplace.

67. Further, the misconduct created a risk to patient safety in that there is evidence that it led to a breakdown in communication between Ms A and Dr Ahmad and in the collaborative working needed to deliver safe patient care. Ms A actively avoided him in future Rotas.

68. The Tribunal accepts that this appears to have been an isolated incident but there is evidence that it was premeditated.

69. There is no evidence that he has ever behaved in a similar way toward patients. However, in the absence of any meaningful insight by Dr Ahmad into his misconduct or steps taken to remedy it, the Tribunal was not reassured that he would be highly unlikely to act in a similar way in future, therefore putting patients at unwarranted risk of harm.

70. Where a doctor is dishonest in their interactions with colleagues, this can cause breakdowns in communication and/ or in the collaborative working needed to deliver safe patient care.

71. The Tribunal considered that the risk was not limited to harm to colleagues but extended to patients and to the wider public, particularly given the sexual nature of the allegations and the absence of evidence demonstrating that the underlying risk had been adequately addressed. The nature and seriousness of the dishonesty and sexual misconduct, and in particular the high risk of repetition, led the Tribunal to consider that there remained a

significant risk that, if Dr Ahmad were permitted to return to unrestricted practice, patients and colleagues could be exposed to harm.

72. Accordingly, the Tribunal concluded that the high risk of repetition gave rise to a significant risk of harm to patients and that this was relevant to its assessment of the need to maintain public protection.

Promoting and maintaining public confidence in the profession (public confidence)

73. As to the second part of the overarching objective, public confidence in the profession, the Tribunal was in no doubt that Dr Ahmad's misconduct brings the medical profession into disrepute and that he has breached fundamental tenets of the medical profession, including the requirement to respect colleagues.

74. The public must have confidence that doctors will behave professionally and appropriately and that they will not put their own sexual gratification before the interests of effective patient care. Healthcare colleagues are entitled to feel safe and be free from sexual harassment in their place of work. The Tribunal considered that the public would be rightly appalled by a doctor sexually harassing a junior colleague in the workplace.

75. Dishonesty arising inside, or related to, a doctor's professional practice may result in a breakdown of trust and undermine public confidence. The public should be able to trust the integrity of medical professionals, and where a doctor undermines that trust it may risk public confidence in the profession.

76. The Tribunal considered that a member of the public, aware of all the circumstances in this case, would be very concerned and public confidence would inevitably be undermined if a finding of impairment was not made.

Promoting and maintaining professional standards and conduct (upholding professional standards)

77. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Ahmad's misconduct represented a serious departure from the standards of conduct expected of medical practitioners. The Tribunal considered that a finding of impairment is required to send a clear signal to Dr Ahmad, the profession, and the public of the unacceptability of his misconduct.

78. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Ahmad to public protection is high and that a finding of impairment is necessary, by reference to all three parts of public protection.

79. The Tribunal has therefore determined that Dr Ahmad's fitness to practise is impaired by reason of his misconduct.

Determination on Sanction - 11/08/2026

1. Having determined that Dr Ahmad'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.

2. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

Submissions

On behalf of the GMC

3. On behalf of the GMC, Mr Halliday submitted that the Tribunal had concluded that the level of risk posed to the public was "high" and that this applied to each aspect of the Doctor's misconduct, namely the sexual misconduct, sexual harassment and dishonesty. He submitted that, taken together, the findings demonstrated that Dr Ahmad's actions were fundamentally incompatible with continued registration. He referred to [55] of the Guidance.

> *'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'*

4. He referred to the MPT sanction banding guidance and submitted that, given the findings of the Tribunal, the appropriate sanction range for the misconduct relating to sexual misconduct was 12 months suspension through to erasure and for the dishonesty was 9 months suspension through to erasure.

5. Mr Halliday submitted that the aspects of the Doctor's conduct had to be considered together. He submitted that there had been direct harm to Ms A arising from the Doctor's actions, that he had committed conduct akin to a criminal offence, and that he had subsequently acted dishonestly by withholding vital information from his employer before signing his contract extension.

6. Overall, he submitted that no sanction other than erasure could properly protect the public or maintain public confidence in the medical profession. He submitted that, when the aspects of the Doctor's misconduct were considered cumulatively, his actions were fundamentally incompatible with continued registration and that, given the gravity of his conduct, erasure was the only proportionate sanction.

The Tribunal's Approach

7. The LQC reminded the Tribunal that the decision as to the appropriate sanction, if any, was a matter for the Tribunal's own independent judgment. She advised that the procedure to be adopted was set out in the MPTS Guidance, Section 3, *MPT Hearings*, Part C, Stage 3, *Sanction*, Step 3, *Decide on sanction*.

8. The LQC advised that the purpose of a sanction was not to be punitive, but to protect patients and the wider public interest, although it might have a punitive effect. She referred the Tribunal to *Bolton v Law Society*, where it was said that the reputation of the profession was more important than the fortunes of any individual member.

9. The LQC advised that, in making its decision on sanction, the Tribunal should review its findings on the facts and impairment and consider the level of current and ongoing risk posed by Dr Ahmad to public protection. She reminded the Tribunal of its finding at the impairment stage that Dr Ahmad's conduct was at the higher end of the spectrum of seriousness and that he posed a high level of current and ongoing risk to public protection.

10. The LQC reminded the Tribunal to have regard to paragraph 62 of the relevant section of the Guidance, which set out the sanction bandings for specific types of case. She noted that, in cases involving sexual misconduct, the suggested sanction where there was a higher risk ranged from 12 months' suspension to erasure. In cases involving dishonesty, the suggested sanction where there was a high risk ranged from nine months' suspension to erasure.

11. The LQC reminded the Tribunal that the sanction bandings were intended to provide a guide only and that there might be evidence relevant to the individual circumstances of the

case which indicated that a sanction should be more or less restrictive than that suggested in the bandings.

12. The LQC advised that the Tribunal must consider each of the available sanctions in turn, starting with the least restrictive.

Sanction

13. In considering which sanction, if any was appropriate, the Tribunal considered the relevant sanction bandings set out within the Guidance for each of the case types under consideration in this case.

14. The different case types under consideration here are:

- Case Type 1: Sexual misconduct;
- Case Type 2: Dishonesty.

15. In reaching its decision on the appropriate sanction, the Tribunal had regard to paragraphs 66, 68 and 69 of the Guidance Introduction Document on Sexual misconduct Case Types, which states:

> *66. Most allegations relating to sexual misconduct have a starting point of a high level of seriousness and therefore fall at the higher end of the spectrum of seriousness. This means the starting point for assessing current and ongoing risk to public protection will usually be high.*
>
> *68. In such cases the MPT's decision on risk should reflect this and a conclusion that the doctor poses a current and ongoing risk to public protection may be needed even in cases where the doctor has shown insight and taken steps to try and remediate. Where the MPT concludes that the doctor poses a current and ongoing risk, this will result in them finding that the doctor's fitness to practise is impaired.*
>
> *69. The level of risk associated with a sexual misconduct allegation will generally be medium or high.*

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*
Suspension up to 6 months	*Suspension 6 to 12 months*	*Suspension 12 months to Erasure*

16. In reaching its decision on the appropriate sanction, the Tribunal had regard to paragraphs 96 – 98 of the MPTS Guidance Introduction Document on Dishonesty Case Types, which state:

> *'96. The proportionate sanction in response to an allegation of dishonesty will depend on the extent of the doctor's behaviour and the impact it's assessed to have on each of the three parts of public protection.*
>
> *97. Where the level of current and ongoing risk to public protection is medium or high, this will require consideration of suspension or erasure.*
>
> *98. When deciding on sanction, the MPT should consider the sanctions banding for dishonesty cases in Part C of Section 3: MPT hearings.*

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*
Suspension up to 3 months	*Suspension 3 to 9 months*	*Suspension 9 months to Erasure*

No action

17. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. It noted in particular paragraph 13 states:

> *'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'*

18. It determined that there were no exceptional circumstances in this case which could justify it taking no action, in the context of the facts found proved and the Tribunal's determination on impairment. It reminded itself that it had found that Dr Ahmad poses a current and ongoing risk to all three parts of the public protection test and concluded that a sanction which did not restrict his registration would be wholly insufficient. The Tribunal further considered that to take no action would neither maintain public confidence in the profession nor promote proper professional standards and conduct. It reminded itself of its

finding at the impairment stage that the public would be rightly appalled by a doctor sexually harassing a colleague in the workplace.

19. Given the serious findings against Dr Ahmad, the Tribunal determined that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

Conditions

20. The Tribunal next considered whether to impose conditions on Dr Ahmad's registration. As a starting point, the Tribunal noted that the sanctions bandings for sexual misconduct and discrimination case types do not indicate that conditions would be an appropriate and proportionate sanction in cases involving sexual misconduct and dishonesty where a high level of risk to public protection has been identified.

21. It bore in mind that any conditions imposed would need to be appropriate, workable, measurable and proportionate and it reminded itself of the relevant paragraphs of the guidance:

> *17. Conditions are suitable 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 of time, with the aim they should be able to safely return to unrestricted practice in the future.*
>
> *…*
>
> *20. Where conditions are put in place, they should be appropriate, workable, and measurable.*
>
> *21. To be appropriate, conditions must address the specific findings about the current and ongoing risk to public protection posed by the doctor.*
> *…*
>
> *23. Conditions are likely to be workable where:*
>
> *a. the doctor has shown insight*

b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment

c. the doctor is willing to remediate, and

the MPT is satisfied the doctor will comply with them

22. In the absence of any direct engagement from Dr Ahmad, regarding his insight, remediation or willingness to engage with regulatory proceedings, the Tribunal could not be satisfied that conditions would be workable or that Dr Ahmad would comply with them.

23. The Tribunal further concluded that it would not be possible to formulate conditions that were appropriate, workable and measurable to address the misconduct identified in this case. In any event, even if workable conditions could have been formulated, the Tribunal was satisfied that they would not be a proportionate response. Such a sanction would be insufficient to maintain public confidence in the medical profession or to uphold proper professional standards, having regard to the seriousness and cumulative nature of the findings.

24. With regard to the '*case types of sexual misconduct and dishonesty*', the Tribunal considered the relevant sanction bandings in the Sanctions Guidance. It noted that, where there is a high level of risk to public protection and where the nature of the misconduct falls at the higher end of the spectrum of seriousness, the Guidance provides for a sanction ranging from suspension to erasure and does not identify conditions as an appropriate sanction. The Tribunal considered that this reflected the level of risk identified in Dr Ahmad's case and supported its conclusion that conditions would be insufficient. Accordingly, it concluded that a sanction of conditions was not appropriate.

Suspension

25. The Tribunal then went on to consider whether to impose a period of suspension. In doing so it considered the following paragraphs of the Guidance.

44. Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

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.

26. The Tribunal bore in mind that the sanctions banding table at paragraph 62 of the relevant section of the MPTS Guidance indicates that a lengthy period of suspension or erasure may be the appropriate and proportionate outcome in cases involving sexual misconduct and/or discrimination.

27. The Tribunal reminded itself that the purpose of a period of suspension is to manage any current and ongoing risk to public protection while providing a doctor with the opportunity to address the concerns identified and, where appropriate, to return safely to unrestricted practice. Suspension can have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

28. The Tribunal considered whether a period of suspension would be sufficient and proportionate in the circumstances of this case. In doing so, it had regard to its earlier findings that Dr Ahmad's misconduct represented a serious departure from the standards expected of a registered medical practitioner.

29. The Tribunal noted that the findings included serious dishonesty and sexual misconduct. The Tribunal has found that his sexual misconduct has brought the medical profession into disrepute, that he has breached fundamental tenets of the medical profession, and that he has fallen far short of the standards of conduct expected of medical practitioners.

30. The Tribunal reminded itself that for suspension to be the appropriate and proportionate sanction, there must be a reasonable prospect of Dr Ahmad's safe return to unrestricted practice. It considered that there was no evidence that Dr Ahmad had remediated his misconduct, demonstrated genuine remorse, or developed insight into the seriousness of his actions and their impact. He had left the country six years ago and had not

engaged with the GMC since then; there was no reason to believe that he would undertake any remediation during a period of suspension. The Tribunal concluded that, without evidence of any meaningful insight and remediation, there was no realistic prospect that Dr Ahmad could return to safe practice as a medical practitioner.

31. Accordingly, the Tribunal concluded that a sanction of suspension would be insufficient to protect the public, maintain public confidence in the medical profession, uphold proper professional standards, or satisfy the overarching objective.

Erasure

32. The Tribunal then went on to consider whether erasure would be the appropriate and proportionate sanction in the circumstances of this case. In doing so it bore in mind paragraphs 55, 56 and 57 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.*
>
> *56. Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*
>
> *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.

33. The Tribunal considered that the factors set out in paragraph 57 of the Guidance were engaged in this case. It was satisfied that neither conditions nor suspension would be sufficient to address the level of current and ongoing risk identified. The Tribunal concluded that the seriousness of Dr Ahmad's misconduct was fundamentally incompatible with continued registration.

34. In reaching that conclusion, the Tribunal took into account that Dr Ahmad had disengaged from the regulatory process for approximately six years.

35. Dr Ahmad had subsequently left the country and had provided no evidence to demonstrate that he would be willing or able to comply with any conditions or other regulatory restrictions imposed upon his registration. The Tribunal considered that his prolonged disengagement from the regulatory process was a significant factor in assessing whether any lesser sanction could adequately protect the public or maintain confidence in the profession and the regulatory process.

36. The Tribunal reminded itself of its earlier conclusions at the impairment stage. His conduct represented serious departures from *GMP* and involved breaches of fundamental tenets of the medical profession. Dr Ahmad's dishonesty was serious and involved him failing to disclose that he was being investigated by the police for a sexual offence against a child. That dishonesty, together with Dr Ahmad's sexual misconduct and sexual harassment of Ms A in her place of work undermines patients' and the public's trust and confidence in the medical profession and inevitably brings the profession as a whole into disrepute. His actions fall far short of proper professional standards and conduct for medical practitioners and his lack of insight into the seriousness of his behaviour and the impact this had on Ms A, colleagues and the wider profession, coupled with his failure to remediate in any meaningful way, mean that erasure is the only sanction proportionate to the current and ongoing risk he poses to all three parts of the overarching objective of public protection.

37. The Tribunal had regard to the relevant paragraphs of the Guidance and was satisfied that the circumstances identified within that Guidance were engaged in this case. Having regard to the seriousness of the misconduct, the high risk of repetition, Dr Ahmad's prolonged disengagement from the regulatory process, his absence from the country, and the absence of any evidence that he would comply with regulatory restrictions, the Tribunal concluded that his conduct was fundamentally incompatible with continued registration as a medical practitioner.

38. Further, it was of the view that a reasonable member of the public, fully informed of the facts of this case, would be outraged if Dr Ahmad was allowed to remain on the medical register, in light of his misconduct for sexual assault and dishonesty in the course of his practice. His conduct was fundamentally incompatible with his continued registration.

39. The Tribunal acknowledged that this sanction may have a significant impact on Dr Ahmad in financial, reputational and career terms. It will prohibit him from working as a doctor in the United Kingdom or anywhere else where he is required to hold GMC registration. However, it concluded that the interests of Dr Ahmad are outweighed by the need to protect the public, including the need to maintain the reputation of the profession as a whole.

40. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined to erase Dr Ahmad's name from the medical register. In the Tribunal's view, no lesser sanction was sufficient to protect the public.

Determination on Immediate Order - 11/08/2026

1. Having determined that Dr Ahmad's name should be erased from the medical register, 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, Mr Halliday submitted that, in light of the Tribunal's findings, an immediate order of suspension was necessary in this case to protect members of the public.

3. He further submitted that members of the public would be dismayed if, having regard to the Tribunal's findings, Dr Ahmad remained entitled to practise pending the imposition of the substantive sanction of erasure. He submitted that an immediate order was therefore necessary to maintain public protection and confidence in the medical profession and the regulatory process.

The Tribunal's determination

4. The Tribunal considered that it may impose an immediate order if it is necessary for the protection of members of the public or is otherwise in the public interest or it is in the interest of

the doctor. The decision whether to impose an immediate order is at the discretion of the Tribunal, exercising its own judgment taking into account all the circumstances.

5. The Tribunal had regard to paragraphs 83 and 84 of the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction)*, which provide:

> *'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *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, and/or*
>
> *c immediate action is needed to maintain public confidence in the medical profession.'*

6. The Tribunal considered that, in light of its previous findings regarding the seriousness of Dr Ahmad's misconduct, together with its assessment that there remained a high risk to public protection, an immediate order was necessary. It concluded that all three limbs of the overarching objective were engaged, namely the protection of the public, the maintenance of public confidence in the medical profession, and the upholding of proper professional standards.

7. The Tribunal considered that it would be wholly inconsistent with its findings to permit Dr Ahmad to continue to potentially practise without restriction during the appeal period.

8. Accordingly, it determined that an immediate order was necessary to protect the public and maintain confidence in the profession pending the outcome of any appeal.

9. This means that Dr Ahmad'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.

10. The interim order currently in place on Dr Ahmad's registration will be revoked when the immediate order takes effect.

11. That concludes this case.

ANNEX A – 03/08/2026

Service and Proceeding in Absence

1. This determination was handed down in public.

2. Dr Ahmad was neither present nor legally represented at this hearing. The Tribunal noted that in order to proceed with the hearing in Dr Ahmad's absence, it needed to be satisfied that he had been properly served with the Notice of Hearing (NoH) and whether it was appropriate for the hearing to proceed in his absence.

3. The Tribunal was provided with a copy of a service bundle from the General Medical Council (GMC). This included a screenshot of Dr Ahmad's email address and registered address. On 23 June 2026, the MPTS sent the NoH letter to Dr Ahmad to his registered address, via Special Delivery and via email, indicating that his case was due to be heard on 3 August 2026. On 26 June 2026, the physical letter was returned to sender and Royal Mail selected that the reason was "addressee gone away".

4. No response has been received from Dr Ahmad.

Submissions

<u>On behalf of the GMC</u>

5. Mr James Halliday, Counsel, took the Tribunal through the requirements set out under the (Fitness to Practise) Rules 2004, as amended ('the Rules') and the Medical Act.

6. Mr Halliday then referred to the service bundle and highlighted that the NoH letter had been sent to Dr Ahmad by Special Delivery to his registered UK address and by email.

7. He invited the Tribunal to conclude that all reasonable efforts had been made to serve the NoH upon Dr Ahmad in accordance with the Rules.

8. Mr Halliday submitted that the Tribunal could use its discretion to proceed in Dr Ahmad's absence in accordance with Rule 31 of the Rules. He drew the Tribunal's attention to the cases of *Adeogba & Visvardis v GMC [2016] EWCA Civ 162* and *R v Hayward, Jones & Purvis [2001] QB 862*.

9. Mr Halliday reminded the Tribunal that Dr Ahmad was no longer engaging with the GMC. He said that it was reasonable, in the circumstances, to infer that Dr Ahmad had made a deliberate decision not to attend today and therefore had voluntarily absented himself.

The Tribunal's Determination

Service

10. The Tribunal had regard to Rule 40 of the Rules. It noted that there had been no contact from Dr Ahmad since 2020. It was satisfied that service had been effected. It also determined that the NoH letter contained the relevant detail as required by the Rules.

11. Based upon the evidence before it, the Tribunal was satisfied that the NoH had been served upon Dr Ahmad at his registered address in accordance with Rule 40 of the Rules and it was the responsibility of Dr Ahmad to ensure his registered address was up-to-date with his regulator.

Proceeding in Dr Ahmad's Absence

12. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Ahmad'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."*

13. The Tribunal took into account the case law referred to by GMC Counsel and the Legally Qualified Chair (LQC). This included the factors set out in *R v Jones*, including:

- the nature and circumstances of the Respondent's/Appellant's absence and, in particular, whether the behaviour may be deliberate and voluntary and thus a waiver of the right to appear;
- whether an adjournment might result in the Respondent/Appellant attending the proceedings at a later date; the likely length of any such adjournment;
- whether the Respondent/Appellant, despite being absent, wished to be represented at the hearing or has waived that right;

- the extent to which any representative would be able to receive instructions from, and present the case on behalf of, the absent Respondent/Appellant;
- the extent of the disadvantage to the Respondent/Appellant in not being able to give evidence having regard to the nature of the case;
- the general public interest;
- and, in particular, the interest of any victims or witnesses that a hearing should take place within a reasonable time of the events to which it relates; the effect of delay on the memories of witnesses.

14. The Tribunal also had regard to the legal authority of *General Medical Council v Adeogba* [2016] EWCA Civ 162, and the principles derived from that case, including:

- There was a difference between a criminal trial and the decision under Rule 31. The latter decision must also be guided by the context provided by the main statutory objective of the GMC, namely the protection, promotion and maintenance of the health and safety of the public as set out in the Medical Act;
- In that regard, the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners is of very real importance;
- It would be contrary to the GMC's overarching objective if the practitioner could deliberately frustrate the process by non-engagement; and
- Whenever a practitioner does not attend there will be prejudice to him or her, especially when their input is crucial but that does not outweigh other factors.

15. The Tribunal noted that the emails and letters sent to Dr Ahmad informed him of the date, time and venue of the hearing, his right to attend it, and to be legally represented. He was also informed that the hearing could proceed in his absence if he did not attend. The Tribunal concluded, in light of the information before it, that Dr Ahmad had voluntarily absented himself from this hearing.

16. The Tribunal considered whether an adjournment would result in Dr Ahmad attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in his attendance.

17. The Tribunal also considered whether any decision to proceed in Dr Ahmad's absence may result in disadvantage or prejudice to him taking account of the fact that it may not necessarily have all of the information which he would wish to present.

18. The Tribunal noted that the public interest included the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Ahmad.

19. Having balanced each of the relevant factors against the need to ensure public protection and the public interest the Tribunal determined that it is fair and just to proceed with the hearing in Dr Ahmad's absence.

20. The hearing will therefore proceed in Dr Ahmad's absence.

ANNEX B – 03/08/2026

Application to admit hearsay evidence

1. This determination was handed down in public.

2. Mr James Halliday, Counsel on behalf of the GMC, made an application under Rule 34(1)) of the GMC Fitness to Practise Rules (2004) (as Amended) ('the Rules') to admit hearsay evidence from peripheral witnesses.

Submissions

On behalf of the GMC

3. Mr Halliday submitted on behalf of the GMC that the Tribunal was being asked to admit the witness evidence of six individuals whose statements appeared in the bundle. Before addressing the GMC's rationale for admitting the evidence of each of those witnesses, he reminded the Tribunal of the legal principles governing the admission of hearsay evidence. He referred to the leading authority of *Thorneycroft*, emphasising that fairness is the Tribunal's overarching concern and that hearsay should not be admitted as a matter of routine. He noted that the ability to attach weight at a later stage is not, in itself, a sufficient basis for admissibility. The reason for a witness's non-attendance is relevant, but the absence of a good reason does not automatically preclude admission. Where hearsay may be sole or decisive, a careful assessment of competing factors is required, including the issues in the case, other available evidence, and the consequences of admitting the hearsay. The Tribunal must be satisfied that the evidence is demonstrably reliable or that there is another means of testing its reliability, consistent with the MPTS guidance.

4. Turning to the six witnesses identified, Mr Halliday stated that their evidence was ancillary to the substantive matters. The core issues were addressed by the three live witnesses, Ms A, Dr D and Mr B. Ms A described Dr Ahmad's conduct over several occasions, particularly on 11 June 2020. Dr D led the Trust's investigation, including matters relating to

Dr Ahmad's failure to disclose his arrest for sexual assault of a child under 16. Mr B gave evidence of his telephone conversation with Ms A on the evening of the incident. These witnesses, he submitted, went directly to the matters in issue.

5. By contrast, Mr Halliday submitted that the remaining witnesses provided contextual or documentary evidence. Ms C, Chief People Officer, addressed reporting requirements for arrests. Ms E, Assistant Director of Resourcing, exhibited contractual documents, Trust policies and correspondence. Dr F and Dr H produced interviews or statements clarifying redacted material, though each had limited direct knowledge. Dr G reproduced a transcript of a call from Ms A similar to that described by Mr B. Dr I exhibited WhatsApp messages amounting to an early disclosure by Ms A.

The Tribunal's Decision

6. The Tribunal had regard to Rule 34(1) of the Rules which states:

> *"The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law."*

7. The Tribunal should first consider whether the evidence in question was relevant to any question to be determined by the Tribunal. If deemed relevant, the Tribunal should then consider whether it would be fair to Dr Ahmad to allow the GMC to rely on the additional evidence. The additional documents should only be admitted if that could be done without injustice to either party.

8. It also considered the test set out in *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin), namely paragraph 45 which states:

> *'1.1 The admission of the statement of an absent witness should not be regarded as a routine matter. The FTP rules require the Panel to consider the issue of fairness before admitting the evidence.*
>
> *1.2The fact that the absence of the witness can be reflected in the weight to be attached to their evidence is a factor to weigh in the balance, but it will not always be a sufficient answer to the objection to admissibility.*
>
> *1.3 The existence or otherwise of a good and cogent reason for the nonattendance of the witness is an important factor. However, the absence of a good reason does not automatically result in the exclusion of the evidence.*

1.4 Where such evidence is the sole or decisive evidence in relation to the charges, the decision whether or not to admit it requires the Panel to make a careful assessment, weighing up the competing factors. To do so, the Panel must consider the issues in the case, the other evidence which is to be called and the potential consequences of admitting the evidence. The Panel must be satisfied either that the evidence is demonstrably reliable, or alternatively that there will be some means of testing its reliability.'

9. The Tribunal considered that the proposed evidence was relevant. It dealt with many peripheral issues, particularly around providing documentation from the Trust. The evidence of each witness was considered, and the principles in Thorneycroft applied.

10. Ms C was the Chief People Officer at the Trust. Her evidence related to Dr Ahmad signing his new contract after he had been arrested, and that he should have disclosed this. She referred to the Trust policies, which she produced.

11. Ms E was Assistant Director of Resourcing at the Trust. She exhibits Dr Ahmad's signed contract and other correspondence and policies.

12. Dr F was a Consultant at the Trust, and XXX. He exhibits the transcript from his Trust interview. In that interview he referred to receiving a call from Ms A one evening when she told him about an incident involving Dr Ahmad where she was sexually assaulted. She then described events to him. He said that she was distressed when she spoke to him, but not tearful. This was at least a day after the incident.

13. Dr H was a Consultant at the Trust. He exhibits the statement he made for XXX. He had no personal knowledge of the allegations made by Ms A. He states in his GMC statement, that he considered that Dr Ahmad had a responsibility to inform the Trust about his arrest, and that Dr Ahmad did not inform him. That part of his evidence is contained within his statement to the GMC, it is not hearsay.

14. Dr G was a Consultant at the Trust. He exhibits the transcript of his interview as part of the Trust investigation. He details receiving a call from Ms A on the evening of the incident when she told him what had occurred. He states that she was distressed.

15. Dr I was a doctor at the Trust. She exhibits Whatsapp messages passing between herself and Ms A relating to the allegation. The same messages are also exhibited by Ms A. She has produced a copy of her interview with the Trust which contains the same information in hearsay form.

16. Applying *Thorneycroft*, the Tribunal considered that Ms A's evidence was the main evidence in the case. The evidence of these witnesses was more peripheral. In relation to the two witnesses who speak of hearing the complaint from Ms A, they can say that she was distressed and that there was consistency in her accounts. However, there is another witness who is to give oral evidence of the same matters. The fact that there are another two similar witnesses will not add to the weight of the evidence of recent complaint, or her distress on reporting it, that the Tribunal will hear from that witness.

17. The other witnesses simply produce documentation. There is no evidence or suggestion that the documents or evidence contained within them was fabricated.

18. The Tribunal took into consideration that Dr Ahmad was not in attendance at the hearing. However, it has already determined to proceed in his absence. It noted that Dr Ahmad had been given the opportunity to attend and present his evidence to the Tribunal but had chosen to absent himself.

19. The Tribunal reminded itself of its overarching objective to protect the public.

20. The Tribunal determined, in all the circumstances, that it would be fair to admit the evidence of the six individuals as evidence in respect of the Allegation. It will determine in due course what weight to attach to the report.

21. Accordingly, the Tribunal determined to admit the evidence under Rule 34(1) of the Rules.