PUBLIC RECORD

Dates: 20/07/2026 - 22/07/2026

Doctor:	Dr Mohamed GADO
GMC reference number:	7637662
Primary medical qualification:	MB BCh 2003 Cairo University

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Juleun Lim
Registrant Tribunal Member:	Dr Anna Gevers
Registrant Tribunal Member:	Dr Helen Hayhoe

Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	N/A
GMC Representative:	Mr Henry Blackshaw, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts - 20/07/2026

Background

1. Dr Gado qualified MB BCh in 2003 from Cairo University. He joined the UK Medical Register in 2018. At the time of events, Dr Gado was working as an out of hours doctor at Kingscross Hospital, Dundee (the Hospital).

2. The allegations that have led to Dr Gado's hearing relate to his conduct. In May 2023, an allegation of sexual assault was made to the Hospital and police by a patient of the out of hours service. The patient alleged that, on 1 May 2023, she had attended the out of hours service at the Hospital, with shortness of breath and pain in her chest, and was examined by Dr Gado. She reported that Dr Gado had conducted an inappropriate examination, which involved touching her breasts, buttocks, and groin area.

3. On 22 August 2023, a second patient came forward to allege that, on 29 April 2023, she had attended the out of hours service at the Hospital, having sustained a groin injury playing sports earlier that month. She alleged that Dr Gado had conducted an inappropriate examination, which involved inserting his fingers into her vagina, massaging her clitoris, touching her bare breast, flicking her nipple, rubbing her bottom and pressing his erect penis against her body.

4. It is alleged by the General Medical Council (GMC) that, on 15 August 2025, at Dundee Sheriff Court, Dr Gado was convicted by a jury of two counts of sexual assault, in relation to the two incidents alleged. It is further alleged that, following the conviction, Dr Gado was made subject to the sex offender notification requirements pursuant to the Sexual

Offences Act 2003 on an interim basis. He was bailed to the community until his sentencing on 18 September 2025, with a requirement to surrender his passport.

5. It is alleged by the GMC that Dr Gado failed, without reasonable cause, to attend court on 18 September 2025. In his absence, a warrant was issued for his arrest. At the time of this hearing, Dr Gado remains wanted by police.

6. The GMC was made aware of the allegations shortly after the first assault was reported to the Hospital and the police.

The outcome of applications made during the facts stage

7. At the outset of the hearing, the Tribunal granted the application made on behalf of the GMC, that notice of this hearing had been properly served on Dr Gado pursuant to Rules 15 and 40 of the Rules. The Tribunal also granted the GMC's application made pursuant to Rule 31 of the Rules to proceed with the case in Dr Gado's absence. The Tribunal's full decision is included at Annex A.

The Allegation and the doctor's response

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

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

1. On 15 August 2025 at Dundee Sheriff Court, you were:

a. convicted of:

i. on 29 April 2023, sexually assaulting a female by repeatedly touching and rubbing her vagina and clitoris, touching and repeatedly flicking her breasts, pulling her jogging bottoms down to the bottom of her buttocks, pressing your erect penis against her body, touching and rubbing her buttocks with your hands and sexually penetrating her vagina with your fingers, contrary to Section 2 and 3 the Sexual Offences (Scotland) Act 2009; To be determined

ii. on 1 May 2023, you sexually assaulted a female in that you repeatedly seized, touched and rubbed her breasts; touched and rubbed her buttocks and placed your hands inside her jogging bottoms, on her underwear and touched her groin area, contrary to Section 3 the Sexual Offences (Scotland) Act 2009. To be determined

b. as a result of the convictions referred to above made subject to the sex offender notification requirements pursuant to Section 92 of the Sexual Offences Act 2003 on an interim basis.
To be determined

2. On 18 September 2025, having been bailed to attend court to be sentenced in relation to those matters set out at paragraph 1, you failed without reasonable cause to attend court. To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. conviction in respect of paragraph 1 (a) (i) and (ii); To be determined

b. misconduct in respect of paragraph 2. To be determined

The facts to be determined

9. As Dr Gado is neither present nor represented at the hearing, the Tribunal is required to make a finding on the entirety of the Allegation.

Documentary evidence

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

- Certified copy of indictment;
- Certified copy of court minutes dated 15 August 2025;
- Certified copy of court minutes dated 18 September 2025;
- Emails between the GMC and the Procurator Fiscal, various dates.

The Tribunal's approach

11. 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 Dr Gado. There is no burden on Dr Gado to prove or disprove anything.

12. 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.

13. The Tribunal was also mindful of Rule 34 of the Rules in particular:

> *'34…*
>
> *(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.*
>
> *(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practice of a person shall be conclusive evidence of the facts found proved in relation to that determination.*
>
> *(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'*

The Tribunal's analysis of the evidence and findings

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

Paragraph 1(a)(i) and (ii)

15. The Tribunal noted that Rule 34 of the Rules states '*Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or*

overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed'.

16. The Tribunal was informed by Mr Blackshaw, Counsel for the GMC, that a certificate of conviction does not currently exist in this case, as the certificate of conviction can only be produced when a sentence has been handed down. As such, the Tribunal was referred to S307(1) of the Criminal Procedure (Scotland) Act 1995 which provides the following interpretation:

> *'"extract conviction" and "extract of previous conviction" include certified copy conviction, certificate of conviction, and any other document lawfully issued from any court of justice of the United Kingdom as evidence of a conviction and also include a conviction extracted and issued as mentioned in section 286A(3)(a) and (b) of this Act'*

17. Having regard to this definition, the Tribunal was of the view that the reference to '*...any other document lawfully issued from any court of justice of the United Kingdom as evidence of a conviction'* was sufficiently wide to include the Certified copy of court minutes, dated 15 August 2025, which included the jury's verdict. The Tribunal also noted from the Certified copy of court minutes dated 15 August 2025 that '*The Court had certified in open court, in terms of section 92(2) of the Sexual Offences Act 2003, that the accused Mohammed Gado was convicted of offences that are sexual offences to which Part 2 of that Act applies'.*

18. Section 92(2) of the Sexual Offences Act 2003 provides that:

> *'If the court by or before which the person is so convicted or found— states in open court—*
>
> *(i) that on that date he has been convicted, found not guilty by reason of insanity or found to be under a disability and to have done the act charged against him, and*
>
> *(ii) that the offence in question is an offence listed in Schedule 3, and*
> *certifies those facts, whether at the time or subsequently,*
> *the certificate is, for the purposes of this Part, evidence (or, in Scotland, sufficient evidence) of those facts.'*

19. Whilst it was unclear to the Tribunal whether it had in fact been provided with *'the certificate'* as referred to in s92(2) above, the Tribunal was nonetheless satisfied that it had

been provided with an '*extract conviction*' based on the definition referred to above and which was therefore conclusive evidence of the offences committed.

20. The Tribunal noted that there is no evidence before it that the person referred to in that document is not Dr Gado. On that basis, the Tribunal was satisfied that Dr Gado was convicted on 15 August 2025 of the two offences outlined at paragraph 1(a) of the allegation.

21. Accordingly, the Tribunal found paragraph 1(a)(i) and (ii) of the allegation proved.

Paragraph 1(b)

22. The Tribunal next considered whether, as a result of the convictions, Dr Gado was made subject to the sex offender notification requirements pursuant to Section 92 of the Sexual Offences Act 2003 on an interim basis.

23. The Tribunal took into consideration the evidence before it, including the certified minutes of the court, dated 15 August 2025, which provide:

> *'The Court certified in open court; in terms of section 92(2) of the Sexual Offences Act 2003, that the accused Mohammed Gado was convicted of offences that are sexual offence to which Part 2 of that Act applies.*
>
> *The Court having convicted the individual of a relevant offence was satisfied that it may be appropriate for the individual to be listed in the childrens list or the adults list (or in both lists) in terms of section 7(2) and (3) of the Protection of Vulnerable Groups (Scotland) Act 2007.'*

24. The Tribunal noted that, whilst the minutes do not explicitly confirm that Dr Gado was made subject to the sex offender notification requirements, an email to the GMC from Mr A, Dundee Procurator Fiscal's Office – Solemn, Crown Office and Procurator Fiscal Service, dated 15 August 2025 confirmed:

> *'Dr Gado has had his sentence deferred until 18/09/25 and placed on the sex register in the interim.'*

25. The Tribunal also took into consideration an email from Ms C, Solicitor Advocate, Principal Procurator Fiscal Depute, Complex Cases and Sexual Offences, Sheriff and Jury, Tayside Central and Fife, dated 1 October, which stated.

'You will see on page 6 of the attached that reference is made to Section 92 of the Sexual Offences Act 2003. What this means is that Mohammed Gado was made subject to the sex offender notification requirements on an interim basis because of the conviction. Once he has been arrested and brought before the court to be sentenced, the precise duration of his requirement to remain registered as a sex offender will be determined by whatever sentence is imposed.'

26. The Tribunal also noted section 80 of the Sexual Offences Act 2003 which states that:

'(1) A person is subject to the notification requirements of this Part for the period set out in section 82 ("the notification period") if—

(a) he is convicted of an offence listed in Schedule 3...'

27. The Tribunal noted that the offences that Dr Gado had been convicted of are listed in Schedule 3.

28. Taking into account the evidence before it, the Tribunal was satisfied on the balance of probabilities that Dr Gado was made subject to the sex offender notification requirements pursuant to Section 92 of the Sexual Offences Act 2003 on an interim basis, following his conviction.

29. Accordingly, the Tribunal found paragraph 1(b) of the allegation proved.

Paragraph 2

30. The Tribunal then considered whether Dr Gado failed, without good reason, to attend court for sentencing on 18 September 2025.

31. The Tribunal had regard to the certified copy of the court minutes, dated 18 September 2025. It noted that the court issued a warrant for Dr Gado's arrest on that date following his non-attendance. It also took into account an email to the GMC from Ms C, dated 27 April 2026, in which she states:

'I can confirm that the warrant remains outstanding.'

32. From this, the Tribunal can infer that Dr Gado has not yet been detained for sentencing following his failure to attend court.

33. The Tribunal considered that there is no evidence before it of a good reason for Dr Gado not to have attended court on 18 September 2025.

34. Accordingly, the Tribunal found paragraph 2 of the allegation proved.

The Tribunal's Overall Determination on the Facts

35. The Tribunal has determined the facts as follows:

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

1. On 15 August 2025 at Dundee Sheriff Court, you were:

a. convicted of:

i. on 29 April 2023, sexually assaulting a female by repeatedly touching and rubbing her vagina and clitoris, touching and repeatedly flicking her breasts, pulling her jogging bottoms down to the bottom of her buttocks, pressing your erect penis against her body, touching and rubbing her buttocks with your hands and sexually penetrating her vagina with your fingers, contrary to Section 2 and 3 the Sexual Offences (Scotland) Act 2009; **Determined and found proved.**

ii. on 1 May 2023, you sexually assaulted a female in that you repeatedly seized, touched and rubbed her breasts; touched and rubbed her buttocks and placed your hands inside her jogging bottoms, on her underwear and touched her groin area, contrary to Section 3 the Sexual Offences (Scotland) Act 2009. **Determined and found proved.**

b. as a result of the convictions referred to above made subject to the sex offender notification requirements pursuant to Section 92 of

the Sexual Offences Act 2003 on an interim basis. **Determined and found proved.**

2. On 18 September 2025, having been bailed to attend court to be sentenced in relation to those matters set out at paragraph 1, you failed without reasonable cause to attend court. **Determined and found proved.**

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. conviction in respect of paragraph 1 (a) (i) and (ii); **To be determined**

b. misconduct in respect of paragraph 2. **To be determined**

Determination on Impairment - 21/07/2026

36. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Gado's fitness to practise is impaired by reason of a conviction for a criminal offence and/or misconduct.

Submissions

37. On behalf of the GMC, Mr Blackshaw, Counsel, submitted that, given the nature of the allegations, there are two different legal bases for considering impairment, conviction and misconduct. He stated that the less serious one was, arguably the misconduct but it was still not insignificant, as Dr Gado had not obeyed the order of the court to return for sentencing in September 2025. He stated that Dr Gado remained unlawfully at large, and had been for the last 10 months, which was a significant period of time. He stated this was undoubtedly having an adverse effect on the victims in this case, whose evidence has led to the convictions.

38. Mr Blackshaw stated that the convictions recorded against Dr Gado were not insignificant criminality, both in terms of gravity and applying the facts of those offences to his fitness to practise as a doctor, as the offending took place in his professional capacity. He submitted that both convictions involve a breach of trust, and both involve relatively vulnerable people who were patients seeking medical assistance and Dr Gado being the out of hours GP who dealt with each of their concerns or medical issues. He stated that the

nature of the offending involved the most intimate physical touching, and no doubt will have had a very significant impact on the individuals concerned.

39. Mr Blackshaw stated that there is reason to be concerned as to maintaining the health and safety and wellbeing of the public, as it was necessary to protect other potential patients from misbehaviour of this nature. Further, he submitted that it also engaged maintaining and promoting public confidence in the profession, where Dr Gado has very seriously, indecently assaulted two of his female patients. Finally, he stated that there was a need for promoting and maintaining proper professional standards amongst the profession.

40. Mr Blackshaw reminded the Tribunal that it was important to consider the steps set out in the MPTS Guidance for Tribunals ('the Guidance') (*MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e)).* He stated that, given the very serious misconduct which is involved in this case, it would have to be at the high end of the spectrum in relation to the approach that the Tribunal would take finding impairment. He stated that the Tribunal must consider both heads of impairment individually, although it was accepted that the two are interconnected in terms of the gravity of the nature of the offending and transgression.

41. Mr Blackshaw reminded the Tribunal that Dr Gado has not engaged with the GMC investigation and failed to attend court for sentencing. Given the gravity of the offences, and Dr Gado's actions since, Mr Blackshaw stated that it would be unlikely for Dr Gado's engagement to make a material difference, but it is a factor that the Tribunal can take into account in terms of determining whether there is impairment or not.

The relevant legal principles

42. 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.

43. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in relation to the misconduct involved in this case: 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.

44. To assess whether Dr Gado 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 Gado and/or his working environment; and
- how Dr Gado has responded to the allegations.

45. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

The Tribunal's determination on impairment

Conviction

46. The Tribunal had regard to the submissions provided on behalf of the GMC and the relevant sections of the Guidance. In making its decision, the Tribunal has followed the Guidance (*MPT Hearings > Part B - Stage 2: impairment*) in terms of steps 2(a) to (e) as set out below:

Is there a legal basis for considering impairment?

47. The Tribunal first considered whether there was a legal basis for considering impairment. On 15 August 2025, at Dundee Sheriff Court, Dr Gado was convicted of two counts of sexual assault against two patients. The Tribunal acknowledged that Dr Gado is yet to be sentenced for those convictions due to his failure to attend court for sentencing.

48. The Tribunal is satisfied that, by reason of Dr Gado's conviction for sexual assault, there is legal basis for considering impairment.

Where on the spectrum of seriousness does the allegation lie?

49. The Tribunal considered the starting point for assessing seriousness. It appreciated that all allegations involving criminal convictions are serious but that, within the range of these matters, some allegations will be more serious than others and the Tribunal's assessment of seriousness must reflect the individual circumstances of this case.

50. The Tribunal had regard to paragraph 31 of the Guidance (*MPT Hearings > Part B: Stage two – Impairment)*, which included that:

> *'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*
>
> *…*
>
> - *a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register'*

51. In considering the starting point the Tribunal had regard to its findings and the nature of the allegation, particularly as the sexual assaults for which Dr Gado was convicted were carried out whilst he was acting in a professional role. Further, the Tribunal also had regard to the finding that Dr Gado has been subject to notification requirements albeit on an interim basis currently due to his having failed to return to the court for sentencing. On that basis, the Tribunal was of the view that the allegation in this case lies at the higher end of the spectrum of seriousness.

52. The Tribunal next considered whether there were any features which may 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 (*MPT Hearings > Part B: Stage two - Impairment)* and considered that the following applied:

- The behaviour was repeated;
- Predatory behaviour;
- Abuse of professional position;
- An attempt to hide and/or avoid taking responsibility for behaviour or poor performance

53. The Tribunal found that Dr Gado's behaviour was against two patients, on two dates, and was repeated within the two assaults. Further, it involved an element of predatory behaviour, and abuse of professional position as he was acting in his capacity as a doctor when he assaulted the two patients.

54. The Tribunal considered that there had been an attempt to hide his actions, as Dr Gado's notes did not reflect the examinations he conducted. Further, the Tribunal considered

that there were further attempts to conceal as Dr Gado did not plead guilty to his conduct and was found guilty by a jury following a trial.

55. The Tribunal identified that these factors are present and increase seriousness. Considering the starting point, the allegation remains at the higher end of the spectrum. As such, the starting point for current and ongoing risk to public protection is that there is a high risk.

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

56. Paragraph 45 of the MPTS Guidance (*MPT Hearings > Part B: Stage two - Impairment)* states that there are three types of relevant context: working environment, role and experience, and personal context. The impact that evidence of relevant context has on the assessment of risk to public protection will depend on the nature of the allegation and individual circumstances of the case. The Tribunal reminded itself that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

57. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by a doctor will usually 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 of seriousness is generally more difficult to mitigate and address.

58. The Tribunal noted that there was no evidence before it of any relevant context which would explain Dr Gado's behaviour. It noted that Dr Gado had provided patient feedback forms and colleague testimonials to an earlier Interim Orders Tribunal, which were dated prior to his conviction, which showed he was well regarded by patients and colleagues. However, in the circumstances of the convictions, the Tribunal attached no weight to these forms.

59. As the Tribunal had no evidence before it, it assessed that the lack of context had no impact on its assessment of risk.

How has Dr Gado responded to the allegation?

60. The Tribunal next considered Dr Gado's response to the allegation. The Tribunal noted the Guidance that it should consider the evidence available to it to establish if Dr Gado has:

(a) shown insight into his own behaviour, and whether that insight is genuine;
(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; and
(c) kept his knowledge and skills up to date.

61. 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.

62. The Tribunal noted that Dr Gado has not engaged with the GMC or the court since his conviction in August 2025. Further, it noted that Dr Gado, following his conviction, had chosen to abscond from justice and had failed to return to court for sentencing. It acknowledged that, at the time of this hearing, there is an outstanding warrant for Dr Gado's arrest. It considered that this demonstrated a profound lack of insight and significantly increased the risk to public protection.

63. Further, there are no details of any current reflection, remediation or steps taken to prevent recurrence of behaviour. The Tribunal therefore finds that there is no reliable evidence of current insight or remediation to suggest that his offending behaviour has been addressed.

64. The Tribunal also took into account the lack of evidence of Dr Gado keeping his knowledge and skills up to date since his failure to answer bail in September 2025.

65. The Tribunal concluded that the conduct has not been remedied and determined that there remains a significant risk of repetition, and a significant risk to public protection.

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

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

67. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Gado's convictions fall at the highest end of the spectrum of seriousness. The Tribunal has considered the lack of contextual factors and Dr Gado's response to the allegation. It concluded that these considerations have had either no impact or increased the current and ongoing risk which he presents to public protection and therefore the risk can only be assessed as high.

68. The Tribunal had regard to the General Introduction section of the Guidance, and specifically the section headed '*Case type 8: criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession'*. Paragraph 238 of the General Introduction sets out how the three parts of public protection might be engaged in a conviction case.

69. 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)

70. The Tribunal has found that Dr Gado's offences had caused harm to the two patients he assaulted, and that his lack of insight represented a significant risk of repetition. Accordingly, the Tribunal considers that he poses a current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment is required on patient safety grounds.

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

71. As to the second part of public protection, confidence in the profession, the Tribunal was in no doubt that Dr Gado's convictions bring the medical profession into disrepute and that he has breached fundamental tenets of the medical profession, including to act within the law. The public must have confidence that doctors will behave with honesty and integrity, and that they will not use their professional position to sexually assault patients. The Tribunal considered that the public would be rightly appalled by a doctor being convicted of these

offences. The Tribunal concluded the convictions were of such a serious nature that a finding of impairment is necessary to maintain public confidence in the profession.

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

72. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Gado's convictions 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 Gado, the profession, and the public of the unacceptability of his offending behaviour.

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

74. The Tribunal has therefore determined that Dr Gado's fitness to practise is impaired by reason of his convictions.

Misconduct

75. Turning to the misconduct, the Tribunal had regard to the submissions provided on behalf of the GMC, Good Medical Practice (2024) (GMP) and the relevant sections of the Guidance. The Tribunal has followed the Guidance (*MPT Hearings > Part B - Stage 2: impairment*) in terms of steps 2(a) to (e) as set out below:

Is there a legal basis for considering impairment?

76. The Tribunal first considered whether the facts as found proved constituted a sufficiently serious departure from the standards of conduct reasonably expected of a registered medical practitioner, so as to amount to misconduct.

77. In considering whether Dr Gado's behaviour amounted to misconduct, the Tribunal had regard to paragraph 81 of GMP, which states:

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

78. The Tribunal was of the view that this paragraph of GMP was engaged in Dr Gado's case. It was of the view that failing to answer bail and return to court for sentencing was

conduct which seriously undermined public confidence in the profession. Further, it was of the view that Dr Gado's actions undermined professional standards and the legal system.

79. Taking into account all the evidence before it, the Tribunal determined that Dr Gado's behaviour was a serious departure from the professional standards and fell seriously below the standards expected of a registered practitioner, as set out in GMP, and that it amounted to serious misconduct.

80. The Tribunal, having found that the facts found proved amounted to the legal basis of misconduct, went on to consider where on the spectrum of seriousness the misconduct lies.

Where on the spectrum of seriousness does the allegation lie?

81. The Tribunal considered the starting point for assessing seriousness. It appreciated that all allegations where a finding that the legal basis of misconduct is established are serious but that, within the range of these matters, some allegations will be more serious than others and the Tribunal's assessment of seriousness must reflect the individual circumstances of this case.

82. In considering the starting point, the Tribunal had regard to its findings and the nature of the allegation. Further it noted that the conduct in this case was not expressly listed within paragraph 31 of the Guidance (*MPT Hearings > Part B: Stage two – Impairment),* which lists conduct which is more likely to fall at the higher end of the spectrum of seriousness. However, the Tribunal was of the view that failing to attend court for sentencing, in the manner Dr Gado has, was inherently very serious.

83. The Tribunal was of the view that the impact of Dr Gado's conduct on his two victims was likely significant, as he had, to date, avoided sentence for his criminal actions towards them. Further, his conduct showed a complete disregard and lack of respect for the court system. Accordingly, the Tribunal was of the view that the misconduct in this case lies at the higher end of the spectrum of seriousness.

84. The Tribunal next considered whether there were any features which may 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 Guidance (*MPT Hearings > Part B: Stage two - Impairment)* and considered that the following applied:

- A reckless disregard for patient safety or professional standards
- The behaviour undermined a system designed to protect the public.

85. The Tribunal found that Dr Gado's conduct had been a reckless disregard for professional standards, given his failure to attend court. Further, the Tribunal considered that his actions undermined a system designed to protect the public. It was of the view that the legal system was an important mechanism for public safety, and that by failing to adhere to a court order to return for sentencing, he had undermined that system.

86. The Tribunal identified these factors as being present and may increase seriousness. Considering the starting point, the allegation remains at the higher end of the spectrum. As such, the starting point for current and ongoing risk to public protection is that there is a high risk.

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

87. The Tribunal noted that there was no evidence before it of any relevant context, in either his work or personal life, which would explain Dr Gado's misconduct. It again noted that the positive feedback and testimonials provided in September 2023. However, in the circumstances of the misconduct which occurred in September 2025, the Tribunal attached no weight to these forms.

88. As the Tribunal had no evidence before it, it assessed that the lack of context had no impact on its assessment of risk.

How has Dr Gado responded to the allegation?

89. The Tribunal next considered Dr Gado's response to the allegation.

90. The Tribunal again noted that Dr Gado has not engaged with the GMC or the court since his conviction in August 2025, and that his misconduct is the failure to return to court for sentencing. There are no details of any current reflection, remediation or steps taken to prevent recurrence of behaviour. The Tribunal therefore finds that there is no reliable evidence of current insight or remediation to suggest that his offending behaviour has been addressed.

91. Further, the Tribunal was of the view that the misconduct in and of itself demonstrated a lack of insight, as Dr Gado had not attended court to receive sentence for his convictions and had yet to face justice for those offences.

92. The Tribunal also took into account the lack of evidence of Dr Gado keeping his knowledge and skills up to date since his failure to answer bail in September 2025.

93. The Tribunal concluded that the conduct has not been remedied and determined that there remains a significant risk of repetition, and therefore a significant risk to public protection.

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

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

95. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Gado's misconduct fall at the high end of the spectrum of seriousness. The Tribunal has considered the lack of contextual factors and Dr Gado's response to the allegation. It concluded that these considerations have had either no impact or increased the current and ongoing risk which he presents to public protection and therefore the risk can only be assessed as high.

96. 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)

97. The Tribunal has found that Dr Gado's misconduct had caused harm to the two victims, as his decision not to attend for sentencing will undoubtedly have had an impact.

98. Further, the Tribunal was of the view that Dr Gado's disregard for due process, in not complying with a court order, raises a serious concern about his regard for due process within other safety structures.

99. Accordingly, the Tribunal considers that Dr Gado poses a current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment is required on patient safety grounds.

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

100. As to the second part of public protection, confidence in the profession, the Tribunal was in no doubt that Dr Gado's misconduct has brought the medical profession into disrepute and that he has breached fundamental tenets of the medical profession by evading justice in the manner he has. The public must have confidence that doctors will obey court orders. The Tribunal considered that the public would be rightly appalled by a doctor acting in the manner Dr Gado has. The Tribunal concluded the misconduct was of such a serious nature that a finding of impairment is necessary to maintain public confidence in the profession.

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

101. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Gado'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 Gado, the profession, and the public of the unacceptability of his misconduct.

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

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

Determination on Sanction - 22/07/2026

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

Submissions

105. On behalf of the GMC, Mr Blackshaw submitted that the appropriate sanction in this case, taking into account the Tribunal's conclusions on impairment, was one of erasure. He directed the Tribunal to consider the relevant sections of the Guidance *(MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction).*

106. Mr Blackshaw reminded the Tribunal to bear in mind that any sanction needs to be proportionate and no more than is necessary to protect the public, taking account of the Tribunal's assessment of current and ongoing risk. He referred the Tribunal to the Guidance *(Guidance introduction > Protecting the public in specific case types > Case type 8: criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession)* and the sanctions banding that would be applicable in this case.

107. Mr Blackshaw submitted that the behaviour in this case was clearly serious sexual offending, that was relatively recent, taking place in 2023. He stated that Dr Gado has been assessed as being at a significant risk of misbehaving in the same way, and a high risk to all three limbs of public protection.

108. Turning to the available sanction, Mr Blackshaw submitted that this was not a case where no action would be justified. Further, he stated that conditions would not be appropriate, given that Dr Gado has not cooperated with any legal authority, either in the conduct of these proceedings or in relation to the criminal court proceedings, such that the Tribunal can have no confidence that he would be able to comply with conditions.

109. Mr Blackshaw submitted that the gravity of the sexual offending and misconduct in this case, and the risk to public protection is such that a suspension would not be merited. He submitted that the most appropriate sanction would be one of erasure. He recognised that this was a sanction reserved for the most serious of cases, but stated that this case was such a case, given the background of the offending and the convictions which have now been evidenced and found proven by the Tribunal.

The Tribunal's determination on sanction

110. At the impairment stage, the Tribunal determined that all three parts of public protection were engaged in this case. It is for the Tribunal now to consider what regulatory action, if any, is needed to protect the public.

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

112. The Tribunal also had regard to the Guidance (Guidance introduction > Protecting the public in specific case types > Case type 8: criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession). In this case, the Tribunal determined that the current and ongoing risk to public protection in relation to the convictions was high, so it falls within the sanctions banding of 12 months suspension to erasure.

113. The Tribunal acknowledged that there is no specific sanctions banding for the misconduct involved in this case.

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

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

No action

116. The Tribunal considered that there are no exceptional circumstances in this case which would justify the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

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

118. As a starting point, the Tribunal considered that the sanctions banding for convictions does not indicate that conditions would be sufficient to meet the level of risk to public protection. Moreover, given the seriousness of Dr Gado's criminal convictions and his misconduct, the Tribunal did not consider that the imposition of conditions would be a proportionate or appropriate response sufficient to satisfy its determined level of the current and ongoing risk to public protection. The Tribunal further considered that it would not be possible to formulate conditions to address Dr Gado's conduct and, as such, conditions would

be unworkable in this case. An order of conditions is also unlikely to serve any practical function as Dr Gado's whereabouts are currently unknown.

119. In all of the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

120. The Tribunal then went on to consider whether imposing a period of suspension on Dr Gado's registration would be appropriate and proportionate.

121. The Tribunal noted paragraph 45 of the relevant section of the Guidance, which states:

> *'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.'*

122. The Tribunal reminded itself that the aim for imposing a period of suspension is to manage the current and ongoing risk to public protection with the ultimate aim of Dr Gado being able to safely return to unrestricted practice in the future.

123. The Tribunal was mindful that it has no evidence before it demonstrating that Dr Gado has insight or has completed any remediation and that he has disengaged with the GMC and the legal system. The Tribunal also reminded itself of its finding at the impairment stage that there is a high risk of repetition in this case.

124. Overall, the Tribunal was not satisfied that Dr Gado would, following a period of suspension, be able to safely return to unrestricted practice in the future. Further, the order of suspension is also unlikely to serve any practical function, given his current status as a wanted person.

125. The Tribunal further reminded itself that there were significant patient safety concerns in this case as Dr Gado had sexually assaulted two patients whilst acting in his capacity as a doctor. The Tribunal can have no confidence that such behaviour would be unlikely to be repeated, especially in light of the Tribunal's conclusions on impairment. It was therefore satisfied that a period of suspension would not provide adequate protection to the public, would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards.

Erasure

126. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

127. The Tribunal noted paragraphs 55, 56 and 57 of the relevant section of the Guidance, which provide:

> *'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.'

128. The Tribunal considered that all of the factors set out in paragraph 57 of the Guidance are met in this case. It was satisfied that an order of conditions or suspension would not be sufficient to meet the identified level of risk. Further, Dr Gado has been found to have caused harm to two patients, and he has shown no insight or provided evidence of attempts to remediate.

129. Overall, the Tribunal determined that the seriousness of the facts found proved is such that allowing Dr Gado to remain on the register would present a high risk to public protection and would seriously undermine patient safety, public confidence in the profession and the maintenance of proper professional standards. 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 Gado was allowed to remain on the medical register, in light of his convictions for sexual assault and the active warrant for his arrest following his failure to attend court for sentencing in relation to those convictions.

130. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined to erase Dr Gado's name from the medical register.

Determination on Immediate Order - 22/07/2026

131. Having determined that Dr Gado'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

132. On behalf of the GMC, Mr Blackshaw submitted an immediate order of suspension is necessary in this case, given the need to protect the public. He stated that the interim order currently in place should be revoked in any event.

The Tribunal's determination

133. 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. The decision whether to impose an immediate order is at the discretion of the Tribunal, based on the facts of the case.

134. 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.'*

135. The Tribunal considered that, in light of its previous determinations regarding the seriousness of Dr Gado's convictions and misconduct and its assessment of the level of his current and ongoing risk to public protection, an immediate order was necessary in this case.

It considered that all three parts of public protection were engaged in relation to both his conviction and his misconduct, and there was a significant risk of repetition in this case. Overall, the Tribunal was satisfied that all of the factors set out in paragraph 84 were present and indicated that an immediate order was necessary.

136. This means that Dr Gado'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.

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

138. That concludes this case.

ANNEX A – 20/07/2026

Service and Proceeding in Absence

139. Dr Gado was neither present nor legally represented at this hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council (GMC) Fitness to Practise Rules 2004 (the Rules) and paragraph 8 of Schedule 4 of the Medical Act 1983. The Tribunal noted that in order to proceed with the hearing in Dr Gado's absence, it needed to be satisfied that he had been properly served with the notice of the hearing and whether it was appropriate for the hearing to proceed in his absence.

140. The Tribunal was provided with a copy of a service bundle from the GMC. On 9 June 2026 at 6:17pm, the GMC sent a Notice of Allegation letter to Dr Gado via email to his registered email address, enclosing a copy of the hearing bundle. This letter was also sent by post on the same day, and was returned marked '*addressee gone away*' on 12 June 2026.

141. On 10 June 2026, the MPTS sent a Notice of Hearing letter to Dr Gado's registered address, confirming the start date and venue of the hearing. This letter was returned marked '*addressee gone away*' on 12 June 2026. The MPTS emailed a copy of the letter to Dr Gado on 24 June 2026. No response was received.

Submissions

142. On behalf of the GMC, Mr Blackshaw took the Tribunal through the service bundle and highlighted that both the Notice of Allegation and the Notice of Hearing had been sent by email and post to Dr Gado to his registered postal and email address, with no response from him. He submitted that, under the Rules, Dr Gado has been properly notified as best as can be achieved with the information that the GMC holds. He reminded the Tribunal that the obligation is on Dr Gado to keep his contact details up to date if they have changed. He stated in all the circumstances that service had been effected in accordance with the Rules.

143. Mr Blackshaw reminded the Tribunal that there was an outstanding warrant for Dr Gado's arrest since his failure to attend at the sheriff's court in Scotland in September 2025. In those circumstances, he invited the Tribunal to proceed in Dr Gado's absence.

The Tribunal's Determination

Service

144. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the Rules. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions on behalf of the GMC.

145. The Tribunal reminded itself that it was not required to determine whether Dr Gado, in fact, received or read the notice. The Rules do not impose such a requirement. However, the adequacy of the steps taken to effect service must be such that it can properly be said that the notice was sent in accordance with the Rules. In that sense, the focus is on the validity of the process, rather than proof of actual knowledge.

146. The Tribunal also bore in mind that practitioners have an obligation to keep their contact details up to date with the regulator. Where the GMC has used the only address available to it, that weighs in favour of a conclusion that reasonable steps have been taken.

147. The Tribunal accepted the evidence contained in the service bundle and was satisfied that all reasonable efforts have been made to serve Dr Gado with both notice of the allegations and notice of this hearing at his registered addresses. Accordingly, the Tribunal was satisfied that service has been effected in accordance with the Rules.

Proceeding in Dr Gado's Absence

148. Having been satisfied that notice was properly served upon Dr Gado, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of Dr Gado should be exercised with the utmost care and caution, balancing Dr Gado's interests with the wider public interest.

149. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Gado'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.'

150. The Tribunal took into account the case law referred to by GMC Counsel and the Legally Qualified Chair (LQC). The Tribunal had regard to the criminal case of *R v Jones* [2002] UKHL 5, which sets out the factors that should be taken into account when determining whether to proceed in the absence of the practitioner 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.

151. The Tribunal had regard to the legal authority of *General Medical Council v Adeogba; General Medical Council v Visvardis* [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.

152. The Tribunal noted that the letters sent to Dr Gado 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 Gado had voluntarily absented himself from this hearing

153. The Tribunal considered whether an adjournment would result in Dr Gado's 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.

154. The Tribunal also considered whether any decision to proceed in Dr Gado'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. 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 Gado. However, considering the available evidence, the Tribunal was of the view that any potential prejudice to Dr Gado did not outweigh the public interest in this case

155. 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 Gado's absence.

156. The hearing will therefore proceed in Dr Gado's absence.