

PUBLIC RECORD**Dates:** 22/09/2026 - 25/09/2026**Doctor:** Dr Nabi SYED**GMC reference number:** 7720346**Primary medical qualification:** MBBS 2009 Rajiv Gandhi University of Health Sciences - Mahadevappa Rampure Medical College

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

Summary of outcome
Suspension, 3 months**Tribunal:**

Legally Qualified Chair	Ms Sian Darlington
Registrant Tribunal Member:	Dr Stephen Clark
Registrant Tribunal Member:	Dr Euan Strachan-Orr
Tribunal Clerk:	Mrs Jennifer Ireland Ms Keely Crabtree (22/09/2026 & 24/09/2026)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Michael Rawlinson, Counsel, instructed by MDU
GMC Representative:	Ms Chloe Fordham, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts and Impairment - 24/09/2026

Background

1. Dr Syed qualified in 2009, at Mahadevappa Rampure Medical College, India. Prior to the events which are the subject of the hearing, Dr Syed practised in India for 10 years in a Hospital setting, working as a Consultant in Emergency Medicine. He moved to the UK in 2019, where he entered into Higher Specialist Training. In August 2023, he obtained a position as a Consultant in Emergency medicine at Chesterfield Royal Hospital.
2. The allegations that have led to Dr Syed's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that, on 12 October 2023, Dr Syed submitted an online application form to NHS Professionals (NHSP). As part of the application, Dr Syed completed a declaration form, on which it is alleged that he answered 'No' in response to the question *'Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country?'*.
3. It is alleged that at the time of answering the declaration, Dr Syed was aware that there was an ongoing police investigation as a result of an allegation that had been made against him and in respect of which he had attended a voluntary police interview on 11 April 2022. This matter was concluded by police in March 2025, with no action being taken. It is alleged that Dr Syed's actions in completing the declaration form were dishonest.

4. Due to the police investigation, Dr Syed's employers, including NHSP, were contacted by the GMC on 23 January 2024 to confirm his employment. It was at this time that NHSP became aware of the police investigation and informed the GMC of the failure to disclose.

The Allegation and the doctor's response

5. The Allegation made against Dr Syed is as follows:

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

1. On 12 October 2023, you completed a declaration form as part of an online application form you submitted to NHS Professionals, and you answered 'No' in response to the question 'Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country?'. **Admitted and found proved.**
2. You knew when carrying out the actions described at paragraph 1 that you had attended a voluntary police interview on 11 April 2022 in relation to an allegation that had been made against you. **Admitted and found proved.**
3. Your actions as set out in paragraph 1 were dishonest by reason of paragraph 2. **Admitted and found proved.**

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

The admitted facts

6. At the outset of these proceedings, through his Counsel, Mr Rawlinson, Dr Syed made admissions to the entirety of the allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the allegation as admitted and found proved.

Determination on Impairment

7. 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 Syed's fitness to practise is impaired by reason of misconduct.

The Evidence

8. The Tribunal has taken into account all the evidence received during the hearing, both oral and documentary.

9. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from Dr A, Medical Director and Responsible Officer for NHSP, dated 7 April 2026. She was not called to give oral evidence.

10. Dr Syed provided his own witness statement, dated 18 June 2026, and also gave oral evidence at the hearing.

11. The Tribunal also received in support of Dr Syed, three testimonials from colleagues, all of which it has read.

12. The Tribunal had regard to the documentary evidence provided. This included, but was not limited to:

- Dr Syed's online application form, dated October 2023;
- Email correspondence between NHSP and the GMC, dated 15 to 23 January 2024; and
- Dr Syed's Continuing Professional Development (CPD) certificates and associated reflections.

Dr Syed's evidence

13. Dr Syed gave oral evidence before the Tribunal. He told the Tribunal that he had come to the UK in 2019, leaving his family behind, before they joined him in 2021. He said that his wife is XXX, meaning that he was the sole provider for his family.

14. Dr Syed told the Tribunal of his shock at being contacted by police in March 2022 and that the allegation had come '*out of the blue*'. He stated that this shock had played a part in his later act of dishonesty. He states that he had never planned to answer the question dishonestly. He said that he was navigating a visa crisis, employment issues and family issues, and that his act of dishonesty had happened when he was surrounded by those matters. He also explained that he had felt very isolated at the time, as he did not feel able to talk to his wife or his friends about what was happening, as he did not want them to view him differently in the light of the police allegation. He told the Tribunal that the issues did not justify his conduct, and that he fully accepted that he had been dishonest. He apologised to the Tribunal and expressed his shame for his conduct.

15. Dr Syed explained to the Tribunal that he had been very afraid at the time with significant financial concerns and uncertainty regarding his visa status and his future employment. The issues with his visa meant that the Trust took the decision that he was not allowed to work from September 2023. He now understands that the visa issues were directly connected to the ongoing police investigation. Dr Syed was the sole breadwinner for his family and had additional commitments in India. His inability to work left the family without an income. Dr Syed explained that he was worried that he would not be able to XXX, and that his family may have to return to India. He told the Tribunal that, in fact, his wife XXX had returned to India XXX. He explained that after this, he had lost his home and had slept on a friend's sofa for a while, before ultimately deciding to also return to India to be with his family. He told the Tribunal that he was not currently working but XXX.

16. Dr Syed told the Tribunal that, in future, he would accept help from his wife, family, friends and colleagues. Further, he would take time, pause, reflect and decide what actions to take, even if they may not necessarily be in his favour. He said that this was part of being a good doctor, so that *'you don't let yourself down'* or anyone else who may be impacted by the decisions. He said that he wished he had accepted advice before he had acted, and that he was sorry he had not.

17. Dr Syed told the Tribunal that he hoped to return to UK practice in the future. He said that he had been keeping up to date with his knowledge and skills, but anticipated that a return to the UK would be in a phased manner, with appropriate learning, assessment, supervision and appraisal.

Submissions

18. On behalf of the GMC, Ms Fordham submitted that the Tribunal should find that Dr Syed's fitness to practice is impaired by reason of misconduct. Throughout her submissions, she referred the Tribunal to the principles set out in Good Medical Practice (2013) (GMP), relevant caselaw and to the MPTS Guidance for Tribunals (the Guidance) (*MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e)*).

19. Ms Fordham stated that the legal basis in this case was misconduct, referring the Tribunal to paragraph 11 of the relevant section of Guidance, which describes misconduct. She stated that Dr Syed's behaviour, in making a false and dishonest declaration in order to obtain work falls foul of paragraphs 65, 66 and 71 of GMP.

20. Turning to step 2(b), Ms Fordham submitted that Dr Syed's misconduct falls towards the higher end of the spectrum of seriousness, but not at the very highest level. She stated that this was dishonest conduct that occurred within Dr Syed's professional role, and the benefit he stood to gain undertaking shifts as locum consultant, a senior and trusted role, was a significant financial gain. She said that factors present which may further increase seriousness included undermining a system designed to protect the public and putting their own interests before those of patients. She said that Dr Syed, in failing to declare the investigation, had undermined procedures put in place to safeguard patients from being treated by someone who was under investigation by the police and in doing so put his own interests first. Overall, she submitted that the starting point for this case should be at the higher end.

21. In respect to step 2(c), Ms Fordham accepted that there may be some relevant considerations. She submitted that Dr Syed was an experienced doctor who would have been expected to make mature and correct decisions and would have been in no doubt about the seriousness of his actions. Further, she accepted that there are some personal circumstances that the Tribunal may wish to take account of that may decrease the level of ongoing risk, but that it is a matter for the Tribunal to consider how close the link is between Dr Syed's personal circumstances and his dishonest behaviour. She acknowledged that Dr Syed had advanced personal difficulties, including financial concerns, although stated there was only one month between him losing his job and him making the application to NHSP.

22. Moving to step 2(d), Ms Fordham accepted that there is good evidence of remorse, reflection and insight in this case, and no evidence to suggest that there will be repetition in the future. She stated that dishonest conduct connected to a doctor's professional role is more difficult to remediate. She submitted that, for that reason, the weight that can be attached to Dr Syed's efforts to remediate is more limited than it might be in other cases. However, she submitted that the evidence of Dr Syed's insight and remediation does decrease the current and ongoing risk and brings it down from the higher level to medium.

23. Finally, Ms Fordham submitted that the Tribunal should make an overall decision on the risk Dr Syed poses to the public in reference to one or more of the three parts of public protection, particularly as the allegation in this case is likely to engage public confidence. She submitted that all three limbs of public protection were engaged in this case.

24. On behalf of Dr Syed, Mr Rawlinson submitted that the Tribunal could properly find Dr Syed's fitness to practice is not currently impaired. He submitted that there were five central themes to his submissions:

- a) This was a single and isolated act of dishonesty that occurred impulsively rather than in a premeditated way.
- b) It occurred during a period of extreme personal, professional and financial stress.
- c) Dr Syed fully accepts the dishonesty.
- d) Dr Syed has fully developed insight and it is difficult to conceive of what else he could do by way of reflection, insight and understanding to address the conduct or provide assurance to the Tribunal that it will not happen again
- e) There are concrete strategies in place and Dr Syed has remediated fully, so that the Tribunal can safely conclude that there is a low risk of repetition.

25. Turning to the Guidance, Mr Rawlinson submitted that the starting point in this case could be assessed as mid-range. He acknowledged that acts of dishonesty, particularly in a professional context, are more likely to fall at the high end of the spectrum, but stated that this was not a case that involves attitudinal concerns and was an unusual case when taking in the context of what actually happened. He stated that assessing at the higher end would have implications for what weight the Tribunal could give to remediation and insight, and may lead to a finding of impairment.

26. Mr Rawlinson accepted that Dr Syed's dishonesty occurred in a professional context and that it had potential implications for recruitment decisions, particularly being offered shifts. However, he stated that it lacks many of the features that would normally be associated with professional dishonesty. He submitted that it did not involve patient facing dishonesty, the falsification of clinical records, an overstatement of qualifications or suitability for a role, forgery of documents or freestanding fraudulent claims for money. Further it was not repeated conduct, or sustained concealment. He accepted there had been a potential financial gain, but no actual gain had been made. He also accepted that it was not low-level dishonesty, as it was a professional declaration to a potential employer, however, he stated that it does fall materially short of higher end dishonesty in the circumstances outlined.

27. Mr Rawlinson reminded the Tribunal of the difficult personal circumstances which had led to Dr Syed acting as he did, which was important context for the Tribunal to take into consideration. He stated that Dr Syed had submitted a false answer, on a spur of the moment decision, to conceal an investigation that he maintained was unfounded, and that has since

concluded without charge. He submitted that at the time Dr Syed was facing a number of uncertainties and stressors, and was ultimately facing professional and personal ruin. He reminded the Tribunal of these factors which included an unresolved police investigation, uncertainty about his immigration status, loss of employment opportunities, the potential breakdown of his marriage, the potential breakdown of his entire financial system, financial hardship and separation from his family, which had occurred shortly after. Mr Rawlinson submitted that Dr Syed was a professional of good character with *'an awful lot to lose'*.

28. Mr Rawlinson stated that there was a direct link between the misconduct and Dr Syed's personal context. He submitted that since the incident, Dr Syed has reflected and has taken concrete steps to avoid recurrence. He referred the Tribunal to the evidence and submitted that Dr Syed had undertaken targeted remediation and developed practical strategies to reduce the risk of repetition. He submitted that Dr Syed has developed his insight and has gone way beyond simple expressions of regret. He stated that Dr Syed has undertaken training, courses and structured reflective exercises, and that his insight and remediation were not superficial, but targeted to addressing the conduct. He submitted that this was also evident from Dr Syed's oral evidence, in which he was more than willing to discuss the personal issues that he had faced.

29. Mr Rawlinson submitted that the wider evidence before the Tribunal is fundamentally inconsistent with a generally dishonest individual. He referred the Tribunal to the testimonials submitted on Dr Syed's behalf, which support that Dr Syed is a hard-working family man, whose conduct in this case can be described as an aberration. He stated it was important to note that Chesterfield Royal Hospital had maintained confidence in him and appointed him as a consultant despite the underlying allegations. He submitted there was no evidence of some sort of pervasive character trait or attitudinal problem, and Dr Syed has shown insight and understanding of what went wrong, and how he should have acted differently.

30. Mr Rawlinson submitted that the Tribunal should take a tailored approach to assessing the current and ongoing risk, and submitted that the Tribunal has the discretion to treat each case on an individual basis. He stated that the Tribunal should take a forward looking approach, and could rightly conclude that there is no current and ongoing risk in this case, and therefore no need for a finding of impairment.

The relevant legal principles

31. 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 Dr Syed 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.

32. 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 second, 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.

33. To assess whether Dr Syed 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 Syed and/or his working environment, and
- how Dr Syed has responded to the allegation.

The Tribunal's determination on impairment

34. The Tribunal had regard to the submissions provided by the parties, GMP and the Guidance. The Tribunal has followed section three of 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?

35. The Tribunal first considered whether the facts as admitted and 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.

36. In considering whether Dr Syed's behaviour amounted to misconduct, the Tribunal had regard to paragraphs 65, 66 and 71 of GMP which provide:

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

66 *You must always be honest about your experience, qualifications and current role.*

...

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.’

37. The Tribunal was of the view that these paragraphs of GMP were engaged in Dr Syed’s case.

38. The Tribunal noted that the conduct took place within Dr Syed’s professional practice, during the course of completing a job application form. The Tribunal was of the view that Dr Syed’s conduct had breached GMP and that patients are entitled to trust that doctors are being honest when completing job applications.

39. The Tribunal observed that the dishonesty in this case was an isolated incident, but was undertaken for financial gain, given that Dr Syed completed the application form with the purpose of securing employment. It was of the view that Dr Syed’s actions damaged public trust in the profession and undermined professional standards.

40. Taking into account all the evidence before it, the Tribunal determined that Dr Syed’s behaviour was a serious departure from the principles and fell seriously below the standards expected as set out in GMP and that it amounted to serious misconduct. It was therefore satisfied that there was a legal basis for considering impairment.

41. The Tribunal, having found that the facts found proved amounted to the legal basis of misconduct, went on to consider whether Dr Syed’s fitness to practise is currently impaired by reason of his misconduct.

Where on the spectrum of seriousness does the allegation lie?

42. 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.

43. In considering the starting point the Tribunal had regard to its findings and the nature of the allegation, particularly as the dishonesty was carried out whilst Dr Syed was acting in a professional role. The Tribunal accepted that, in most cases, dishonesty within a professional context would generally fall at the highest end of the spectrum of seriousness. The Tribunal noted, however, that it did not involve patient facing dishonesty, the falsification of clinical records, an overstatement of qualifications or suitability for a role. The Tribunal also took into consideration that this act of dishonesty was an isolated, one off incident. From the evidence, Dr Syed did not commence the application having already decided to be dishonest, but acted in the moment.

44. The Tribunal, having considered the specific circumstances and nature of this case, was of the view that the starting point fell towards the high end of the mid-range of the spectrum of seriousness, or the low end of the higher end of the spectrum.

45. 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:

- Undermining a system designed to protect the public
- Putting their own interests before those of patients.

46. The Tribunal considered that Dr Syed's actions undermined a system designed to protect the public. It was of the view that dishonestly completing the application form prevented NHSP from making its own assessment of the potential risks to patient safety that may have arisen as a result of the police investigation. It was also satisfied that, by doing so, Dr Syed put his own interests above those of patients, as he had intended to make a financial gain for himself as a result of the dishonest application.

47. The Tribunal identified that there were some factors present that may increase seriousness. Considering the starting point identified by the Tribunal, it was satisfied that the appropriate assessment was that this matter fell at the lower end of the higher band in the spectrum of seriousness. 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 Syed and/or his working environment?

48. Paragraph 45 of the 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.

49. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by the 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. However, it acknowledged that the individual circumstances of each case must be considered.

50. The Tribunal had regard to the evidence before it about Dr Syed's working environment at the material time. The Tribunal acknowledged that Dr Syed was an experienced doctor, and ought to have known to be fully honest and transparent on every job application, regardless of the situation. However, it also acknowledged that, at the time, Dr Syed was facing the loss of his job, due to issues with his visa. It considered that this was relevant context regarding his working environment.

51. The Tribunal noted that Dr Syed had made his employers at Chesterfield Royal Hospital aware of the police investigation prior to his employment, and that they had been content to employ him in that knowledge. However, due to the issues with his visa, they were unable to continue his employment. It was in his desperation to find work that Dr Syed had made his application to NHSP and had made an impulsive decision not to inform them of the police investigation. Although it was the visa issues that ultimately lost him his employment at Chesterfield Royal Hospital, those issues would not have arisen but for the police investigation.

52. The Tribunal also considered the personal context advanced by Dr Syed. It noted that the issues renewing his visa and the loss of his job at Chesterfield Royal Hospital were Dr Syed's prime driver in his dishonest conduct. He explained to the Tribunal that he had been '*desperate to start working*' and that he had thought that if he could sort out employment and his visa, then it would give him some hope. He told the Tribunal that he had no income or savings, and that he was trying to survive while supporting his family.

53. The Tribunal considered that, whilst there was no direct evidence of the financial difficulties Dr Syed advanced, this evidence was not challenged. Further, it accepted that it was very plausible in a situation where Dr Syed had been unable to find work due to the issues with his visa, and where he was the sole earner supporting a young family, that he was in a difficult financial situation. He acknowledged that he had been afraid that he would lose his job, would not be able to pay his bills, and would not be able to support his wife XXX. Dr Syed also said that, at the time, he had felt very isolated, and that he could not speak to anybody about the situation, given the nature of the allegation.

54. It was clear to the Tribunal that Dr Syed had acted out of financial motivation, however, this was not out of greed but survival. Further, the Tribunal considered that Dr Syed had not fully considered the consequences of that decision. The Tribunal also noted that Dr Syed had not undertaken any shifts with NHSP between making his application in October 2023 and NHSP learning of the police involvement in January 2024. Therefore, whilst there had been a potential for financial gain, none had in fact occurred.

55. The Tribunal acknowledged that Dr Syed's fears had not been without merit. In fact, Dr Syed's family had returned to India XXX, and very shortly afterwards Dr Syed had found himself homeless and relying on the generosity of friends. Further, Dr Syed had also returned to India at the end of 2024 to be with his family. The Tribunal also noted he had now reached out to friends and spoken to his wife about the situation, and found them to be sympathetic and supportive. He had reflected on how he had acted, and realised that he did have a support network who could have supported him. He told the Tribunal that he would now speak to his wife and friends if a similar set of circumstances arose in the future.

56. The Tribunal took into consideration that the personal difficulties Dr Syed was under at the time of his dishonest conduct have now been resolved. It noted that, while it had taken more than three years for the police investigation to conclude, no action was taken against

Dr Syed. Further, Dr Syed is no longer under the difficult immediate pressures of his visa, as he has returned to India.

57. The Tribunal acknowledged that personal context would usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. However, it accepted that the circumstances of this case were nuanced, had a direct bearing upon Dr Syed's decision to commit a dishonest act and as such, were of fundamental relevance to the Tribunal's assessment of risk.

58. Overall, the Tribunal considered that, in this case, there were significant relevant personal contextual features which had decreased its assessment of the level of risk posed by Dr Syed to public protection.

How has Dr Syed responded to the allegation?

59. The Tribunal next considered Dr Syed's response to the allegation. The Tribunal noted from the Guidance that it should consider the evidence available to it to establish if Dr Syed 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.

60. 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.

61. The Tribunal assessed the extent of Dr Syed's insight into his misconduct. The Tribunal acknowledged that Dr Syed cooperated with the investigations by the Police and by the Trust, and that he has cooperated with these regulatory proceedings. Further, Dr Syed fully admitted the allegation before the Tribunal at the earliest possible stage and has not sought

to excuse his behaviour or minimise the seriousness. He has also apologised and expressed sincere and genuine remorse for his actions.

62. Dr Syed provided a written statement and gave oral evidence before the Tribunal. Considering all the information before it, the Tribunal was satisfied that Dr Syed has genuine insight and recognises the gravity of his actions. Dr Syed recognises what he did was serious and wrong and he has reflected on what led to his dishonest behaviour. It was clear that Dr Syed has recognised, through his reflections, the seriousness of his conduct and the need to put mechanisms in place to prevent future repetition.

63. The Tribunal next carefully considered whether Dr Syed has provided any evidence that he has remedied his misconduct. The Tribunal acknowledged that dishonesty is difficult to remediate. However, the Tribunal considered that there are steps that a practitioner can take and strategies that they can develop to demonstrate a reduction in the risk that they will behave in a similar way in future.

64. The Tribunal reviewed documentation provided by Dr Syed. It found that he has provided evidence of targeted CPD relevant to his misconduct. It was also provided with thoughtful and meaningful reflection on those courses. The Tribunal was also provided with evidence of personal and religious reflection, which it considered important for Dr Syed's own development. In his statement, dated 18 June 2026, Dr Syed set out how he intended to maintain his honesty in future, with practical measures that he would take before commencing an application.

65. The Tribunal also took into account Dr Syed's personal issues, including his difficult financial situation, visa issues and the police matter, all of which have now been resolved. It noted that he had now developed stronger coping mechanisms to prevent personal issues from becoming unmanageable.

66. The Tribunal also considered that this had been an isolated, one-off incident, which had occurred against a background of desperation. There is no evidence of repetition of dishonest conduct since the incident in October 2023. Therefore, the Tribunal did not consider there was evidence of a deep-seated attitudinal issue in this case. It was of the view that Dr Syed was a fundamentally honest person, who had made an impulsive decision in a difficult situation.

67. Looking at the evidence, the Tribunal could not identify anything further that Dr Syed could have done to remediate his conduct. Overall, The Tribunal was satisfied that Dr Syed had developed appropriate management strategies that it could be satisfied he would be highly unlikely to be repeat his misconduct in the future.

68. The Tribunal noted that there was no complaint about Dr Syed's clinical practice. The Tribunal took into account that Dr Syed was a doctor of many years' experience at the time of the incident giving rise to the allegation. There was nothing before the Tribunal that would indicate that he has failed to keep his knowledge and skills up to date such that this creates a current and ongoing risk to public protection. The Tribunal acknowledged that Dr Syed is not currently practising in the UK or overseas, however, it had no concerns that Dr Syed had become deskilled in the time he has not been practicing. Further, it acknowledged that Dr Syed has clearly considered and appreciates the practicalities of a return to UK practice. The Tribunal considered that the fact that his knowledge and skills appear to be up to date did not directly impact on the Tribunal's assessment of current and ongoing risk to public protection.

69. Overall, the Tribunal concluded that Dr Syed's response to the allegation did reduce the level of risk he poses to public protection.

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

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

71. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Syed's misconduct, which involved dishonestly completing a job application form, lies at the high end of the spectrum of seriousness. The Tribunal has considered the known personal contextual factors relating to Dr Syed and has taken into account his response to the allegation. The Tribunal concluded that the personal contextual factors it has identified, and Dr Syed's response to the allegation, has significantly decreased the current and ongoing risk which he presents to public protection. It concluded that the current and ongoing risk to public protection was medium, but towards the lower end of the scale.

72. The Tribunal had regard to the General Introduction section of the Guidance, and specifically the section headed '*Case Type 2: Dishonesty*'. Paragraph 87 of the General

Introduction sets out how the three parts of public protection might be engaged in a dishonesty case.

73. The Tribunal has found that Dr Syed's dishonest conduct initially created a potential risk to patient safety, given he was the subject of a police investigation. This matter was concluded with no action being taken. The Tribunal accepted that Dr Syed's actions were borne of desperation, due to his difficult personal circumstances, including the issues with his visa and his concerns about the impact of losing his job on his financial situation and his ability to support his family. The Tribunal was satisfied that Dr Syed now has appropriate coping mechanisms in place so that it could be reassured that he would be highly unlikely to act in a similar way in future. Accordingly, the Tribunal considered that he does not pose a current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment is not required on patient safety grounds.

74. As to the second part of public protection, confidence in the profession, the Tribunal was in no doubt that Dr Syed's misconduct brings the medical profession into disrepute and that he had breached fundamental tenets of the medical profession, namely honesty. The public must have confidence that doctors will behave with honesty and integrity, and that they will complete application forms truthfully. The Tribunal considered that the public would be rightly appalled by a doctor dishonestly completing an application form, particularly whilst being the subject of an active police investigation. 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.

75. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Syed's conduct 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 Syed, the profession, and the public of the unacceptability of his conduct.

76. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Syed to public protection is medium, although towards the low end of the scale, and that a finding of impairment is necessary, by reference to two of the three parts of public protection.

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

Determination on Sanction - 25/09/2026

78. Having determined that Dr Syed'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.

Submissions

79. On behalf of the GMC, Ms Fordham submitted that the appropriate sanction is a period of suspension. She referred the Tribunal to the sanctions bandings for dishonesty cases set out in the Guidance (*Guidance introduction > Protecting the public in specific case types > Case type 2: dishonesty*), which in this case suggested three to nine months suspension.

80. Ms Fordham submitted that there were no exceptional circumstances in this case that would justify the taking of no action, stating that the personal context advanced by Dr Syed has already been taken into account by the Tribunal at the impairment stage. Further, she submitted that this was not a case where an order of conditions would be appropriate, as conditions could not be formulated to address the specific findings of current and ongoing risk to public protection in this case.

81. Ms Fordham submitted that suspension was the appropriate sanction in this case. She submitted that suspension is needed to maintain public confidence in the profession and maintain professional standards. She stated that, in determining the appropriate length, the Tribunal can properly reflect Dr Syed's remediation, and the testimonials provided on his behalf. She submitted that the testimonials might be of limited value, because they speak to Dr Syed's good character and the fact that this was out of character for Dr Syed, who they know to be a good, responsible and conscientious doctor. However, she stated that the Tribunal has already accepted that fact in assessing risk at the impairment stage. The Tribunal had taken into account that this was a one-off instance brought about by a specific set of circumstances and has already assessed there to be a low risk of repetition. She submitted that those testimonials should be taken into account and are admirable, but they do not provide a great deal of assistance at this stage where the Tribunal is concerned with confidence in the profession and the need to maintain proper professional standards.

82. Ms Fordham submitted that, in this case, the level of risk which Dr Syed was found to present means that his conduct is not incompatible with continued registration, and, as such,

erasure is not required. She stated that the misconduct itself is serious, but there are a number of factors reducing the level of present and future risk, which can be reflected in the period of suspension. She submitted, however, that Dr Syed's conduct must be marked in order to reassure the public and to send out a message to other members of the profession.

83. Ms Fordham advanced no positive submission for a review hearing.

84. On behalf of Dr Syed, Mr Rawlinson accepted that the appropriate sanction was one of suspension. He acknowledged the Guidance, and the suggested sanction set out within it, and submitted that a longer suspension will be less proportionate and more restrictive than a shorter period of suspension.

85. Mr Rawlinson agreed that this was not an appropriate case to take no action and that conditions would not be workable or practicable, or meet the mischief of this case. He stated that suspension would be the most appropriate sanction.

86. Mr Rawlinson reminded the Tribunal that Dr Syed was currently in India and would not be working imminently in the UK in any event. On that basis, he stated that a period of suspension would not be punitive in the short term. However, he submitted that Dr Syed does intend to return to the UK, once he has managed the logistical difficulties of such a move, and that it would be ideal if a shorter period of suspension had expired by the time all was in place to allow him to return unencumbered to the UK. He submitted that a short period of suspension would clearly send a deterrent effect and uphold and maintain public confidence in the profession.

87. Mr Rawlinson submitted that this was not a case where Dr Syed needs time to fully remediate on the Tribunal's findings, or further develop his insight, the Tribunal having found at impairment stage that there was nothing further Dr Syed could have done. Therefore, he stated that there would be no useful purpose in imposing a longer period of suspension on Dr Syed to allow him to produce further reflections, insight or remediation. He submitted that, for similar reasons, there would be no purpose in there being a review hearing at the end of the period of suspension, and it would be proportionate to allow Dr Syed to draw a line under matters at the end of a short period of suspension.

88. Mr Rawlinson submitted that a period of three to four months' suspension would be appropriate in this case, although he accepted it was a matter for the Tribunal. He stated that

longer than that would push towards the middle of the medium category, rather than the lower end where the Tribunal found this case sits.

89. Mr Rawlinson referred the Tribunal to the evidence submitted on behalf of Dr Syed, including the testimonials, which speak to his good character, as well as the evidence of his insight and remediation. He reminded the Tribunal that Dr Syed and his family are anxious to be allowed to rebuild their lives in the UK, and that this Tribunal can give them the best chance of doing that as quickly and reasonably as they can.

The Tribunal's determination on sanction

90. At this stage, following its decision that Dr Syed's fitness to practise is impaired and that two of the three parts of public protection were engaged, the Tribunal considered what proportionate regulatory response, if any, is needed to protect the public, in accordance with its legal duty under the Medical Act.

Legal Principles

91. 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*). The Tribunal notes 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.

92. In making its decision on sanction, the Tribunal must review its decisions on the facts and impairment and consider the level of current and ongoing risk that Dr Syed poses to public protection.

93. Whilst the Tribunal is directed to consider the sanctions bandings within the Guidance when reaching its decision as to the appropriate sanction, it is noted that the sanctions bandings are a guide. The decision on the appropriate sanction if any, is a matter for the Tribunal exercising its own independent legal judgment. In determining the appropriate outcome, the Tribunal must impose the least restrictive sanction it considers necessary in the circumstances of the case, which meets the over-arching objective of protecting the public.

94. In reaching its decision, the Tribunal has to take account of the parties' submissions, the Guidance and public protection. The Tribunal will consider whether there is relevant evidence relating to the impact a certain type of sanction will have and/or relevant references and testimonials where available and what impact, if any, they have.

95. The Tribunal will decide on the type and length of sanction. It will then stand back and check if it is proportionate to meet the level of current and ongoing risk posed to public protection.

Application

96. The Tribunal had regard to the submissions made by both counsel and to the Guidance (*Guidance introduction > Protecting the public in specific case types > Case type 2: dishonesty*) at paragraphs 96 to 97:

'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.'

97. In this case, the Tribunal had determined at the impairment stage that Dr Syed's misconduct falls at the mid-range of the spectrum of seriousness and that the current and ongoing risk to public protection was medium. The sanctions banding for this case gives a range of three to nine months' suspension.

98. 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.

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

No action

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

Conditions

101. The Tribunal next considered whether to impose conditions on Dr Syed'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.

102. As a starting point, the Tribunal considered that the sanctions banding for this case type does not indicate that conditions would be sufficient to meet the level of risk to public protection. Moreover, 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 Syed's conduct and, as such, conditions would be unworkable in this case. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

103. The Tribunal then went on to consider whether imposing a period of suspension on Dr Syed's registration would be appropriate and proportionate. The Tribunal acknowledged that suspension has a deterrent effect and bore in mind the sanctions bandings table, referred to above.

104. The Tribunal noted paragraphs 44 and 45 of the relevant section of the Guidance, which state:

'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.'

105. The Tribunal acknowledged that dishonesty in any form is serious, although there are different degrees of dishonesty. It noted that there was no evidence that Dr Syed had gained anything from his dishonesty and that it was a one-off incident, completed during a very difficult period in his personal life, which has since resolved. Further, the Tribunal acknowledged that Dr Syed has significant insight, expressed sincere remorse for his actions and has remediated.

106. The Tribunal took into consideration the testimonials provided in support of Dr Syed. The testimonials all indicated that Dr Syed is a fundamentally honest doctor, who committed a serious aberration during a difficult period.

107. The Tribunal then went onto consider whether erasure was the most appropriate and proportionate sanction, as required by the Guidance. Although the misconduct found proved was serious, the Tribunal was not satisfied that it was so serious that it warranted complete removal from the register. It determined that erasure would be disproportionate, having regard to the steps Dr Syed has taken to remediate his actions and his genuine insight. Consequently, the Tribunal did not find that Dr Syed's misconduct was incompatible with continued registration. The Tribunal was satisfied that the public can be protected and professional standards upheld through a period of suspension. The Tribunal was also satisfied that, in the circumstances as outlined above, public confidence would not be undermined by allowing Dr Syed to continue to hold registration, despite the seriousness of the facts admitted and assessed risk to public protection.

108. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined that suspension is the most appropriate sanction. The Tribunal then went on to consider the length of suspension and whether to direct a review prior to the end of the period of suspension.

Length of suspension

109. In determining the length of suspension, the Tribunal had regard to paragraph 46 and 47 of the relevant section of the Guidance which states:

'46 *The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:*

a the assessment of the level of current and ongoing risk to public protection posed by the doctor

b the reasons for assessing suspension as being the proportionate response

c the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or

d the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.

47 *A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards. It might also be appropriate in relation to a very small number of clinical cases where a doctor's performance was such that although unlikely to recur, the nature of the allegation was so serious as to undermine the public's trust in the profession.'*

110. The Tribunal reminded itself of the suggested range of suspension within the medium level of risk sanctions banding for dishonesty cases of three to nine months. It was satisfied that a short period of suspension would be sufficient in this case, taking into account the seriousness of Dr Syed's conduct, but also acknowledging his sincere remorse, genuine insight into his conduct and the remediation he has completed. The Tribunal was satisfied

that there were no patient safety concerns, and that Dr Syed was highly unlikely to repeat his conduct in the future.

111. The Tribunal acknowledged that a period of suspension would have some, albeit limited, impact on Dr Syed but was of the view that this is outweighed by the need to uphold professional standards and maintain public confidence in the profession.

112. The Tribunal concluded that a period of suspension for three months was the appropriate and proportionate response. This period acknowledges Dr Syed's genuine insight and the work he has done to remediate his conduct, whilst also marking the unacceptable nature of his actions.

113. The Tribunal was satisfied that a review following a short suspension of three months would serve no useful purpose, given there are no clinical or patient safety concerns, and that Dr Syed has made significant efforts to remediate and shown a good level of insight. In the circumstances, the Tribunal determined that it is not necessary to direct a review hearing.

Determination on Immediate Order - 25/09/2026

114. Having determined that Dr Syed's registration should be suspended for a period of three months, 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

115. On behalf of the GMC, Ms Fordham submitted that there was no positive application made by the GMC. She submitted that, given the lack of any concerns about patient safety, it was a matter for the Tribunal to determine.

116. On behalf of Dr Syed, Mr Rawlinson agreed with the submissions made on behalf of the GMC. He referred to the Tribunal to the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction*). He stated that principally, immediate orders are to bridge the gap between the 28 days when the substantive sanction comes into effect in cases where there is a query about whether somebody is going to return to unrestricted practice during that period. He submitted that sometimes there are issues about whether a registrant may need to hand over patient care and may need a period to get their affairs in order. He stated that none of those things apply

here. He submitted that this was not a patient safety case, and Dr Syed has not been subject to an interim order. He submitted that this was not one of those cases that is so serious or where there was such an egregious risk to patient safety or damage to public confidence if the sanction does not take effect for 28 days.

The Tribunal's determination

117. 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.

118. 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.'

119. The Tribunal considered that there were no patient safety concerns in this case, and that the misconduct was highly unlikely to be repeated. It acknowledged Dr Syed's insight and remediation, and its assessment of a medium risk to public protection on two of the three parts, taking into account that this was towards the lower end. Overall, the Tribunal was satisfied that none of the factors set out in paragraph 84 applied in this case and this indicated that an immediate order was not necessary.

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

121. There is no interim order in place.

122. That concludes this case.