PUBLIC RECORD

Dates: 04/06/2026 - 11/06/2026

Doctor:	Dr Omar AZIZ
GMC reference number:	3225833
Primary medical qualification:	MB ChB 1971 University of Mosul

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

Summary of outcome

Suspension, 6 months
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Phil Rostant
Lay Tribunal Member:	Ms Sally Allbeury
Registrant Tribunal Member:	Dr Ranjana Rani

Tribunal Clerk:	Mr Joel Taylor-Garratt Mr Rowan Barratt (9 June 2026 only)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Mikhael Puar, Counsel, instructed by BMA Law
GMC Representative:	Mr Terence Rigby, 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 - 05/06/2026

Background

1. Dr Aziz qualified in 1971 from Mosel University Medical School. Prior to the events which are the subject of the hearing, Dr Aziz has worked in the UK at a range of different hospitals since 1978, beginning in oncology before progressing to focus on dermatology from 2002. Since 2002, Dr Aziz has worked primarily as a Locum Consultant. At the time of the events, Dr Aziz was practising as a freelance Consultant Dermatologist, in private and NHS clinics around the UK.

2. The allegations that have led to Dr Aziz's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that, in completing a new starter form in January 2025, Dr Aziz dishonestly answered 'no' to two questions that related to his previous regulatory and disciplinary history.

3. By 2024, Dr Aziz was working as a locum, through an agency, for both Nuffield Health in Bournemouth and a smaller company called Omnes Healthcare. The new starter form ('the Form') was being completed because of Dr Aziz's wish for Omnes to become his Designated Body, rather than the agency, and that Dr I take over as his Responsible Officer, from Professor B, of the agency.

4. The initial concerns were raised with the GMC on 9 March 2025 by Dr I. The referral followed disclosure of an ongoing investigation by Nuffield Health.

The Allegation and the Doctor's Response

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

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

1. On 29 January 2025 you submitted a new starter form ('the Form') to Omnes Healthcare Limited. On the Form you answered 'No' to the question:

    a. 'Have you been the subject of any disciplinary or regulatory investigations?'; Admitted and found proved

    b. 'Are you currently subject to any restrictions on your practice?'. Admitted and found proved

2. At the time you submitted the Form you knew that:

    a. on 4 March 2019 you were issued with a warning by a Medical Practitioners Tribunal following a fitness to practise investigation carried out by the General Medical Council ('GMC'); Admitted and found proved

    b. on 1 April 2019 you were notified by the GMC that an investigation had been opened into your fitness to practise; Admitted and found proved

    c. on 19 December 2024 you were notified by Nuffield Health that you were subject to a fact-finding exercise; Admitted and found proved

    d. from 19 December 2024 your practice at Nuffield Health was restricted. Admitted and found proved

3. Your conduct at:

    a. paragraph 1a was dishonest by reason of paragraphs 2a-c; To be determined

    b. paragraph 1b was dishonest by reason of paragraph 2d. To be determined

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

The Admitted Facts

6. At the outset of these proceedings, through his Counsel, Mr Puar, Dr Aziz made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the 'the Rules'. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

7. In light of Dr Aziz's response to the Allegation made against him, the Tribunal is required to determine whether Dr Aziz's actions in answering 'no' to the questions on the Form were dishonest.

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not required to attend to give oral evidence:

    - Dr I, Responsible Officer ('RO'), whose statement was dated 12 June 2025.
    - Ms C, Hospital Director and Registered Manager of Nuffield Health Bournemouth, whose statement was dated 9 July 2025.

9. Dr Aziz provided his own witness statement, dated 7 May 2026, and also gave oral evidence at the hearing.

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:

    - The warning issued to Dr Aziz in 2019 and associated documents.
    - Investigatory meeting notes from Nuffield Health.
    - Dr Aziz's new starter form for Omnes Healthcare.
    - Letter to Dr Aziz, dated 19 December 2024, advising him of Nuffield Health's investigation as well as Dr Aziz's acknowledgement of receipt of this letter.

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 that it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

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. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

13. The test for dishonesty is that set out in the case of *Ivey v Genting Casinos (UK) Ltd (t/a Crockfords) [2017] UKSC 67 (25 October 2017):*

> *'74 When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'*

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 in relation to each to make its findings on the facts.

15. The Tribunal reminded itself that Dr Aziz had admitted the factual matters of the case, namely that he answered 'no' to both questions on the Form but was aware of having been subject to two GMC investigations in 2019, that Nuffield Health was currently

investigating concerns raised about his practise and that Nuffield had restricted his practise from 19 December 2024. Dr Aziz had also accepted, in his oral evidence, that his answers were inaccurate, although he did not accept that the 2019 investigations needed to be disclosed. He had stated that he believed the Form was only enquiring about recent issues.

Paragraph 3(a)

16. The Tribunal began by considering the Form's first question, relating to disciplinary or regulatory investigations. The GMC's case was that there were three investigations into Dr Aziz's practice, all of which should have been disclosed.

17. Dr Aziz admitted to having been aware of all those investigations but his case was that, in relation to the 2019 investigations, these did not require disclosure as they were historic. He believed that the question only referred to recent events. In relation to the 2024 Nuffield investigation, he said that he had known the investigation would be disclosed as part of his change of RO but that he had wanted to discuss the issue with Dr I before that happened.

18. In relation to the 2019 investigations, the Tribunal considered the wording of the question on the Form, set out in paragraph 1(a) of the Allegation, and whether it indicated a need to disclose all issues or just recent ones. Dr Aziz's case was that, if the question was seeking disclosure of historic investigations, it would include the word 'ever' or something similar. He could not, however, give any cogent explanation as to why the word 'recent' should be implied in the wording of the question.

19. The Tribunal considered that the word 'any' clearly informed the reader that *any* investigations should be disclosed. There was no indication of there being any timescale. Additionally, the following questions, set out in paragraph 1(b) of the Allegation, uses the word 'currently', clearly indicating a specific time as opposed to the wider and historic scope of the first question.

20. Mr Puar had submitted that the Form should be read in the context of the rest of the related forms, which were requesting information about events in the previous 5 years. The Tribunal rejected this submission as it found there was no reason for a person to read any indication of recency into the question and that an attempt to define what 'recent' meant was therefore pointless. Additionally, the Tribunal noted that Dr Aziz had not given any evidence in relation to the other forms or if they fed into his decisions

when answering 'no'. In particular, Dr Aziz, when asked what *he* meant by 'recent' said that he thought it referred to events in the last year.

21. The Tribunal considered that Dr Aziz's position that he was not required to disclose the 2019 investigations was so unreasonable in the circumstances, that the Tribunal was led to conclude that he did not hold that genuine view. Dr Aziz's actual state of knowledge was that he knew that he was required to disclose the 2019 issues, he knew that answering 'no' was inaccurate and that he was aware of his responsibilities under Good Medical Practice ('GMP').

22. The Tribunal considered that an ordinary member of the public would not consider Dr Aziz's explanation to be reasonable. Dr Aziz had knowingly provided inaccurate information and had sought to gain some advantage by doing so. A member of the public would consider this to be dishonest.

23. The Tribunal therefore found paragraph 3(a) of the Allegation proved in relation to paragraphs 2(a) and 2(b).

24. The Tribunal then went on to consider the 2024 investigation by Nuffield Health.

25. Dr Aziz knew about the investigation, which was ongoing at the time he completed the Form. He admitted in evidence that the answer 'no' was inaccurate and that he should have answered 'yes'. He described his failure to do so as an honest mistake.

26. Dr Aziz's case was that he had always intended to discuss the investigation with his new RO, Dr A, but that events moved too quickly. He answered 'no' because he felt the issue was not straight forward – that he felt there was an element of personal vendetta in the complaint – and wanted an opportunity to explain this. Dr Aziz stated he knew that Dr I would be informed of the investigation in any event as part of the handover from his previous RO and that he had contacted people in HR and administration to inform them of his desire to speak to Dr I. Although Dr Aziz gave evidence that he had made that request to speak to Dr I, no documentary evidence was provided to substantiate that claim, nor did Dr Aziz give evidence about what further efforts he made to contact Dr I.

27. Dr Aziz knew as of 19 December 2024 that a fact-finding exercise was being carried out in relation to concerns about his practice. Dr Aziz had acknowledged receipt of this letter and arranged to have a face to face meeting to discuss the concerns on 20 January 2025.

28. The Tribunal understood the desire Dr Aziz had to give context to an investigation that he felt was unfair, at least in part. However, by answering 'no' on the Form, he withheld information that there could be context for. There were alternative, more accurate options available to Dr Aziz. He could have left the answer blank, he could have answered yes, but included a note or brief explanation (for which there was room on the Form to do so) or he could have answered yes but indicated a desire to explain further at an early opportunity.

29. The Tribunal considered it was not necessary for it to make any finding in relation to whether Dr Aziz held a genuine belief that the Nuffield complaint was made because of a personal vendetta against him on the part of a colleague, Dr D, as he had claimed in his oral evidence. Of note, Dr Aziz had accepted that some of the concerns had merit and that several of the concerns originated from nursing staff, not Dr D. Regardless of whether he held this genuine belief or not, the question the Tribunal has to concern itself with is whether an ordinary person would consider that explanation reasonable and sufficient assure them that his answer 'no' was honest.

30. The Tribunal considered that an ordinary member of the public would not consider Dr Aziz's explanation reasonable and would consider his answer dishonest. He had different options open to him but chose to provide what he knew was inaccurate information.

31. Dr Aziz made the point that he was waiting for his defence union to produce a report and that the matters would inevitably come to light, therefore he was not seeking to hide anything. The Tribunal received no other evidence about this and could not speculate further about his motives. Where a doctor chooses to provide what he knows is inaccurate information, whatever his motivation for doing so, the natural conclusion, absent some compelling information to the contrary, is that the act is dishonest.

32. The Tribunal therefore found paragraph 3(a) of the Allegation proved in relation to paragraph 2(c).

33. The Tribunal determined that paragraph 3 of the Allegation was therefore proved in its entirety.

Paragraph 3(b)

34. The Tribunal then went on to consider paragraph 3(b) of the Allegation.

35. The Tribunal considered that Dr Aziz was aware at the time of completing the form that his practice at Nuffield was subject to restrictions and that the question on the Form was asking about current restrictions of practice.

36. The Tribunal considered that Dr Aziz's explanation about why he did not declare the restrictions on his practice, which was the same as his explanation in relation to not declaring the Nuffield investigation, was illogical. It considered that providing context to Dr I would in no way mitigate the fact that there were restrictions in place on his practice, which Omnes needed to know about immediately.

37. Dr Aziz's state of knowledge at the time was that he knew he was subject to restrictions, that he was required to disclose those restrictions on the Form and that to answer 'no' was inaccurate. The Tribunal considered that a member of the public would clearly consider this to be dishonest.

38. The Tribunal therefore determined that paragraph 3(b) of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

39. The Tribunal has determined the facts as follows:

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

1. On 29 January 2025 you submitted a new starter form ('the Form') to Omnes Healthcare Limited. On the Form you answered 'No' to the question:

    a. 'Have you been the subject of any disciplinary or regulatory investigations?'; Admitted and found proved

    b. 'Are you currently subject to any restrictions on your practice?'. Admitted and found proved

2. At the time you submitted the Form you knew that:

    a. on 4 March 2019 you were issued with a warning by a Medical Practitioners Tribunal following a fitness to practise investigation carried out by the General Medical Council ('GMC'); Admitted and found proved

    b. on 1 April 2019 you were notified by the GMC that an investigation had been opened into your fitness to practise; Admitted and found proved

c. on 19 December 2024 you were notified by Nuffield Health that you were subject to a fact-finding exercise; Admitted and found proved

d. from 19 December 2024 your practice at Nuffield Health was restricted. Admitted and found proved

3. Your conduct at:

a. paragraph 1a was dishonest by reason of paragraphs 2a-c; Determined and found proved

b. paragraph 1b was dishonest by reason of paragraph 2d. Determined and found proved

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

Determination on Impairment - 10/06/2026

1. 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 Aziz's fitness to practise is impaired by reason of misconduct.

The evidence

2. The Tribunal has reviewed its findings of fact and, in addition, received further evidence from the following witnesses on Dr Aziz's behalf:

- Dr E, Clinical Lead at Dr Aziz's current employer, via video link.
- Dr F, Dr Aziz's current RO, who was not called to give evidence.

3. The Tribunal also received in support of Dr Aziz a number of testimonials from colleagues and employers, all of which it has read.

4. In addition, the Tribunal also received further documents, most particularly an appraisal report for Dr Aziz, dated 17 February 2026.

Submissions

Submissions on behalf of the GMC

5. Mr Rigby, Counsel, submitted Dr Aziz's fitness to practise was currently impaired and that the Tribunal would not be fulfilling its duty to protect the public if it were to find otherwise. He said that public confidence in the profession and the maintenance of proper professional standards required a finding of impairment in this case.

6. Mr Rigby referred the Tribunal to the evidence that it had heard at the impairment stage. He said that it was clear Dr Aziz was held in high regard by his colleagues and patients, but this was only relevant to the sanction stage and not the issue of impairment. He submitted that from Dr E's evidence, Dr Aziz's appraisal and the statement from his current RO, it appeared that Dr Aziz had never fully owned up to the dishonest nature of his actions, rather he had told people, including this Tribunal, that the issue was a misunderstanding and unintentional. He also reminded the Tribunal that, on his appraisal form, Dr Aziz had described the concerns as *'a few communication issues with Nuffield Health.'*

7. Mr Rigby referred the Tribunal to *Good Medical Practice (2024)* ('GMP') and highlighted the relevant paragraphs on honest conduct. He submitted that these were fundamental tenets of the profession and that Dr Aziz had failed to uphold these tenets, meaning that Dr Aziz's actions could properly be described as misconduct. Mr Rigby also referred the Tribunal to *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the Guidance'), which sets out the process it should follow.

8. Mr Rigby submitted that the Tribunal should consider how easy Dr Aziz's conduct is to remediate and how that may impact where on the spectrum of seriousness his actions lay. Mr Rigby submitted that the Guidance indicated that dishonesty could only be seen to be at the lower end of the spectrum of seriousness where it did not occur in a doctor's professional role, which was not the case here. Mr Rigby also said that Dr Aziz's actions were aggravated because he had undermined a system designed to protect the public.

9. Mr Rigby submitted that the starting point for the Tribunal's assessment of Dr Aziz's risk to public protection should be high. He said that there was no professional context that was relevant in this case and that there was no personal context that was relevant to the seriousness of Dr Aziz's misconduct. Mr Rigby acknowledged Dr Aziz's case that he had

being going through considerable personal stresses at the time of events, but submitted this does not mitigate him deliberately answering 'no' instead of 'yes'.

10. Mr Rigby accepted that Dr Aziz was well regarded as a clinician and that there were no patient safety concerns in this case but submitted Dr Aziz could not be considered as being of good character due to his previous regulatory issues, including a warning for dishonest conduct.

11. Mr Rigby said that the Tribunal must consider insight and remediation as well as the seriousness of Dr Aziz's conduct. He submitted that Dr Aziz did not have full insight and that, without full insight, it was difficult to see how he could fully remediate. Mr Rigby said that Dr Aziz had only provided evidence of an online probity course but had not provided reflections on this, nor had it had sufficient effect on him to cause him to admit his dishonesty.

12. Mr Rigby submitted that the Tribunal must find there is a current risk to the public and that a finding of impairment is necessary.

Submissions on behalf of Dr Aziz

13. Mr Puar, Counsel, submitted that he conceded Dr Aziz's actions amounted to misconduct, but that his fitness to practise was not currently impaired.

14. Mr Puar submitted that Dr Aziz had discussed the full extent of the issues facing him with his appraiser, even if it was not as clearly set out in the appraisal form itself. He also said that the appraisal took place remotely and was signed on Dr Aziz's behalf. He highlighted that there were inconsistencies on the appraisal form, including conflicting statements about Dr Aziz not having declared any investigations. Mr Puar submitted that it was clear that Dr Aziz had told his appraiser about the case against him.

15. Mr Puar submitted that, whilst dishonesty is a serious matter, there are grades of seriousness and that this case fell at the low range. He reminded the Tribunal that, in its findings of fact, it had found no specific motivation for Dr Aziz's actions other than a general gaining of some advantage.

16. Mr Puar submitted that the impact of Dr Aziz's dishonesty was merely that Dr I felt the need to refer the case to the GMC. He said the impact was limited to the profession rather than extending to patient safety. Mr Puar also submitted that Dr Aziz's dishonesty

was not part of some elaborate scheme where he hoped to conceal the fact of his investigations and restrictions – he knew that his previous RO would inform Dr I.

17. Mr Puar submitted that Dr Aziz had admitted everything except the word dishonesty, including that his conduct fell below the standards expected of a doctor. He accepted the aggravating feature of Dr Aziz's conduct occurring within a professional context but submitted there was no financial benefit. Mr Puar also submitted that this was a single incident, occurring during significant personal stress and that the impact was limited.

18. Mr Puar submitted that Dr Aziz had recognised from the outset that his conduct fell below the standards expected of a doctor and that this went to his level of insight. He also submitted that Dr Aziz had shown remorse and had attempted to remediate. Mr Puar submitted that the risk of repetition was low, the risk to public protection was low and that the Tribunal could find that Dr Aziz's fitness to practise was not impaired.

The relevant legal principles

19. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal may only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

20. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct, which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

21. To assess whether Dr Aziz poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal follow the steps set out it in Guidance. It will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved the impact of any relevant context known about Dr Aziz and/or their working environment, and
- how Dr Aziz has responded to the allegations.

22. The Tribunal will also have regard to the *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types* ('the Guidance Introduction') and in particular paragraphs 77 to 79 dealing with cases of dishonesty.

23. The Tribunal had regard to the case of *Roylance v GMC (No.2) [2000] 1 AC 311:*

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

24. The Tribunal noted the case of *Nandi v General Medical Council [2004] EWHC 2317 (Admin) (04 October 2004):*

'31 [misconduct is observed] as "a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious". The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners. It is of course possible for negligent conduct to amount to serious professional misconduct, but the negligence must be to a high degree.'

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

'22 In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is

simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'

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

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

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

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

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

Also:

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

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

27. The Tribunal began by considering whether there was a legal basis for considering impairment. It had regard to GMP and considered the following paragraphs to be relevant in this case:

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

82 You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.

…

84 You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals.

…

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading.'

28. The Tribunal considered that Dr Aziz's actions in not declaring his investigations and restrictions of practice breached these paragraphs of GMP.

29. The Tribunal considered that honesty and integrity were fundamental tenets of the profession and that Dr Aziz had failed to maintain these standards.

30. As such, the Tribunal determined that Dr Aziz's actions amounted to serious misconduct and that this provided a legal basis for it to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

31. The Tribunal first considered the appropriate starting point for assessing the seriousness of the proven misconduct in this case. It had regard to the MPTS Guidance for Tribunals Introduction, which sets out that honesty is a basic quality expected of all doctors and that dishonest conduct is a disregard for this shared moral value.

32. The Tribunal has found that Dr Aziz deliberately withheld relevant information from a prospective employer. That information concerned both regulatory action taken against him and an ongoing internal investigation into his professional performance. Paragraph 31 of the Guidance for MPTS Tribunals > Section 3 > MPT hearings document, sets out that cases involving dishonesty, except that which occurs outside of the doctor's professional role, was not persistent or repeated and which does not result in significant value or benefit, will usually fall at the higher end of the spectrum of seriousness. The Tribunal was satisfied that the starting point for assessing seriousness in this case was

high since this was dishonesty associated with Dr Aziz's professional role and there was nothing else relevant at this stage to suggest a lower starting point.

33. The Tribunal went on to consider factors which may increase the seriousness of the conduct found proved from the already high starting point. The Tribunal noted that Dr Aziz has relevant fitness to practise history (the 2019 warning). The Tribunal found that the behaviour in this case was deliberate. He made a conscious and informed choice not to respond to questions accurately, both in regard to the 2019 investigations and in regard to the 2024 investigation and restriction. The Tribunal further considered that Dr Aziz's actions demonstrated a reckless disregard for professional standards, particularly given that he had already faced regulatory action related to his honesty and integrity in the past and ought therefore to have been particularly conscious of his duty to adhere to the standards set out in GMP and to seek guidance if he was at all unsure of the proper course of action.

34. The Tribunal also found that Dr Aziz was attempting to cover up the concerns about his practice, at least temporarily, in providing false information on the application form. The Tribunal considered that a reasonable and properly informed member of the public would be particularly concerned to learn that a doctor would be willing to be dishonest in this context.

35. The Tribunal was therefore satisfied that the overall level of seriousness of the conduct found proved in this case was high.

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

36. The Tribunal noted the submission made on behalf of the GMC that there was no possible relevant context in terms of Dr Aziz's working environment or role and experience which could be taken into account in this case. The Tribunal noted that this position was not disputed on behalf of Dr Aziz and it agreed with the GMC's position.

37. The Tribunal noted, as set out in paragraph 45 of the Guidance that relevant context can also relate to a doctor's personal circumstances. The Tribunal acknowledge that Dr Aziz has told the Tribunal that he was experiencing difficulties in his personal life at the time of the events, however, the Tribunal noted that Dr Aziz did not make the submission to the Tribunal that his ability to properly complete the application form was impaired by distress or the effect of his personal circumstances. Dr Aziz's explanation for his having provided an incorrect answer to the question was that he made a deliberate decision to

do so, perhaps in order to buy himself some time so that he could talk face to face with Dr I to explain the background to the Nuffield investigation.

38. The Tribunal therefore considered, having heard Dr Aziz's evidence and the submissions made on his behalf, that the personal circumstances at the time of the events had no direct impact on his conduct and did not provide grounds for reducing the level of seriousness.

How has Dr Aziz responded to the allegation?

39. The Tribunal bore in mind that dishonesty is difficult to remediate but is not incapable of being remedied.

40. The Tribunal considered that Dr Aziz has presented evidence of having developed partial insight into his misconduct, but that this is not complete. The Tribunal bore in mind that Dr Aziz has engaged with this process and has apologised for his conduct. The Tribunal also noted that Dr Aziz, in his witness statement and in his evidence to the Tribunal, acknowledged that he ought not to have answered 'no' to the question on the application form. The Tribunal was satisfied that, as far as it went, this demonstration of insight was genuine. The Tribunal considered, however, that Dr Aziz's characterisation of this as a *'mistake'* and *'an error of judgement'* suggests that he has an incomplete understanding of why it was wrong to be dishonest on the application form.

41. The Tribunal has not been presented with any reflective statement or other evidence of the development of Dr Aziz's insight beyond his apology and admission that he should not have done what he did.

42. The Tribunal had further concerns about Dr Aziz's level of understanding of why his dishonest conduct was wrong and his overall level of insight into his dishonest conduct. Having had regard to the appraisal document from February of this year, which the Tribunal requested be adduced as evidence following it having been referred to in Dr F's witness statement, the Tribunal was of the view that Dr H, who conducted the appraisal had not been given a completely frank account of these proceedings. On review of the appraisal document, the Tribunal noted that, although there is a section within the appraisal relating to probity, there is no mention of the live allegation of dishonesty made against Dr Aziz by the GMC and the form only refers to *'communication issues'* between the doctor and Nuffield. These proceedings at the MPTS are referred to as relating to *'practice issues in relation to employment at Nuffield.'* That, at the time, was

the case (the practice issues were subsequently not proceeded with) but by no means the complete story.

43. Dr Aziz's explanation for this when questioned by the Tribunal was that he had been fully open and transparent with his appraiser and that the appraiser did not accurately record what he said. Dr Aziz told the Tribunal that he did not check the form after it was completed because he trusted the appraiser to record what he had said accurately.

44. The Tribunal found that it was inherently improbable that an appraiser, having been clearly told that the doctor under appraisal was facing an allegation of dishonesty by the GMC which was scheduled to be considered at an MPT hearing, would not have recorded this information on the appraisal form. The Tribunal further considered that it was in any case incumbent on Dr Aziz to check the appraisal form to ensure that it was an accurate record of the conversation that took place. The Tribunal did not accept Dr Aziz's explanation.

45. Additionally, the Tribunal was concerned by the witness evidence of Dr E, Dr Aziz's current clinical supervisor, in that she gave no indication that she had been aware that Dr Aziz was facing allegations of deliberate dishonesty. She also gave evidence which made it clear that Dr Aziz had not fully and properly described the circumstances which led to the warning he had been given by the MPT in 2019 and, in particular, that it was a warning about dishonesty and not one relating to any kind of clinical practice issue.

46. The Tribunal considered that these recent instances of obfuscation and minimisation of the seriousness of the concerns about his integrity, taken together with the paucity of evidence showing any reflective process and the characterisation of the dishonest conduct in terms of being a 'mistake', demonstrate that Dr Aziz has limited insight into his misconduct.

47. The Tribunal further considered that there is very little evidence of remediation. It noted that Dr Aziz has recently completed a two-hour, online course on probity. However, the recent and limited nature of this CPD, not accompanied with any reflection on it by Dr Aziz, did not constitute adequate remediation. The Tribunal was not satisfied that Dr Aziz had taken significant steps toward remedying the misconduct.

48. The Tribunal, having found that the misconduct in this case is not easily remediable and has not been remedied, went on to consider whether it was 'highly unlikely to be repeated'. The Tribunal had not seen any evidence to suggest this, particularly given the fact that this was not the first instance of dishonest conduct in Dr Aziz's practice. The

Tribunal was satisfied that there is a risk of repetition in this case. This is based on the fact that this is a second instance of dishonesty and, as set out above, the Tribunal was not satisfied that Dr Aziz has full insight.

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

49. Finally, the Tribunal considered the level of current and ongoing risk to public protection in order to make a finding in respect of current impairment.

50. The Tribunal considered that all three parts of public protection were engaged in this case. Whilst patients are not directly at risk, there is a risk to the public where doctors do not disclose relevant history to potential employers. The risks to the public confidence in the profession and to the maintenance of proper standards and conduct for in the profession are self-evident. It considered that, given the high level of seriousness, relatively low level of insight and remediation and the risk of repetition found in this case, the overall level of risk to public protection was high.

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

Determination on Sanction - 11/06/2026

The Evidence

1. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing, where relevant, in reaching a decision on sanction.

Submissions

2. On behalf of the GMC, Mr Rigby, Counsel, submitted that a period of suspension was the most appropriate sanction in this case and that the length of such a suspension should be at the upper end.

3. Mr Rigby submitted that the issue of sanction was one for the Tribunal's judgement but reminded it of its findings at the facts and impairment stages. He said that the Tribunal

had found that the level of risk to public protection was high and that Dr Aziz lacked insight into his misconduct.

4. Mr Rigby referred the Tribunal to the relevant paragraphs of the Guidance, including the sanctions banding which, he submitted, indicated that the appropriate sanction for cases such as this fell between a suspension of nine months and erasure. He also submitted that a review would be appropriate for a longer period of suspension.

5. On behalf of Dr Aziz, Mr Puar, Counsel, accepted that a period of suspension may be the appropriate sanction in this case but that it did not need to be a long suspension. He submitted that the Tribunal should give weight to the testimonial evidence it had received, including the oral evidence of Dr E, all of which spoke highly of Dr Aziz. He also reminded the Tribunal of its finding that Dr Aziz's remorse was genuine and that any sanction should be no more than what is necessary to protect the public.

6. Mr Puar submitted that there was sufficient mitigation to reduce the level of sanction that was necessary in this case. He said that this included the significance of Dr Aziz being dual qualified in both oncology and dermatology and that Dr E had given compelling evidence regarding the value of a doctor with those qualifications as well as the experience held by Dr Aziz. Mr Puar said that Dr E had also given evidence regarding the significant impact that had been felt on her clinic by Dr Aziz's absence to prepare for these proceedings. He also reminded the Tribunal that Dr E had said she was willing and eager to continue to work with Dr Aziz despite the Tribunal's findings.

7. Mr Puar also submitted that Dr Aziz's advanced age should be taken as a mitigating factor as any significant period of suspension would effectively end his career. Mr Puar said that Dr Aziz had shown some insight and had made some efforts to remediate. He said that Dr Aziz was remorseful and capable of remediating his misconduct.

8. Mr Puar acknowledged the Tribunal had noted that a member of the public would be concerned by Dr Aziz's conduct but submitted that the seriousness of the case could adequately be marked by a short suspension.

The Tribunal's Determination on Sanction

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

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

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

12. The Tribunal reminded itself of the serious nature of Dr Aziz's conduct, of its finding that the risk to public protection was high and that Dr Aziz's level of insight was limited. It also considered that all three parts of public protection were engaged in this case.

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

No action

14. The Tribunal noted that, to take no action, exceptional circumstances must be present to justify such a course. The Tribunal considered that no such exceptional circumstances were present in this case. The Tribunal also noted that that Guidance indicated taking no action would not be appropriate where the risk to public protection is high. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

15. The Tribunal next considered whether to impose conditions on Dr Aziz'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.

16. 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. In any event, given the nature of Dr Aziz's misconduct, the Tribunal considered that an order of conditions would not be proportionate to address the seriousness of the case, nor could any appropriate, workable and measurable conditions be formulated to reduce the risk of Dr Aziz acting dishonestly.

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

Suspension

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

> *'45 Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a. conditions are not appropriate, measurable and/or workable*
> *b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
> *c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'*

19. The Tribunal considered that this paragraph was relevant in this case as conditions were not appropriate and because the level of risk to public protection required a sanction to maintain public confidence in the profession and to maintain professional standards. Whilst the Tribunal had not identified any actual harm to patients as a result of Dr Aziz's dishonesty, it considered that any repetition of that dishonesty did have the potential to directly impact patients. It considered the circumstances of Dr Aziz's prior warning was such an example.

Erasure

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

> *'57 Erasure may be the proportionate response where:*
>
> *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> *b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*

c. *the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
d. *the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

21. The Tribunal considered that, whilst Dr Aziz's conduct was serious, and the risk to public protection was high, it fell short of being fundamentally incompatible with continued registration. It considered that Dr Aziz had shown some remorse, that his misconduct was remediable and that he had not yet reached the point where his lack of insight could fairly be described as persistent. The Tribunal also considered that Dr Aziz's misconduct did not cause serious harm and was not so serious that it could not be adequately addressed with a period of suspension.

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

Length of suspension

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

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

a. *the assessment of the level of current and ongoing risk to public protection posed by the doctor*
b. *the reasons for assessing suspension as being the proportionate response*
c. *the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or*
d. *the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.*

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

…

64 Once the MPT has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising their decision they must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. They should also remind themselves of their decision on how the case engaged one or more of the three parts of public protection with reference to their decision on impairment and the general guidance and specific case types section in the Introduction.'

24. The Tribunal also had regard to the sanctions banding and noted that, having determined to suspend Dr Aziz's registration, it was indicated that the appropriate length of suspension for cases of high risk to patient safety should be between 9 and 12 months.

25. The Tribunal considered that the risk to public protection was caused by Dr Aziz's limited insight into his misconduct and its seriousness. The Tribunal was of the view that Dr Aziz was remorseful and had acknowledged that he should have acted differently. The Tribunal considered that a period of suspension must be long enough to allow time for Dr Aziz to fully develop his insight and for him to remediate his misconduct.

26. In relation to paragraph 47 of the Guidance, the Tribunal considered that this did not apply in this case as it had found impairment on all three parts of public protection and no factors had been identified to reduce the level of risk. Furthermore, as noted, Dr Aziz had not demonstrated full insight.

27. Turning to consider paragraph 64 of the Guidance, the Tribunal was of the view that there were relevant factors that led it to impose a shorter period of suspension than that indicated in the sanctions banding. The Tribunal had heard evidence, both from Dr E and in the other testimonials, of the respect in which Dr Aziz was held by his colleagues and

patients. It was also of note that Dr E had been keen to continue to work with Dr Aziz despite the Tribunal's findings and that she had said she had planned how to proceed with Dr Aziz, including having challenging conversations about his practice and conduct.

28. Of particular note was Dr E's evidence regarding the scarcity of dermatologists and the extreme rarity of a doctor with dual qualifications (in oncology and dermatology) such as Dr Aziz. She told the Tribunal that even she, as clinical lead of her organisation, was constantly learning from Dr Aziz. She had also given evidence about the disruption and effect on patient services that had been caused by Dr Aziz's absence to prepare for and attend this hearing. In her evidence, Dr E particularly referred to Dr Aziz *'essentially propping* up' one of the clinics he worked at, the implication being that, without him, the clinic could not function. The Tribunal was of the view that Dr Aziz's value to the profession and to the public must be carefully weighed when determining the appropriate length of suspension.

29. The Tribunal determined that a period of six months would be sufficient to address the seriousness of Dr Aziz's misconduct, would have a deterrent effect by sending a message to the profession and the public about what is behaviour unbefitting of a doctor and would provide sufficient time for Dr Aziz to further develop his insight and to remediate his misconduct.

30. The Tribunal determined to direct a review of Dr Aziz's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that, at the review hearing, the onus will be on Dr Aziz to demonstrate how he has further developed his insight and remediated his misconduct. It therefore may assist the reviewing Tribunal if Dr Aziz provides evidence of:

- his developed insight into his misconduct.
- his remediation efforts, including any relevant CPD or training.
- how he has kept his knowledge and skills up to date during his suspension.
- Dr Aziz will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 11/06/2026

1. Having determined that Dr Aziz's registration should be suspended for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Aziz's registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Rigby submitted that an immediate order was necessary in this case. He referred the Tribunal to paragraphs 83 and 84 of the Guidance and submitted that these indicated that an immediate order was necessary.

3. On behalf of Dr Aziz, Mr Clayton Williams submitted that the issue of immediate order was a matter for the Tribunal and did not make any positive submissions.

The Tribunal's Determination

4. The Tribunal referred to the relevant section of the Guidance, including:

> *'79 The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.*
>
> *80 In the context of an immediate order, the best interests of the doctor includes avoiding putting them in a position where they may come under pressure from patients and/or may repeat the behaviour or poor performance giving rise to the allegation, particularly where this may also put the doctor at risk of committing a criminal offence. It may also include where the doctor's ability to practise safely and effectively may be impacted by an ongoing health condition.*
>
> *81 When deciding if an immediate order is needed, the MPT should balance these considerations against the other interests of the doctor, which may be to return to work pending the outcome of any appeal, and against the wider public interest which may require an immediate order is put in place.*
>
> *82 Representations are sometimes made by the doctor that no immediate order should be imposed by the MPT on the basis the doctor needs time to make alternative arrangements for the care of their patients before a sanction of suspension or erasure takes effect. Whilst the issue of how much weight to attach to representations made by the parties is a matter for the MPT, this argument is*

unlikely to be persuasive. This is because the doctor will have been aware of the date of the hearing for some time, and consequently of the risk of a sanction being imposed. The doctor will therefore have already had reasonable time to plan for the care of patients before the hearing, should the need arise. Additionally, the GMC also notifies the doctor's employers or, in the case of general practitioners, the relevant body, of the date of the hearing. They themselves have a duty to make sure that appropriate arrangements are in place for the care of the doctor's patients should an immediate order be imposed.

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.'

5. The Tribunal bore in mind its previous finding that the risk to public protection was high in this case and that all three parts of public protection were engaged, despite there being no direct harm to patients having been identified.

6. The Tribunal had regard to submissions of both parties and bore in mind the evidence it had received regarding Dr Aziz's value to his current employer and to his patients. The Tribunal acknowledged the impact an immediate order would have on Dr Aziz's patients and that alternative arrangements would need to be made, but it bore in mind that paragraph 82 of the Guidance sets out that this may carry little weight.

7. Turning to paragraph 84 of the Guidance, the Tribunal considered that subparagraphs (b) and (c) were relevant in this case as the risk to public protection was high and an immediate order was necessary to maintain public confidence in the profession.

8. This means that Dr Aziz's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written

notification of this decision is deemed to have been served, 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.