PUBLIC RECORD

Dates: 08/12/2025 - 19/12/2025
07/05/2026 - 08/05/2026
11/06/2026 - 12/06/2026

Doctor:	Dr Salah-ud-Din TAJ
GMC reference number:	7641233
Primary medical qualification:	MBBS 1996 University of the Punjab - King Edward Medical College

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

Summary of outcome

Erasure
Immediate order imposed

Attendance and Representation:

Tribunal: 08 – 19/12/25

Legally Qualified Chair	Ms Bushra Tabassum
Lay Tribunal Member:	Mr Vince Cullen
Registrant Tribunal Member:	Dr Laura Florence

Tribunal Clerk:	08/12/25 – Mr Joel Taylor-Garratt & Ms Rachel Horkin 09/12/25 – Mr Joel Taylor-Garratt 10/12/25 – Ms Fiona Johnston 11-19/12/25 – Mr Joel Taylor-Garratt
Doctor:	Present, represented
Doctor's Representative:	Dr Tariq Mahmood, direct instruction
GMC Representative:	Mr Jocon Dyer, Counsel

Tribunal:
07 – 08/05/26
11 – 12/06/26

Legally Qualified Chair	Miss Ruona Iguyovwe
Lay Tribunal Member:	Mr Stephen Downing
Registrant Tribunal Member:	Dr Jill Belch
Tribunal Clerk:	07 – 08/05/26 – Mr Laurence Millea 11 – 12/06/26 – Mr Sewa Singh
Doctor:	Present, represented
Doctor's Representative:	07–08/05/26: Dr Tariq Mahmood, direct instruction 11-12/06/26: Ms Olivia Davin, Counsel, instructed by BMA Law
GMC Representative:	Ms Zoe Dawson, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts - 16/12/2025

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Taj's alleged misconduct and conviction, a redacted version will be published at the close of the hearing.

Background

2. Dr Taj qualified in 1996 from the University of the Punjab. Prior to the events which are the subject of the hearing, Dr Taj worked as a Medical Registrar in Australia between December 2007 and February 2014 before relocating to Pakistan until December 2016. At the time of the events, Dr Taj had applied for a position as a Senior Clinical Fellow at Bedford NHS Trust. Since 2022, Dr Taj has practised as a Locum Consultant in Acute Medicine at Lincoln County Hospital.

3. The allegations that have led to Dr Taj's hearing relate to his conduct and conviction. It is alleged by the General Medical Council (GMC) that Dr Taj dishonestly failed to declare having been convicted in Australia both when applying for registration with the GMC in May 2018 and on a job application North Cumbria University Hospitals NHS Trust ('North Cumbria') in November 2019.

4. Dr Taj's conviction relates to breaches of a XXX Order, breaching of bail conditions, stalking, making a threat to kill and using a carriage service (a mobile phone network) to menace and harass. The victim of Dr Taj's offences was Person K and most of the charges related to text messages that were sent by Dr Taj. The offences took place over a period of four months and resulted in Dr Taj receiving a 12-month Community Correction Order. Dr Taj pled guilty to the offences at an early stage.

The Outcome of Applications made during the Facts Stage

5. The Tribunal granted separate applications, made by each party pursuant to Rule 34 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adduce further evidence. The Tribunal considered that it was fair and relevant to adduce the additional documents.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Taj is as follows:

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

1. On 9 March 2016 at the Magistrates Court of Victoria at Melbourne, you were:

a. convicted of:

i. 2 charges of persistent contravention of a XXX Contact Order; Admitted and found proved

ii. 3 charges of contravening XXX Intervention Order – Intent Harm/Fear; Admitted and found proved

iii. 2 charges of contravening XXX Intervention Order; Admitted and found proved

iv. 2 charges of contravening a conduct condition of bail; **Admitted and found proved**
v. stalking another person; **Admitted and found proved**
vi. committing an indictable offence whilst on bail; **Admitted and found proved**
vii. making a threat to kill; **Admitted and found proved**
viii. using a carriage service to menace; **Admitted and found proved**
ix. using a carriage service to harass; **Admitted and found proved**

b. sentenced to a Community Correction Order for 12 months, consisting of:

i. supervision by the Secretary; **Admitted and found proved**
ii. 150 hours of community work for 12 months, in respect of allegations 1ai-vii; **Admitted and found proved**
iii. XXX and rehabilitation as set out in:

a. Schedule 1 in respect of allegations 1ai-vii; **Admitted and found proved**
b. Schedule 2 in respect of allegations 1aviii-ix. **Admitted and found proved**

2. The offences outlined in paragraph 1.a., if committed in England and Wales, would constitute criminal offences. **Admitted and found proved**

3. On 21 May 2018, you submitted an Application with supporting documentation to the General Medical Council for Full Registration in an Approved Practice Setting ('the Application') and you:

a. answered 'No' to the question "Do you have any cautions or convictions, which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a court of law in the UK or in any other country?"; **Admitted and found proved**

b. indicated that you had:

i. been employed for the period of 1 January 2013 to 5 June 2015 at Western Health Care and Albury Wodonga Health ('the Trust'); **Admitted and found proved**

ii. worked in Australia from December 2007 until May 2017; **Admitted and found proved**

iii. been continuously working in Australia from December 2007 until May 2017. **Admitted and found proved**

4. You knew:

a. that the answer given at paragraph 3.a. was untrue as you had been convicted of the offences set out at paragraph 1.a.; **Admitted and found proved**

b. you had only been employed in the role at the Trust between 1 January 2013 and January 2014; **Admitted and found proved**

c. you were not working in Australia between February 2014 and June 2015; **Admitted and found proved**

d. you had been working in Pakistan between February 2014 and June 2015; **Admitted and found proved**

e. you had not been continuously working in Australia between December 2007 and May 2017; **Admitted and found proved**

5. Your actions as detailed in paragraph:

a. 3.a. were dishonest by reason of paragraph 4.a. **To be determined**

b. 3.b.i. were dishonest by reason of paragraph 4.b.; **To be determined**

c. 3.b.ii. were dishonest by reason of paragraphs 4.c. and 4.d.; **To be determined**

d. 3.b.iii. were dishonest by reason of paragraphs 4.e. **To be determined**

6. On 2 November 2019, you signed a Trust Declaration Form ('Trust Form') with North Cumbria University Hospitals NHS Trust ('North Cumbria'). On the Trust Form you:

a. answered 'No' in response to the question "Do you have any convictions that are not protected (i.e. eligible for filtering) as outlined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) (the Exceptions Order)?"; **Admitted and found proved**

b. stated: "There is a minor Incidence which I have informed to GMC at my registration time". **Admitted and found proved**

7. At the time of completing the Trust Form, you knew:

a. that you had been convicted of 14 offences spanning approximately 4 months, as set out at paragraph 1.a; Admitted and found proved

b. that you had not declared your conviction for the offences out set in paragraph 1.a. to the GMC. To be determined

8. Your actions as detailed in paragraph 6 were dishonest by reason of paragraph 7. To be determined

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

a. conviction as set out in paragraphs 1 and 2; To be determined
b. misconduct as set out in paragraphs 3 – 8. To be determined

The Admitted Facts

7. At the outset of these proceedings, through his Counsel, Mr Mahmood, Dr Taj 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

8. In light of Dr Taj's response to the Allegation made against him, the Tribunal is required to determine whether Dr Taj's actions in answering 'No' on the two forms were dishonest as well as whether he knew, when signing the form for North Cumbria, that he had not declared his conviction to the GMC. The Tribunal is also required to determine whether Dr Taj acted dishonestly by incorrectly completing his employment history, in accordance with allegations 5(b), (c) and (d).

Witness Evidence

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

- Mr A, Head of Registration Applications at the GMC.

10. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence, as their evidence was agreed by both parties:

- Ms C, Recruitment Assistant at North Cumbria
- Ms D, Head of Recruitment Services at North Cumbria

- Ms E, Senior Regulatory Officer – Registration at the Australian Health Practitioner Regulation Agency ('AHPRA')

11. Dr Taj provided his own witness statement dated 17 November 2025 and also gave oral evidence at the hearing.

12. The Tribunal also received evidence on behalf of Dr Taj in the form of witness statements from the following witnesses who were not called to give oral evidence, as their evidence was agreed by both parties:

- Professor F, Locum Consultant in Acute Medicine, Lincoln County Hospital, dated 18 November 2025
- Dr B, Locum Consultant, Lincoln County Hospital, dated 15 November 2025
- Mr G, Clinical Services Manager – Acute Medicine, Lincoln County Hospital, dated 22 October 2025
- Dr H, Locum Consultant in Acute Medicine, Lincoln County Hospital, dated 31 October 2025.
- Dr I, Consultant and Clinical Lead in Diabetes and Endocrinology, United Lincolnshire Teaching Hospitals NHS Trust, dated 17 November 2025.

Documentary Evidence

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

- Dr Taj's application for GMC registration.
- Dr Taj's declaration form for North Cumbria.
- Documents relating to Dr Taj's conviction.
- A letter from AHPRA regarding Dr Taj's registration.
- Various emails and correspondence.

The Tribunal's Approach

Burden of Proof

14. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

Assessment of Evidence

15. 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.

16. The Tribunal had regard to the key principles in the case of *Alam v GMC [2025] EWHC 2907 (Admin)*: First, that the Tribunal must maintain an overview, not simply aggregate atomised findings; Evaluative judgements made by the Tribunal must be coherent; Good character, where central, must be expressly considered; And improbability is a legitimate part of the evidential analysis;

Good Character Direction

17. The Legally Qualified Chair advised the Tribunal that evidence of a doctor's previous good character is not determinative of whether the alleged conduct occurred and does not amount to a defence. Rather, such evidence may be relevant in two limited respects: first, in relation to the doctor's propensity to act in the way alleged, and second, in relation to their credibility. The Tribunal was reminded that the weight to be attached to good character, and its relevance at the Facts stage, is a matter for the Tribunal itself, to be judged in light of all the evidence, any admissions made, the applicable law, and the submissions advanced by counsel.

Dishonesty Test

18. The Tribunal also had regard to the test set out in *Ivey v Genting Casinos [2017] UKSC 67*: Firstly, establish the facts as the doctor believed them to be. Secondly, determine whether the conduct was dishonest by the objective standards of ordinary, reasonable people. It is not necessary for the practitioner to have realised their actions were dishonest; dishonesty is an objective assessment, regardless of the individual's own view.

Fairness and Impartiality

19. The Tribunal was reminded it must act fairly and impartially, giving each party the opportunity to present their case and respond to evidence. Any doubts should be approached with caution and resolved through careful consideration of all available material.

The Tribunal's Analysis of the Evidence and Findings

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

21. The Tribunal reminded itself of the background of the case and Dr Taj's evidence. Dr Taj was convicted of 14 offences, taking place over the course of four months. These offences

related to a dispute with Person K which included Dr Taj breaching bail conditions and a XXX Intervention Order, which were imposed during the course of the ongoing dispute. These breaches and associated conviction related to unwanted text messages being sent by Dr Taj, including a threat to kill. Dr Taj was sentenced by the Magistrates Court of Victoria, Melbourne, to 150 hours of community work and to attend XXX and rehabilitation programs, including anger management.

22. Dr Taj's case was that he had understood at the time of applying for GMC registration that his conviction was not serious and was therefore 'filterable' and did not need to be declared. He had said he believed this because his conduct had not involved any physical element, did not touch upon his clinical practice and did not result in a custodial sentence.

23. Dr Taj gave evidence to the Tribunal that he had still decided to make the disclosure by sending the Australian Police report with an explanatory letter outlining the circumstances of the offences to the GMC in September 2018 by post, even though this was not a requirement of the GMC.

24. Dr Taj told the Tribunal that he had made a separate declaration to the GMC via email in July 2018 by providing a letter from AHPRA relating to it granting him limited registration in Australia. This letter addressed the fact that Dr Taj had not declared his conviction to AHPRA but that a registration committee was satisfied by his explanations and were granting him registration.

25. Dr Taj gave evidence that he had also declared his conviction to his recruitment agent, Ms J, from Indigo Health Care Recruitment and was under the impression that she would inform the GMC and any prospective employers of his conviction.

26. In relation to the North Cumbria form, Dr Taj maintained his position that his conviction was eligible to be filtered but that he still made separate, partial declarations of his conviction to the GMC. Although Dr Taj had circled the 'No' answer regarding any conviction, he had handwritten a note on the form, and included a separate sheet, declaring his conviction in relation to a minor incidence involving Person K.

27. The Tribunal noted that Dr Taj had admitted the factual elements of the paragraph 4(a) of the Allegation, including that he knew at the time of completing the relevant forms that the information he was giving was not true.

Paragraph 5(a)

28. The Tribunal began by considering paragraph 5(a) of the Allegation. It noted that Dr Taj had admitted to circling 'No' on the GMC application form and that he knew this to be untrue because he was aware of having been convicted and sentenced. Dr Taj told the Tribunal he did not see this as dishonest, as he thought the conviction was filterable and he had informed Ms J at Indigo Health Care Recruitment. The Tribunal was mindful that Dr Taj knew he had also failed to declare his conviction to AHPRA, he having provided the letter

from AHPRA confirming he had failed to declare his conviction to AHPRA on the registration application form. The Tribunal considered that, having gone through this process with AHPRA, it was reasonable to expect Dr Taj to have been aware of the need to declare his conviction to the GMC.

29. Mr A confirmed the police report and explanatory letter was never received by the GMC as, if it had been, any documents sent to GMC as part of the registration process would be reviewed and automatically or manually placed on the applicant's electronic file linked to their GMC number within the registration department. The Tribunal was satisfied that Mr A's account was reliable and accurately reflected how documents sent at the material time as part of the GMC registration process would have been processed.

30. The Tribunal whilst being mindful that the burden of proof rests on the GMC, noted that no documentary evidence had been submitted to challenge that the police report and explanatory letter were ever sent, nor did Dr Taj seek acknowledgement of receipt from the GMC which the Tribunal would have ordinarily expected. The Tribunal also noted the GMC had not required such a report, raising doubts as to why Dr Taj would send it, and questioned why he failed to confirm his disclosure when attending GMC offices with his ID Documents for verification purposes, just prior to his registration being granted. The Tribunal noted that Dr Taj, in his witness statement, stated that he posted the original Police report to the GMC. However, in his oral evidence, he told the Tribunal that he had sent a coloured, scanned copy via post to the GMC, whereas he emailed a photocopy to Indigo Healthcare Recruitment and Bedford Hospital. Dr Taj claimed, in his oral evidence, that the coloured, scanned copy he had sent to the GMC was contained within the GMC bundle sent to him for the purposes of an IOT hearing. However, after producing an email sent to Sheffield Police, which contained attachments of the coloured, scanned copy, both parties agreed that this was one sent for another purpose. The Tribunal considered Dr Taj's account in this regard lacked credibility and was inconsistent. The Tribunal found Dr Taj's account unconvincing and improbable with respect to the police report and explanatory letter being sent to the GMC via post.

31. The Tribunal recalled Dr Taj's evidence that he had been confused by the conviction question but had not read the guidance supplied by the GMC, nor had he sought any advice from fellow clinicians or his recruitment agent. He had also not contacted the GMC to seek advice or clarification, despite indicating in his application letter that he had spoken to the GMC helpline for other help with registration matters. Dr Taj had found a list of offences online that were serious and non-filterable and had not seen his offences on there. However, in evidence he said that he only looked at the first few pages and so had not seen that his offence of Threats to Kill was indeed included on that list. The Tribunal also noted that Dr Taj, despite expecting the recruitment agent to inform the GMC of his conviction, made no effort to follow this up to ensure the disclosure to GMC had been made, nor checked with her if any response had been received. The Tribunal did not find Dr Taj's account to be reliable or persuasive when weighed against all the documentary evidence.

32. The Tribunal noted that there had been a back and forth in the registration process, including requests for further documentation, and that the GMC did not seek clarification

about reference to Dr Taj's conviction that was included in the AHPRA letter that had already been provided. Mr A accepted in his oral evidence that this information had been missed by his team. Mr A confirmed had this information been picked up, this would have triggered a referral to the investigations department. The Tribunal was mindful that regulators are not proactively investigative in the registration process and rely upon the honesty of registrants to declare potential concerns.

33. The Tribunal was mindful that Dr Taj appeared to minimise his conviction, repeatedly referring to it as a single incident. He consistently made statements of this sort through oral evidence, in his written statement and in various correspondence sent to both the recruitment agent and North Cumbria Trust. Throughout his oral evidence, the Tribunal considered that Dr Taj had consistently sought to minimise the seriousness of his conviction and did not take full responsibility for providing accurate information to his regulator. The Tribunal also considered that whilst Dr Taj had in his oral evidence stated he provided the AHPRA letter which in his view was a disclosure of his conviction, in the accompanying email he had sent to the GMC, he made no reference to the conviction and instead had referred to it as a good character letter providing evidence of good standing. The Tribunal found his account of the AHPRA letter being sent as a means of disclosure contradictory and unconvincing.

34. The Tribunal considered that even a lay person, with little understanding of the law, would understand that a conviction for 14 offences, spanning a period of four months was serious and should be declared to a regulator. Dr Taj was an experienced professional who had been through registration in Australia, where disclosure of his conviction had initially not been made. As a result, Dr Taj should have been fully aware of the importance of providing full disclosure of his conviction. If Dr Taj was under any confusion, he should have sought advice or at least read the GMC guidance provided.

35. The Tribunal has received in support of Dr Taj's positive good character, five testimonials from Dr Taj's current and former colleagues testifying to Dr Taj's honesty and integrity all of which it has read. The Tribunal was mindful that a doctor's previous good character is not determinative of whether the alleged conduct occurred and does not amount to a defence. The Tribunal expressly considered the testimonies of positive good character; however, having undertaken a holistic view of all the evidence, including the admissions made by Dr Taj, the Tribunal attached limited weight to these testimonies.

36. The Tribunal then turned to the test of dishonesty to determine whether Dr Taj's actions as set out in paragraph 5(a) of the Allegation were dishonest. The Tribunal considered that, as admitted at Paragraph 4(a) of the Allegation, Dr Taj knew the information he provided to the GMC was untrue. The Tribunal considered that, by the standards of ordinary, decent people, a fair and reasonable member of the public would consider this dishonest. The Tribunal determined that Dr Taj knew by circling 'No' on the GMC registration application form, he was intentionally misleading the regulator which was dishonest as Dr Taj was fully aware of the need to declare his conviction.

37. The Tribunal therefore found, on the balance of probabilities, paragraph 5(a) of the Allegation proved.

Paragraphs 5(b), (c) and (d)

38. The Tribunal went on to consider whether Dr Taj had been dishonest in his reporting of his employment details on his GMC application form. The Tribunal noted that Dr Taj had admitted to providing information that he knew to be inaccurate.

39. The Tribunal reminded itself that Dr Taj's case was that, at the time of completing the form, he was XXX and as a result he provided inaccurate information within the GMC application form. The Tribunal was XXX but not as to the impact on him.

40. XXX

41. The Tribunal considered that Dr Taj's CV was partially consistent with the information provided on the GMC application form but that his oral evidence strayed from this timeline. The Tribunal also considered that there was a lack of evidence that the XXX at the time he completed the GMC registration form was significantly impactful on his ability to complete that form. Of note was the fact that Dr Taj was still working at that time in Pakistan as a doctor in a private clinic. The AHPRA letter, emailed to the GMC at the time of Dr Taj's registration application, confirmed that he was granted limited registration because of not meeting the recency of practice registration standard, due to being absent from practice since December 2013.

42. On the letter accompanying his GMC registration application, Dr Taj had asserted that he had been working continuously in Australia from December 2007 to May 2017. The Tribunal noted that this contradicted the information contained within the email from Ms E, Senior Regulatory Officer at AHPRA, confirming that Dr Taj did not hold registration in Australia from 10 February 2014 to 16 December 2016. Dr Taj stated that he had erroneously entered his employment end date in Australia as June 2015 in his GMC registration application form. Australian records indicated that the end date should have been January 2014.

43. The Tribunal was satisfied that Dr Taj's supplying of inaccurate information with regard to his employment history was not simply a mistake but intentionally misleading. The Tribunal, in applying the test for dishonesty, considered at the time Dr Taj completed the employment history section of the GMC application form, he knew he had not been registered in Australia between February 2014 and December 2016 and had only performed sporadic work in Pakistan during this time. The Tribunal considered it was not credible that XXX would be so impactful on Dr Taj's memory and ability to accurately record these dates XXX. Furthermore, The Tribunal considered that Dr Taj's use of the word *'continuously'* written in his introductory letter accompanying his GMC application was not merely a mistake but a deliberate misrepresentation. The Tribunal considered that, by the standards

of ordinary, decent people, a fair and reasonable member of the public would consider this dishonest.

44. The Tribunal noted that Dr Taj's eligibility for the post qualification route was unaffected by the accuracy of his employment history, by accepting Mr A's evidence in this regard. The Tribunal made no findings as to Dr Taj's motivation and was not prepared to speculate on this. However, on the evidence before it, the Tribunal was satisfied that Dr Taj intentionally provided information which was misleading as to his employment history. This amounted to a deliberate misrepresentation, irrespective of any asserted absence of motive.

45. In light of the above, the Tribunal determined that these paragraphs of the Allegation were found proved.

Paragraph 7(b) and 8

46. The Tribunal then turned to consider whether, at the time of his completion of the North Cumbria Trust declaration form, Dr Taj knew he had not declared his conviction to the GMC.

47. The Tribunal was mindful of its previous findings that Dr Taj had dishonestly not declared his conviction to the GMC. Notwithstanding his position that whilst he had not disclosed the information in the GMC registration form, he claimed that he had made subsequent disclosures by providing the AHPRA letter via email, posting the Australian Police report and explanatory letter and relied on Ms J from Indigo Health Care Recruitment to make the disclosure directly to the GMC. The Tribunal has already considered Dr Taj's account in this regard lacked credibility.

48. The Tribunal noted that, at the time of completing this form, Dr Taj had been granted registration by the GMC and had been employed in Bedford through Indigo Health Care Recruitment. The Tribunal was mindful that, having been granted registration and having been working in Bedford, Dr Taj did add a note to the form to declare his conviction, also stating that it had been declared to the GMC.

49. In light of its previous findings and Dr Taj's admissions, the Tribunal determined that Dr Taj was aware at the time of completing the 'Trust form', that he had not declared his conviction to the GMC. When completing the 'Trust form' he stated; '*there is a minor incidence which I have informed the GMC at my registration time*'. The Tribunal considered that Dr Taj was fully aware he had failed to declare his conviction to the GMC at the time of his registration and, by making this statement, the Tribunal was clear that this was a dishonest act. The Tribunal considered that, by the standards of ordinary, decent people, a fair and reasonable member of the public would consider this dishonest.

50. In light of the above, the Tribunal determined that these paragraphs of the Allegation were found proved.

The Tribunal's Overall Determination on the Facts

51. The Tribunal has determined the facts as follows:

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

1. On 9 March 2016 at the Magistrates Court of Victoria at Melbourne, you were:

a. convicted of:

i. 2 charges of persistent contravention of a XXX Contact Order; **Admitted and found proved**

ii. 3 charges of contravening XXX Intervention Order – Intent Harm/Fear; **Admitted and found proved**

iii. 2 charges of contravening XXX Intervention Order; **Admitted and found proved**

iv. 2 charges of contravening a conduct condition of bail; **Admitted and found proved**

v. stalking another person; **Admitted and found proved**

vi. committing an indictable offence whilst on bail; **Admitted and found proved**

vii. making a threat to kill; **Admitted and found proved**

viii. using a carriage service to menace; **Admitted and found proved**

ix. using a carriage service to harass; **Admitted and found proved**

b. sentenced to a Community Correction Order for 12 months, consisting of:

i. supervision by the Secretary; **Admitted and found proved**

ii. 150 hours of community work for 12 months, in respect of allegations 1ai-vii; **Admitted and found proved**

iii. XXX and rehabilitation as set out in:

a. Schedule 1 in respect of allegations 1ai-vii; **Admitted and found proved**

b. Schedule 2 in respect of allegations 1aviii-ix. **Admitted and found proved**

2. The offences outlined in paragraph 1.a., if committed in England and Wales, would constitute criminal offences. **Admitted and found proved**

3. On 21 May 2018, you submitted an Application with supporting documentation to the General Medical Council for Full Registration in an Approved Practice Setting ('the Application') and you:

a. answered 'No' to the question "Do you have any cautions or convictions, which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a court of law in the UK or in any other country?"; Admitted and found proved

b. indicated that you had:

i. been employed for the period of 1 January 2013 to 5 June 2015 at Western Health Care and Albury Wodonga Health ('the Trust'); Admitted and found proved

ii. worked in Australia from December 2007 until May 2017; Admitted and found proved

iii. been continuously working in Australia from December 2007 until May 2017. Admitted and found proved

4. You knew:

a. that the answer given at paragraph 3.a. was untrue as you had been convicted of the offences set out at paragraph 1.a.; Admitted and found proved

b. you had only been employed in the role at the Trust between 1 January 2013 and January 2014; Admitted and found proved

c. you were not working in Australia between February 2014 and June 2015; Admitted and found proved

d. you had been working in Pakistan between February 2014 and June 2015; Admitted and found proved

e. you had not been continuously working in Australia between December 2007 and May 2017; Admitted and found proved

5. Your actions as detailed in paragraph:

a. 3.a. were dishonest by reason of paragraph 4.a. Determined and found proved

b. 3.b.i. were dishonest by reason of paragraph 4.b.; Determined and found proved

c. 3.b.ii. were dishonest by reason of paragraphs 4.c. and 4.d.; Determined and found proved

d. 3.b.iii. were dishonest by reason of paragraphs 4.e. Determined and found proved

6. On 2 November 2019, you signed a Trust Declaration Form ('Trust Form') with North Cumbria University Hospitals NHS Trust ('North Cumbria'). On the Trust Form you:

a. answered 'No' in response to the question "Do you have any convictions that are not protected (i.e. eligible for filtering) as outlined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) (the Exceptions Order)?"; Admitted and found proved

b. stated: "There is a minor Incidence which I have informed to GMC at my registration time". Admitted and found proved

7. At the time of completing the Trust Form, you knew:

a. that you had been convicted of 14 offences spanning approximately 4 months, as set out at paragraph 1.a; Admitted and found proved

b. that you had not declared your conviction for the offences out set in paragraph 1.a. to the GMC. Determined and found proved

8. Your actions as detailed in paragraph 6 were dishonest by reason of paragraph 7. Determined and found proved

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

a. conviction as set out in paragraphs 1 and 2; To be determined
b. misconduct as set out in paragraphs 3 – 8. To be determined

Determination on Impairment - 18/12/2025

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration/heard as evidence were confidential. This determination will be handed down in private but, as this case concerns Dr Taj's alleged misconduct and conviction, a redacted version will be published at the close of the hearing.

2. 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 Taj's fitness to practise is impaired by reason of misconduct or conviction.

The evidence

3. The Tribunal has reviewed its findings of fact as well as all the evidence previously provided.

Submissions

Submissions on behalf of the GMC

4. Mr Dyer, Counsel, submitted that a finding of impairment was necessary in this case, both because of Dr Taj's conviction and because of his misconduct.

5. Mr Dyer submitted that, although the passage of time since the events relating to Dr Taj's conviction was significant, the Tribunal must consider the current position and should ask whether Dr Taj has shown insight and if he has remediated. Mr Dyer submitted that Dr Taj had shown a complete lack of insight, as shown by his repeated attempts to minimise the seriousness of his conviction, saying it related to a single incident and it was a minor incident.

6. Mr Dyer referred the Tribunal to Good Medical Practice (2013) ('GMP') and submitted that Dr Taj had, because of his conviction, made a significant departure from the standards set out in paragraphs 1 and 65 of GMP. Namely that a doctor must act with integrity and within the law and that they must ensure their conduct justifies public trust in both them and the profession. Mr Dyer submitted that Dr Taj's conviction was serious and that he had shown no insight into the underlying behaviour, its impact or to offer assurances that it would not be repeated.

7. Turning to the misconduct allegations, Mr Dyer reminded the Tribunal that this involved dishonesty across multiple deliberate misrepresentations, which resulted in Dr Taj being granted registration with the GMC without the regulator understanding that he had previously been convicted. Mr Dyer submitted that Dr Taj had also previously failed to declare his conviction on his AHPRA registration form in 2016. He submitted that dishonesty such as this went to the heart of the reputation of the profession.

8. Mr Dyer submitted that Dr Taj's dishonesty had continued throughout the investigation process and even at the hearing itself. He said that Dr Taj had not just denied his dishonesty, but had also falsely claimed to have sent documents, including claiming that bundles had been sent to the GMC which were not produced until later.

9. Mr Dyer submitted that Dr Taj had shown no insight into the seriousness of his dishonesty or its impact. He referred the Tribunal to paragraphs 66, 71 and 75 of GMP, which he submitted Dr Taj had breached:

'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.

...

75 You must tell us without delay if, anywhere in the world:

a you have accepted a caution from the police or been criticised by an official inquiry

b you have been charged with or found guilty of a criminal offence

c another professional body has made a finding against your registration as a result of fitness to practise procedures.'

10. Mr Dyer said that the Tribunal will need to consider the issue of a rejected defence and referred to the case of *Sawati v GMC [2022] EWHC 283 (Admin).* He said that insight is a necessary prerequisite for remediation and was relevant when considering the issue of current impairment. He submitted that offering a defence against charges is not itself indicative of a lack of insight but that other factors should be considered. He submitted that the rejected defence issue was more likely to be relevant in cases of dishonesty.

11. Mr Dyer submitted that Dr Taj's conviction was not at the upper end of seriousness but may be considered in the mid-range. He said that there was overlap between the issues because of Dr Taj's attempts to minimise his conduct and offences. Mr Dyer submitted that the dishonesty matter is more serious as it involved concealing Dr Taj's conviction from the GMC. He submitted that Dr Taj's lack of insight meant there was an ongoing risk to public protection.

Submissions on behalf of Dr Taj

12. Mr Mahmood, Counsel, submitted that the conviction aspects relate to events 10 years ago and that Dr Taj's conviction is now spent. He submitted that Dr Taj had not minimised the conduct relating to his conviction and had clearly accepted the multiple charges that made up his conviction. He reminded the Tribunal of Dr Taj's admissions and

guilty plea and submitted that the seriousness of the offences could be inferred from the sentence that was given. He submitted Dr Taj was not subject to a jury trial having pleaded guilty and was not given a custodial sentence. Dr Taj was also granted registration by AHPRA in the knowledge of the conviction. Mr Mahmood also submitted that there had been no other offending in the ensuing years and that Dr Taj was at a low risk of reoffending.

13. Mr Mahmood referred the Tribunal to Dr Taj's comments in his witness statement that he understood where he had gone wrong, knew in hindsight to have sought advice or read guidance, was a changed person and had developed strategies to avoid repeating his misconduct.

14. Mr Mahmood reminded the Tribunal that there were no clinical concerns in this case and that Dr Taj had been going through a very difficult period in his life at the time of the events. He said these included relocating between Australia, Pakistan and the UK, the XXX. He submitted that Dr Taj had been practising in the UK for three years with no issues and had provided glowing testimonials from colleagues.

15. Mr Mahmood submitted that there was a low risk of repetition of Dr Taj's dishonesty as he had been open and transparent with the GMC, had changed as a person and understood his duty to be open and honest.

16. Mr Mahmood submitted that Dr Taj's dishonesty occurred outside of the professional sphere and that it was likely he would have been granted registration even if he had declared his conviction. Mr Mahmood submitted that the dishonesty was a single incident, was limited in nature and had limited impact. He also said that there was no financial gain and Dr Taj had not derived benefit from the misconduct.

The relevant legal principles

17. 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. Further, that it should determine whether the doctor's fitness to practise is impaired today, taking into account their conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and if there is any likelihood of repetition.

18. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

19. Whilst there is no statutory definition of impairment, the guidance provided by Dame Janet Smith in the Fifth Shipman report as adopted by the High Court in *CHRE v NMC and*

Paula Grant [2011] EWHC 927 (Admin) ('Grant') would be of assistance in its consideration of impairment. In particular, in this case, the Tribunal was reminded it may wish to consider whether its finding show that the doctor's fitness to practise is impaired in the sense that he:

> *'a. 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; and/or*
>
> *b. has in the past or is likely in the future to bring the medical profession into disrepute; and/or*
>
> *c. has in the past breached and /or is liable in the future to breach one of the fundamental tenets of the medical profession.'*

20. In approaching the decision on Dr Taj's alleged misconduct, 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 Taj 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 Taj and/or their working environment, and
- how Dr Taj has responded to the allegations.

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

23. The Tribunal considered the relevant principles set out in *Sawati v GMC [2022] EWHC 283 (Admin).* In particular that denial of misconduct is not an "absolute bar" to a finding of insight. It is possible for a doctor to deny the misconduct and still demonstrate that they understand the gravity of the offence and are unlikely to repeat it. Nonetheless, attitude to the underlying allegation is properly to be taken into account when assessing insight. Where the doctor continues to deny that they acted improperly, that makes it more difficult for them to demonstrate insight.

The Tribunal's determination on impairment

<u>The MPTS Guidance on impairment: Steps 2A to 2E</u>

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

Conviction

25. The Tribunal began by considering whether Dr Taj's fitness to practise was impaired by reason of his conviction.

Step 2A: legal basis for considering impairment

26. The Tribunal had regard to the MPT Guidance, which sets out that a conviction or caution is a legal basis for impairment. The Tribunal was satisfied as a result, this being a case of conviction, there was a legal basis for consideration of impairment.

Step 2B: where on the spectrum of seriousness does the allegation lie?

27. The Tribunal reminded itself of the circumstances relating to Dr Taj's conviction. He had been convicted for 14 offences, over a period of 4 months. The majority were related to the sending of text messages, but these included a threat to kill and stalking offence. The Tribunal was also mindful that Dr Taj was not given a custodial sentence, rather having to complete a Community Correction Order XXX and rehabilitation programs. This conviction was now spent.

28. The Tribunal found paragraphs 1 and 65 of GMP in particular, to be engaged:

> *'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *…*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'*

29. Whilst the Tribunal was mindful of the parties' submissions that Dr Taj's conviction was not at the higher end of seriousness, it considered that Dr Taj's conviction, and the underlying conduct, constituted a serious departure from these aspects of GMP.

30. Having regard to the MPT Guidance, the Tribunal considered that it had heard little evidence in relation to the impact of Dr Taj's actions on others, particularly Person K. The conviction occurred outside Dr Taj's professional role and was dealt with by a Community Correction Order.

31. However, the Tribunal did not accept that the offences that made up Dr Taj's conviction were not serious. In particular, Dr Taj had made a threat to kill, which is a serious offence. Additionally, the conduct was not a single incident, it was in XXX and it persisted over a course of four months.

32. In considering the spectrum of seriousness, the Tribunal had regard to the MPT Guidance, at paragraph 28 which states;

> *'Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*
>
> *…a conviction or caution for a minor criminal offence that results in a discharge or fine.'*

33. And Paragraph 31 which states;

> *'Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> *…a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)'*

34. The Tribunal determined that the conviction did not fall at the lower end of the spectrum of seriousness, nor did it fall within the higher end of the spectrum of seriousness. In the circumstances, the Tribunal considered that the starting point for its assessment of the seriousness of Dr Taj's conviction fell in the mid-range level of seriousness.

35. The Tribunal next considered whether there were any features increasing the seriousness of the allegation, and the seriousness of the doctor's departure from professional standards. In the specific circumstances of this case, the Tribunal did not find any features which increased the spectrum of seriousness and that, therefore, its starting position when assessing the risk to public protection was medium.

Step 2C – Relevant context

36. The relevant context regarding Dr Taj's conviction is his personal circumstances at the time, which was a prolonged dispute with Person K XXX.

37. The Tribunal considered that this context was no longer ongoing – Dr Taj now being XXX – and had seen no evidence of any similar conduct recurring in the ensuing years. The MPT Guidance suggests that the context being resolved may indicate that there is a reduced risk of repetition, but the Tribunal was not satisfied it had seen any objective evidence to suggest how Dr Taj would prevent similar conduct occurring if in a similar situation in the future.

38. The Tribunal considered that the relevant personal context did not decrease the level of current and ongoing risk to public protection posed by the doctor.

Step 2D – How the doctor responded to the allegations

39. The Tribunal considered the question of insight and remediation and whether Dr Taj had demonstrated any insight into the concerns in this case. The Tribunal had regard to Paragraph 74 and 77 of the MPT Guidance which states;

> *'74. The MPT should consider the evidence available to them to establish if the doctor has:*
>
> *a. shown insight into their own practice, behaviour and/or impact of a health condition*
> *b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and*
> *c. kept their knowledge and skills up to date.*
> *…*
>
> *77. When assessing evidence of insight and remediation, the key considerations are:*
>
> *Insight*
> *Does the doctor understand what happened and accept how they could have acted differently?*
> *Remediation*
> *Is the allegation remediable?*
> *Has the allegation been remedied?*
> *Is the allegation likely to be repeated?'*

40. The Tribunal noted that Dr Taj's conviction was spent, he had made a general apology and expressed his regret in his written statement and in oral evidence, and he had completed his rehabilitation requirements. There was also no evidence of any other criminal issue. However, the Tribunal attached limited weight to Dr Taj's insight and remediation. This was because, in line with the Tribunal's findings at stage one, Dr Taj had demonstrated a tendency to minimise the seriousness of both the conviction and the underlying conduct. While Dr Taj had demonstrated some insight into his conviction, the Tribunal considered it had not heard evidence of his insight into the impact of his conviction on Person K or the profession. The Tribunal considered that it had seen no evidence of any efforts to remediate the conduct underlying Dr Taj's conviction other than what was ordered by the court. Dr Taj had also maintained throughout the hearing that his conviction was not serious and was a single incident. In the circumstances, the Tribunal determined that Dr Taj's insight into his conviction was not yet complete and it was not satisfied that he would not act similarly under similar pressures if encountered in the future.

<u>Step 2E: Tribunal's decision as to whether Dr Taj poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment</u>

41. The Tribunal considered each of the three limbs of public protection and found limb two, public confidence, and limb three, professional standards, were engaged.

42. The Tribunal accepted that there was no risk to patients in relation to Dr Taj's conviction but determined that the risk to public confidence in the profession required a finding of impairment. It considered that a doctor making a threat to kill breached a fundamental tenet of the profession and that a member of the public would be shocked if no finding of impairment were made in such circumstances. It also considered that the need to uphold proper professional standards was engaged in this case, considering the conclusions it had reached at Steps 2A-2D.

43. The Tribunal considered that, whilst none of the additional factors raised the risk to public protection into the higher range, none of it was sufficient mitigation to reduce it to low risk. As such, the Tribunal determined that the risk to public protection was medium in relation to Dr Taj's conviction.

44. The Tribunal has therefore determined that Dr Taj's fitness to practise is impaired by reason of his conviction.

Misconduct

45. The Tribunal then went on to consider the misconduct aspects of the Allegation.

Step 2A: legal basis for considering impairment

46. The Tribunal reminded itself of the findings made at Stage one, that Dr Taj had dishonestly failed to inform the GMC of his conviction, had dishonestly misrepresented his work history to the GMC and had dishonestly indicated to North Cumbria that he had no convictions to declare and that he had disclosed a minor incident to the GMC at the time of his registration.

47. In determining whether there was a legal basis for impairment, the Tribunal turned to the two-stage test for misconduct. First, by having regard to the paragraphs of GMP referred to by Mr Dyer. The Tribunal considered that paragraphs 1 and 65 as set out above and 66, 71 and 75(b) as set out below, were engaged in this case.

> *'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.

...

75 You must tell us without delay if, anywhere in the world:

a you have accepted a caution from the police or been criticised by an official inquiry

b you have been charged with or found guilty of a criminal offence

c another professional body has made a finding against your registration as a result of fitness to practise procedures.'

48. The Tribunal considered that Dr Taj's dishonest actions were a clear departure from those principles set out in GMP and clearly amounted to misconduct. It also considered that this misconduct, relating to dishonest representations to official bodies, amounted to serious misconduct. As such, the Tribunal determined that there was a legal basis for impairment.

Step 2B: spectrum of seriousness

49. The Tribunal considered its previous findings of three instances of dishonesty, taking place on two occasions 18 months apart, both in the context of disclosures on official forms.

50. The Tribunal rejected Mr Mahmood's submission that Dr Taj's dishonesty was a single incident. It considered it clear that Dr Taj's dishonesty was persistent and repeated. The Tribunal also considered that there was significant value to be gained by Dr Taj from his dishonesty as he was able to be registered with the GMC and subsequently attain employment in the UK.

51. The Tribunal was mindful that Dr Taj appears to have a history of failing to disclose his conviction, having not disclosed his conviction on his AHPRA registration form when applying for registration with AHPRA. In the Tribunal's judgment, in circling 'No' on the GMC registration application and North Cumbria Trust Declaration Form, and by misrepresenting his work history, Dr Taj showed a reckless disregard for professional standards of honesty and integrity and that he had undermined a system designed to protect the public. The Tribunal considered that Dr Taj's dishonesty to the GMC was particularly serious as this undermines a regulator whose purpose is to protect the public.

52. In light of this, the Tribunal determined that Dr Taj's misconduct was at the higher end of the spectrum of seriousness and that, therefore, the starting point for its assessment of the risk to public protection was high.

Step 2C – Relevant context

53. The Tribunal took account of Dr Taj's personal context at the time, which included XXX, his moving between Pakistan, Australia and the UK, and XXX. The Tribunal noted Dr Taj's evidence that at the time of completing his GMC registration form he was confused XXX.

54. The Tribunal understood this personal context to no longer be ongoing but, even if it had been, the Tribunal considered it would have attached limited weight to it. The Tribunal had regard to the findings it had made at Stage 1, in that Dr Taj was still able to work as a doctor in a private clinic in Pakistan at the time of completing the form, and therefore it did not consider that this personal context would have amounted to significant mitigation in the Tribunal's assessment. The Tribunal considered that this relevant personal context did not reduce the level of current and ongoing risk to public protection posed by the doctor.

Step 2D – How the doctor responded to the allegations

55. The Tribunal considered the MPT Guidance, in particular Paragraph 74 and 77 of the MPT Guidance as outlined above.

56. The Tribunal had regard to Mr Mahmood's submission that Dr Taj had now put strategies in place to ensure this conduct did not occur in the future and that he was a changed man. He had also given evidence that he understood he should have read the guidance or sought advice when completing the relevant forms. However, the Tribunal considered it had seen no objective evidence that Dr Taj had any insight into the seriousness of his dishonesty or its impact on patients, the public or the profession.

57. The Tribunal took account of the contents of his written testimony in which he stated;

> *'I do not consider myself to be impaired in any way or my ability to perform clinical tasks or that is necessary for the protection of members of the public or in the public interest for my registration to be restricted.'*

58. In the Tribunal's judgment, Dr Taj appeared to think that, because his misconduct was not in a clinical setting and did not impact patients, he could not be considered to be impaired. Whilst Dr Taj had acknowledged the facts of his dishonesty, the Tribunal considered that he had not shown insight into the wider potential impacts of his misconduct or the potential consequences of his actions.

59. The Tribunal also took account of the contents of his written testimony in which he stated;

> *'I can reassure the Tribunal that there is very little likelihood of further offences and have spent many days reflecting on the allegations and can be certain that I am extremely apologetic, regretful and remorseful of my actions, I have now devised strategies to ensure that I can deal with the issue in a structured manner i.e. discuss completing forms with other colleagues and organisations if I don't understand…'*

60. The Tribunal accepted that, whilst Dr Taj had provided some evidence about how he would act differently in the future and the measures he has put in place, it considered this was not sufficient to fully reassure the Tribunal that he would not act similarly in the future.

61. The Tribunal was concerned about Dr Taj's ongoing attempts to minimise his misconduct and reduce his level of culpability. For example, by suggesting that it was the responsibility of others to inform the GMC of his conviction on his behalf. Having found that Dr Taj lacked insight into his dishonesty, the Tribunal was unable to find that he had remediated his misconduct. In any event, the Tribunal considered it had seen no evidence of any remediation in relation to dishonesty.

62. In relation to the case of *Sawati*, the Tribunal reminded itself that Dr Taj having offered a defence to his case was not a bar to him having insight. However, the Tribunal considered that Dr Taj had not provided any evidence of any insight regarding the seriousness of dishonesty, nor of any reflection following its findings of fact.

63. The Tribunal had regard to Mr Dyer's submission asserting that Dr Taj had produced a bundle of documents in 2024 and falsely claimed it to have been sent to the GMC in 2018. The Tribunal considered that there was limited evidence regarding this and that it did not form part of the Allegation so the Tribunal should make no finding in relation to this.

64. In light of Dr Taj's lack of insight and remediation, the seriousness of his misconduct, his attempts to minimise that seriousness and its repeated nature, the Tribunal considered that the risk to public protection was not reduced by reference to either the context of the events or by Dr Taj's response to the Allegation.

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

65. The Tribunal, having regard to Dr Taj's lack of insight, his lack of remediation and his response to the Allegation considered there to be a concern about his failure to appreciate the gravity of the consequences arising from his dishonesty. His propensity for minimisation and deference of responsibility meant that the Tribunal could not be confident that Dr Taj was highly unlikely to repeat his misconduct in the future.

66. The Tribunal reminded itself that Dr Taj is entitled to offer a defence but considered that that defence lacked credibility. The fact of Dr Taj having offered a defence had no bearing on the Tribunal's decisions about his lack of insight.

67. The Tribunal considered each of the three limbs of public protection.

68. The Tribunal accepted there was no evidence of any clinical concerns and so did not consider the first limb, patient safety to be engaged in this case.

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

70. As to the third limb, professional standards, the Tribunal considered this limb also to be engaged and reminded itself of its earlier conclusion that Dr Taj's actions represented a serious departure from professional standards.

71. Regulators rely upon the honesty of registrants and the trustworthiness of applications. Dr Taj's dishonesty undermined this key mechanism designed to protect the public.

72. In all the circumstances the Tribunal concluded that, due to Dr Taj's lack of insight and the concerns about his underlying attitude of not appreciating the potential consequences and impact of his dishonesty, that the current and ongoing risk to public protection posed by Dr Taj is high in relation to his dishonesty.

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

74. Dr Taj's fitness to practise is therefore impaired by reason of both his conviction and his 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 to reaching a decision on sanction

2. The Tribunal received further evidence on behalf of Dr Taj including:

- Witness evidence from Dr B, former Consultant and clinical lead in Diabetes & Endocrinology, United Lincolnshire Teaching Hospitals NHS Trust, in person, who also provided a written witness statement dated 22 April 2026;
- Four CPD (Continuous Professional Development) certificates, various dates December 2025 to March 2026;
- Patient feedback dated August 2025.

3. Dr Taj also gave oral evidence at this stage of the proceedings and provided written reflections, undated.

Submissions

On behalf of the GMC

4. On behalf of the GMC, Ms Dawson, counsel, submitted that in respect of his convictions, Dr Taj has provided some reflection in respect of the impact of his offending on Person K, but that the Tribunal may consider that there remains a lack of detailed reflection as to the circumstances of each of the individual offences and analysis of why each of these offences occurred and what harm arose from each of the offences.

5. Ms Dawson submitted that the Tribunal previously found that there was little evidence of steps taken to address the underlying behaviour causing these offences other than the required anger management course, and stated it was not satisfied that it had seen objective evidence to suggest how Dr Taj would prevent similar conduct occurring in future. Ms Dawson noted that Dr Taj stated that the psychiatric care received following these incidents included addressing underlying behaviour, but there was no objective evidence of the same before the Tribunal.

6. Ms Dawson submitted that the Tribunal previously found that two limbs of public protection were engaged, namely the need to maintain public confidence and uphold professional standards, and that it may consider that its reasoning and findings in respect of this remain valid following consideration of Dr Taj's recent statement and oral evidence, and that Dr Taj's insight and remediation remain incomplete.

7. Ms Dawson submitted that in respect of Dr Taj's misconduct, the Tribunal had determined that there was no objective evidence of him having any insight into the seriousness of his dishonesty or its impact upon patients, the public or the profession. She submitted that the Tribunal had noted that previously Dr Taj had stated that he did not consider his practice to be impaired in any way and did not consider such a finding was necessary to protect members of the public or in the public interest, that he did not show insight into the wider potential impacts of his misconduct, and that he had continued to minimise his misconduct and had sought to place responsibility on others in that they ought to have informed the GMC. She submitted that in any event the Tribunal noted there had been no evidence of remediation in respect of Dr Taj's dishonesty.

8. Ms Dawson submitted that in respect of Dr Taj's dishonesty he now asserts that he understands the Regulator's function and the impact that his misconduct may have on their ability to protect the public, as well as the impact his misconduct may have on the public's trust in the profession. She submitted that Dr Taj states that having undertaken CPD in December 2025 and March 2026, he has been able to reflect on this and develop insight, but has not provided any specific written reflection upon what each of those courses entailed and does not appear to remember the nature of the first course.

9. Ms Dawson submitted that Dr Taj's assertions that he has now developed insight warrant scrutiny in light of the history of dishonesty on his part, and she invited the Tribunal

to consider again whether it can be reassured that this insight is genuine rather than paying 'lip-service' to the Tribunal's previous determination at the impairment stage.

10. Ms Dawson submitted that Dr Taj's lack of insight into the seriousness of the allegations has been apparent over a significant period of time and brings into question whether there is an underlying attitudinal problem or character flaw hampering his ability to develop insight and his ability to successfully remediate his dishonest misconduct. She submitted that whilst Dr Taj has begun the process of developing insight, the Tribunal may consider whether this is at present 'surface level' insight, and whether, in light of the persistency of Dr Taj's previous inability to demonstrate insight into the seriousness of his misconduct and conviction, there remains an inherent risk of repetition.

11. Ms Dawson submitted that this is a case of particularly serious dishonesty arising out of a background of not insignificant offending. She submitted that the Tribunal may consider its findings that Dr Taj's dishonesty was repeated across two separate occasions in time, to two professional bodies on official forms, and conclude that this undermines principles at the very heart of the profession and the public trust in doctors, and in the regulator who oversees them.

12. Ms Dawson submitted that this is a case where the sanctions bandings as set out in the *Guidance for MPTS tribunals (2025)* ('the Guidance') are applicable and that on the basis of the Tribunal's previous assessment of the risk to public protection the banding of 'suspension of 9 months – erasure' is applicable for dishonesty and a banding of 'suspension of 6 -12 months' is applicable for the conviction. She submitted that the Tribunal may therefore conclude that this is a case where the effect of Dr Taj continuing to hold registration is such that it will undermine the public confidence in the profession. She submitted that in all the circumstances, and in light of the relevant paragraphs of the Guidance, the proportionate sanction is one of erasure, as continued registration would significantly undermine both the public confidence in the profession and professional standards.

13. Ms Dawson submitted that in relation to the case *of GMC v Gilbert & PSA [2026] EWCA Civ 53* the purpose of guidance, of course, should not be to dictate to panels how they must proceed, but to assist them in making fair, consistent and transparent decisions. She submitted that the Tribunal should also have regard to the case of *Abbas v. General Medical Council [2017] EWHC 51 (Admin)* which sets out that in the context of deciding what sanction is appropriate, a finding of dishonesty is of particular significance, especially if it is persistent and combined with a lack of insight, and that in such circumstances, nothing short of erasure is likely to be appropriate. She submitted that plainly, the individual circumstances of the case must be considered and there can be no universal or inflexible rules in this context.

<u>On behalf of Dr Taj</u>

14. On behalf of Dr Taj, Dr Mahmood submitted that given that there had been a gap of over five months in proceedings, it was important that the Tribunal carry out an updated risk assessment of Dr Taj based on the information currently available. He submitted that the Tribunal had received the written reflections of Dr Taj, his oral evidence, the witness

statement and oral evidence of Dr B, patient feedback and certificates for courses which Dr Taj had completed.

15. Dr Mahmood submitted that the Tribunal had previously stated that it had heard little evidence in relation to the impact of Dr Taj's action on others, particularly Person K. He submitted that the offences go back over 10 years and that within the sentence was an element where Dr Taj was specifically involved in dealing with workshops relating to anger management, which he successfully completed at that time. He submitted that there had been no repetition of similar offending and no further convictions from that date onwards, and that no concerns have been raised by Dr Taj's current employer or any former employer post 2015 in respect to anything in a XXX or in a formal work setting.

16. Dr Mahmood submitted that the reason why the Tribunal had previously placed the matter at a medium level of risk to public protection was based upon the fact that it believed that Dr Taj had provided very little by way of information in respect to the impact that it had caused on Person K and the wider implications. He submitted that Dr Taj had now provided a reflection statement which sets out in detail the work that he has carried out in terms of reflecting on the specific issue of the criminal offence that was committed 10 years ago, and draws upon the specifics of what measures he has put in place in terms of addressing such behaviour. He submitted that the written reflections specifically deal with the issue of the impact that it had on Person K, the impact that it had on his profession, and what strategies he has employed, and that there has been insight and there has been remediation.

17. Dr Mahood submitted that after the Tribunal's earlier findings, Dr Taj has had the opportunity to spend time with Dr B, a very experienced doctor with over 43 years in practice, who has said that he has had several discussions with Dr Taj in respect to those issues, specifically in relation to the convictions and Dr Taj's minimisation, and that the Tribunal should give appropriate weight to his evidence. He submitted that Dr B made reference to Dr Taj's clinical expertise and the view that has been taken of him by the hospital where he works. He submitted that in respect of the measures taken by Dr Taj, Dr B gave evidence that it was Dr Taj's idea that he should have a reflection log and that he was in support of the idea.

18. Dr Mahmood submitted that Dr Taj has completed two courses on probity and ethics and that during his oral evidence, Dr Taj explained what the courses were about, what he had learned, and what the outcomes were. He submitted that it is not simply 'paying lip service' as suggested by the GMC, but that Dr Taj is an individual who has gained insight, who has remediated and that in terms of the level of risk, the ongoing and current risk to public protection is reduced.

19. Dr Mahmood submitted that in respect of the 14 convictions that took place in 2010, based upon the remediation, the insight, and the courses completed, the risk to public protection is now low.

20. Dr Mahmood submitted that in relation to the dishonesty, Dr Taj has now fully accepted the findings of the Tribunal, has had discussions with Dr B and has explained in detail what he has gone through.

21. Dr Mahmood submitted that the case of *GMC v Gilbert & PSA [2026] EWCA Civ 53* provides important clarification on how the sanction guidance should be applied to fitness to practise procedures in that it is a framework for structured reasoning, not a formula that mechanically dictates outcome or requires the tribunal to escalate sanctions in a linear or automatic way.

22. Dr Mahmood submitted that in terms of insight and remediation, evidence of genuine learning and change can justify a suspension in this case rather than removal from the Medical Register. He submitted that Dr Taj has demonstrated insight and remediation through the courses that he has completed, the reflection log, and the interactions that he has had with Dr B, and that the risk of repetition is low in terms of the conviction. He submitted that whilst Dr B has now retired he would be happy to provide any support measures to Dr Taj and would continue mentoring him.

23. Dr Mahmood submitted that in respect of dishonesty, the previous position of the Tribunal was that there was a high level of risk to public protection, but that based upon the remediation and insight demonstrated, the risk should now be considered as medium. He submitted that therefore, in line with the Guidance, this case falls under the sanction umbrella of suspension of three to nine months.

24. Dr Mahmood submitted that in terms of the conviction the Tribunal previously assessed that as a medium level of risk to public protection, but that should now be considered as low risk based upon the fact that it was 10 years ago, and that Dr Taj now has insight in terms of the impact that he has had upon Person K, the family, the Regulator, and that there is no risk of repetition.

25. Dr Mahmood submitted that for all these reasons and in light of an updated risk assessment, a period of suspension was the appropriate sanction in this case and erasure was not necessary or proportionate.

The Tribunal's Approach

26. The Tribunal had regard to the relevant sections of the MPTS Guidance.

27. In making its decision, the Tribunal had regard to the principle of proportionality, and it weighed Dr Taj's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of a sanction is not to punish the doctor, although any sanction imposed may have a punitive effect. However, case law makes clear that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

28. In making its decision on sanction the Tribunal has to consider what in light of its findings of impairment is the proportionate response needed to protect the public. The Tribunal had determined that the second and third limbs of public protection were engaged in this case, and it has now to consider what regulatory action, if any, is needed to protect the public. The Tribunal referred to the sanctions banding(s) as set out in Part C of the MPTS Guidance and considered the level of current and ongoing risk the doctor poses to public protection. It also considered the impact of any specific sanction type, where applicable, and any other relevant factors or information that would inform its decision.

29. This hearing adjourned part-heard on 19 December following the announcement of the Tribunal's determination on impairment and reconvened with a differently constituted Tribunal to consider sanction on 7 May 2026. As such, it considered any new evidence which may impact the level of current and ongoing risk to public protection in line with the Guidance.

30. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

31. The Tribunal also had regard to the cases of *GMC v Gilbert & PSA [2026] EWCA Civ 53* and *Abbas v. General Medical Council [2017] EWHC 51 (Admin)* as raised by the parties in their submissions. The Tribunal also had regards to the case of *Naheed v GMC [2011] EWHC 702 (Admin)* in which it was decided that erasure was likely to be the appropriate sanction for cases of persistent dishonesty where there was lack of insight; the case of *Belal v GMC [2011] EWHC 2859 (Admin)* a case which emphasised the gravity of dishonesty in regulatory proceedings; and the case of *Atkinson v GMC [2009] EWHC 3636 (Admin)* a case in which it was stated that dishonesty does not always mandate erasure; mitigating factors may justify a lesser sanction.

The Tribunal's Determination on Sanction

32. As set out above, due to the lapse of time between the impairment and sanction stage, the Tribunal first conducted an updated assessment of the current and ongoing risk to public protection posed by the doctor, taking into account any additional evidence.

33. The Tribunal first considered the current level of risk in respect of Dr Taj's criminal conviction. At the impairment stage, the Tribunal determined that the risk to public protection was medium in relation to Dr Taj's conviction, and that the second and third limbs of public protection were engaged. It considered that a doctor making a threat to kill breached a fundamental tenet of the profession and that a member of the public would be shocked if no finding of impairment were made in such circumstances. It also considered that the need to uphold proper professional standards was engaged in this case.

34. In respect of Dr Taj's misconduct, the Tribunal found at the impairment stage that Dr Taj showed a reckless disregard for professional standards of honesty and integrity and that

he had undermined a system designed to protect the public. The Tribunal considered that Dr Taj's dishonesty to the GMC was particularly serious as it undermined a Regulator whose purpose is to protect the public. The Tribunal had also concluded that the second and third limbs of public protection would be undermined were a finding of impairment not made, and that the risk to public protection was high.

35. The Tribunal received written reflections from Dr Taj, who also gave oral evidence at this stage of proceedings, and also received evidence from Dr B on his behalf.

36. Dr Taj's evidence was that he now understood and accepted the seriousness of his convictions and the findings against him, stating that he now fully understands and accepts that he has downplayed these convictions in his previous explanations and that he was truly apologetic for that. He also stated that he appreciates the impact and harm caused to Person K due to his behaviour.

37. Dr Taj informed the Tribunal that he intends to keep a reflective log going forwards, and Dr B's evidence was that he had discussed this with him. However, in his oral evidence, Dr Taj confirmed that no events have arisen which would warrant inclusion in such a log and that the log does not as yet exist. The Tribunal considered that Ms Dawson had put it to Dr Taj during his oral evidence that he had not been presented with similar circumstances since the events. Dr Taj responded that there had been circumstances in XXX where disagreements or 'certain arguments' had occurred but that he had managed to resolve them 'very peacefully, very calmly', and that nothing had ever gotten 'out of hand' XXX.

38. The Tribunal was of the opinion that such instances or examples could have been included in his reflective log, and that Dr Taj could have elaborated more on the strategies he has developed in relation to anger management and how he would employ these strategies in similar circumstances. The Tribunal did accept that the lapse of time since the events, now over 10 years ago, with no repetition of similar incidents, did somewhat reduce the risk, but considered that this had been factored into the assessment of risk at the impairment stage.

39. The Tribunal acknowledged that it had received further evidence from Dr Taj, both written and oral and had heard evidence from Dr B on his behalf. It was provided evidence of two courses undertaken by Dr Taj but he was unable to provide the Tribunal sufficient detail of the content of the courses, what he had learned or how he had reflected on and applied this. The Tribunal also considered that the XXX and rehabilitation programme undertaken by Dr Taj were part of his sentence. The Tribunal also received no evidence of any extra counselling undertaken by Dr Taj in relation to anger management beyond what was done as part of his sentence.

40. The Tribunal considered that Dr Taj had moved on somewhat from his position of minimising his convictions and had started to demonstrate some insight into the findings against him. However, the Tribunal's conclusion based on the evidence given by Dr Taj was that he still does not seem to fully appreciate the seriousness of the findings against him

arising in XXX. He seemed to be of the view that it was a 'private matter' given that it had occurred XXX.

41. In respect of the evidence of Dr B and the suggestion that his mentorship would assist Dr Taj and reduce the risk of repetition, the Tribunal noted that Dr Taj has known Dr B for some time and Dr B was Dr Taj's mentor earlier in the proceedings when Dr Taj provided accounts which were found by the Tribunal to be inaccurate, unconvincing and lacking in credibility. Therefore, the Tribunal attributed the mentoring relationship little weight in its updated assessment of the risk to public protection.

42. Overall, the Tribunal determined that the impact of Dr Taj's further evidence on the assessment of risk to public protection was minimal and whilst acknowledging that there was some development of insight and steps to remediate, the Tribunal determined that this was limited and insufficient to reduce the assessed risk in respect of either his convictions or his misconduct.

Sanction

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

44. The different case types under consideration here are:

- Case Type 2: Dishonesty;
- Case Type 3: Violent or abusive behaviour; and
- Case Type 8: Criminal convictions

45. In reaching its decision on the appropriate sanction, the Tribunal had regard to paragraphs 96 – 100 of the MPTS Guidance Introduction Document on Dishonesty Case Types, which state:

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

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*

Suspension up to 3 months	*Suspension 3 to 9 months*	*Suspension 9 months to Erasure*

99. In dishonesty cases, evidence about the impact of a specific type of restrictive action and references and testimonials will have limited, if any, relevance to the MPT's decision about what sanction is appropriate.

100. For dishonesty cases involving a criminal conviction or caution, the MPT should also refer to the specific case type section Criminal convictions, cautions, court sanctions and determinations. Where there is more than one type of proven allegation, the MPT should impose the sanction that addresses the risk posed by the most serious findings.'

46. It also had regard to paragraphs 117 – 121 of the same document which state in relation to Case Types involving allegations of violent or abusive behaviour:

'117. The proportionate sanction in response to an allegation of violent or abusive behaviour 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.

118. Where the level of current and ongoing risk to public protection is medium or high, this will require consideration of suspension or erasure.

119. When deciding on sanction, the MPT should consider the sanctions banding for cases of violent or abusive behaviour in Part C of Section 3: MPT hearings.

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*
Suspension up to 3 months	*Suspension 3 to 12 months*	*Suspension 12 months to Erasure*

120. In these cases, evidence about the impact of a specific type of restrictive action and references and testimonials will have limited, if any, relevance to the MPT's decision about what sanction is appropriate.

121. For cases involving a criminal conviction or caution, the MPT should also refer to the specific case type section Criminal convictions, cautions, court sanctions and determinations. Where there is more than one type of proven allegation, the MPT should impose the sanction that addresses the most serious findings.'

47. Further, the Tribunal had regard to paragraphs 249, 250, 253, 254 and 256 of the same document, which state in relation to Case Types involving criminal convictions:

'249. The proportionate sanction in response to an allegation relating to a conviction, caution, court sanction or determination 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.

250. Where the level of current and ongoing risk to public protection is medium or high, this will require consideration of suspension or erasure.

253. When deciding on sanction, the MPT should consider the sanctions banding for conviction, caution, court sanction and determination cases in Part C of Section 3: MPT hearings.

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*
Conditions up to 12 months to Suspension up to 3 months	*Suspension 6 to 12 months*	*Suspension 12 months to Erasure*

254. In conviction, court sanction and determination cases falling at the higher end of the spectrum of seriousness, evidence about the impact of a specific type of restrictive action and references and testimonials, will have limited, if any, relevance to the MPT's decision about what sanction is appropriate.

256. For convictions, cautions or determinations relating to …, Dishonesty, Violent or abusive behaviour, …, reference should also be made to the guidance and bandings set out in the relevant specific case type section. Where there is more than one type of proven allegation, the MPT should impose the sanction that addresses the most serious findings.'

48. Dr Taj's case involves more than one type of proven allegation, the MPTS Guidance provides that in such circumstances, MPT should impose the sanction that addresses the most serious findings. The Tribunal determined that in Dr Taj's case, the most serious findings were for the dishonesty matter.

49. The MPTS Guidance indicates that for cases of dishonesty falling at the higher end of the level of risk to public protection, as determined by the Tribunal in Dr Taj's case, suspension for a period of 9 months to erasure should be considered.

50. The Tribunal acknowledged the cases of *Gilbert* and *Abbas*, and was satisfied that it was a decision for the Tribunal as to what was the appropriate sanction taking into account all the evidence and the *indicative* sanctions banding set out in the Guidance.

51. The Tribunal then went on to consider the possible sanctions in ascending order, starting with the least restrictive.

No action

52. The Tribunal first considered whether to take no action.

53. It determined that there were no exceptional circumstances in this case which could justify it taking no action. It considered that neither party had submitted that to take no action would be appropriate or proportionate in the circumstances of this case and that this fell well below the indicative sanction banding.

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

Conditions

55. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Taj's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

56. It considered the parties' submissions in relation to conditions and had regard to the MPTS Guidance relating to conditions.

57. The Tribunal concluded that conditions would not be appropriate or proportionate given the nature of its findings, nor would they mark the seriousness of the findings or uphold the second and third limbs of public protection.

Suspension

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

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

59. The Tribunal considered that paragraph 44 of the Guidance was applicable in that a period of suspension would send a message that such behaviour is unacceptable and would have a deterrent effect.

> *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.

60. The Tribunal considered paragraphs 45(a) and (b) of the Guidance. It has determined that conditions are not appropriate, measurable and/or workable. The level of current and ongoing risk to public protection in Dr Taj's case is such that it cannot be safely managed with conditions.

61. In relation to paragraph 45 (c), the Tribunal determined that the level of current and ongoing risk to public protection in Dr Taj's case is such that, although patient safety is not an issue, a sanction of suspension is not an adequate sanction to maintain public confidence in the profession and to maintain professional standards.

62. The reasons for the Tribunal's decisions are set out below.

63. Suspension will be appropriate for conduct that is serious but which falls short of being fundamentally incompatible with continued registration. In this case the Tribunal found that Dr Taj had been persistently dishonest in applications completed with his Regulator. He had also maintained that dishonesty in the Tribunal proceedings at the fact finding and impairment stages.

64. Established legal principles from a number of cases such as those set out above show that erasure is likely to be the appropriate sanction to mark the gravity of such conduct especially where there is limited evidence of insight. The Tribunal found no mitigating factors to depart from that in Dr Taj's case.

65. The Tribunal found limited evidence of insight and remediation. Even though Dr Taj now accepts that he was dishonest, the Tribunal does not consider his insight coming so late in the day to be convincing.

66. Suspension may be appropriate where there has been an acknowledgment of fault and where the Tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The Tribunal concluded that given the persistent history of dishonesty in Dr Taj's case, there remains a significant risk of repetition. Dishonesty is an attitudinal problem that may be more difficult to remediate. It represents in Dr Taj's case a serious departure from GMP.

67. The Tribunal therefore determined that suspension was not an appropriate sanction in this case.

68. The Tribunal found that there remained limited evidence of insight and remediation, and in light of the persistence of Dr Taj's dishonesty, that such deep-seated attitudinal misconduct was difficult to remediate. Despite Dr Taj's assertions that he now accepted the Tribunal's findings and understood the importance of honesty, the Tribunal considered that there remained in his case an ongoing risk of repetition and risk to public protection remained.

69. In respect of Dr Taj's dishonesty, the Tribunal found limited evidence of insight and remediation. Dr Taj stated that he now understands the Regulator's function and the impact that his misconduct may have on their ability to protect the public, as well as the impact his misconduct may have on the public's trust in the profession. He submitted he had undertaken CPD courses in December 2025 and March 2026, and that he had reflected on this and developed some insight. However, he could not provide any specific written reflection upon what each of those courses entailed and did not appear to remember the nature of the first course.

70. The Tribunal determined that, in light of its earlier findings, suspension would not be appropriate or proportionate, and would fail to uphold the overarching objective, particularly in light of the serious and persistent nature of the misconduct found and the limited evidence of insight and remediation. as continued registration would significantly undermine both the public confidence in the profession and professional standards.

Erasure

71. The Tribunal then went on to consider whether erasure would be the appropriate and proportionate sanction in the circumstances of this case. In doing so it bore in mind paragraphs 56 and 57 of the Guidance, namely:

> *56. Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*
>
> *57. Erasure may be the proportionate response where:*
>
> > *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> > *b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> > *c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*

d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.

72. The Tribunal determined that Dr Taj had demonstrated repeated and persistent dishonesty over a significant period of time to prospective employers and his Regulators in relation to his work history and convictions. It also found that he had shown a persistent lack of insight into the seriousness of his behaviour and its consequences.

73. The Tribunal was not convinced by Dr Taj's assertions at this late stage that he now understood the importance of honesty and would not repeat such behaviour, and concluded that his actions reflected a deep-seated and attitudinal tendency. The Tribunal was not satisfied that Dr Taj had demonstrated that he had the ability or motivation to develop the necessary insight or remediation to address the serious concerns identified or the high level of ongoing risk to public protection.

74. The Tribunal balanced proportionality in reaching its determination. There is a public interest in retaining good doctors and Dr Taj's clinical practice was not under criticism. However, being a good doctor includes matters not restricted to clinical practice alone. Dr Taj has now come before his Regulator for serious breaches of integrity and seriously departing from GMP. Dishonesty is a serious issue. It is a separate issue from clinical acumen. Dr Taj's attitude and inability to uphold basic standards and his lack of integrity are such that proportionality firmly falls towards his name being erased from the medical register in order to uphold the Overarching Objective, particularly given the identified risk of repetition.

75. The Tribunal was mindful of the negative signal it would be sending to the public were Dr Taj allowed to remain on the Medical Register especially due to the low level of insight he has shown. The public are entitled to expect better from doctors. Other medical professionals are entitled to expect more of their colleagues.

76. The Tribunal concluded that given the seriousness of its findings and in light of the Guidance, the sanction of erasure was appropriate and proportionate in this case. No other sanction would be sufficient to meet the Overarching Objective. The Tribunal was satisfied that any lesser sanction would fail to maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

77. Accordingly, the Tribunal determined that Dr Taj's name be erased from the Medical Register.

Determination on Immediate Order - 12/06/2026

1. Having determined that Dr Taj's name should be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of suspension.

Submissions

2. Ms Dawson submitted that in light of the Tribunal's findings at sanction stage, the Tribunal may feel an immediate order is required. She referred the Tribunal to the relevant paragraphs of the Guidance which deal with imposing an immediate order. She added that public protection and the need to maintain public confidence in the profession are engaged in this case and reminded the Tribunal of its finding in respect of this. Further, Ms Dawson reminded the Tribunal of its findings at the earlier stages of the proceedings, and in particular, that there was a significant risk of repetition in this case.

3. Ms Dawson advised that there is no interim order to be revoked.

4. Ms Dawson submitted that there is no power for the Tribunal to postpone the 28- day period for the substantive direction to take effect. The substantive direction, as already announced, will take effect 28 days from today, unless an appeal is made in the interim.

5. Ms Davin submitted that in light of the Tribunal's findings and its decisions, Dr Taj requested time to manage his affairs and manage his patients' affairs and take the appropriate departure from the profession in a suitable manner. She invited the Tribunal to allow the doctor a six weeks period to achieve this. Ms Davin acknowledged the Tribunal's findings in relation to public protection. She asked the Tribunal to take into account its findings that Dr Taj has undertaken some reflection and remediation. Ms Davin submitted that, in the circumstances of this case, an immediate order is not necessary, given that Dr Taj has shown to the Tribunal that the risks identified in this case can be alleviated. She reminded the Tribunal that Dr Taj had made his employer aware of these proceedings and the possible outcome, including suspension and erasure, adding that his employer had agreed to wait until the outcome of these proceedings was known before putting in place a replacement for Dr Taj.

6. Ms Davin submitted that allowing Dr Taj to continue to work in the interim period before the sanction of erasure takes effect would be of benefit both to the public as well as Dr Taj, adding that this period is capable of maintaining the public's interest and confidence in the profession.

The Tribunal's Determination

7. Pursuant to section 38(1) of the 1983 Act, on giving a direction for erasure or suspension under section 35D (2) of the Medical Act 1983, the Tribunal may impose an immediate order (suspension in this case) if it is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest.

8. The Tribunal had regard to the submissions made by the parties.

9. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance dealing with Immediate Orders.

> *' 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.17 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.*
>
> *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.*
>
> *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.'

10. The decision whether to impose an Immediate Order is at the discretion of the Tribunal based on the facts of the case. When deciding whether to exercise its discretion to impose an immediate order, the Tribunal is required to consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.

11. The MPTS Guidance (paragraph 84 states in subsections (b) and (c)) that it will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where the risk to one or more parts of public protection is high, and/or immediate action is needed to maintain public confidence in the medical profession.

12. The Tribunal reminded itself of the findings made in Dr Taj's case at the fact-finding, impairment and at the sanction stage including the updated risk assessment conducted at the sanction stage.

13. The Tribunal determined in this case that there was no issue of patient safety. The Tribunal determined that given the seriousness of the proved allegation, and the fact that the risk to one or more parts of public protection remained high after its updated risk assessment, immediate action was needed to maintain public confidence in the medical profession.

14. The Tribunal determined in this case that Dr Taj was persistently dishonest. He was dishonest to his employers when applying for work, dishonest to his Regulators, and omitted to declare the fact that he had criminal convictions. The Tribunal concluded that this undermined fundamental tenets of the medical profession and amounted to a serious breach of GMP. The Tribunal determined that Dr Taj had demonstrated limited evidence of insight and remediation. Such dishonesty on the part of Dr Taj was maintained throughout the fact-finding and impairment stages. The Tribunal concluded limited evidence of insight and remediation and his expressions of a change of heart at sanction stage were considered by the Tribunal to be unconvincing.

15. The Tribunal considered the interests of Dr Taj and the submissions made by Ms Davin on his behalf about the impact of a sanction on him and on the wider medical profession.

16. The Tribunal considered its findings at previous stages in relation to Dr Taj's case. The Tribunal also had regard to the sanction determination. The MPTS Guidance states that it would not usually be appropriate for a practitioner to hold unrestricted registration where the risk to one or more parts of public protection is high and/or immediate action is needed to maintain public confidence in the medical profession. The Tribunal was mindful that at the sanction stage, it had considered the impact of any sanction on Dr Taj and on the wider public. The Tribunal acknowledges the loss to the medical profession of someone described by his peers and patients as a good clinician and it also recognises the effect that erasure will have on Dr Taj and on his patients. However, it noted that Dr Taj's interest is outweighed by the public interest in

maintaining public confidence in the medical profession and promoting and maintaining high standards.

17. In the light of its findings, the Tribunal assessed the level of current and ongoing risk posed to public protection to be high, in relation to the second and third limbs of the overarching objective of public protection. The Tribunal concluded that there remains a significant risk of repetition of his dishonesty. Furthermore, the Tribunal has no power to postpone the 28 day period for the substantive direction to take effect to 6 weeks as requested on behalf of Dr Taj.

18. The Tribunal therefore concluded that an immediate order is necessary in Dr Taj's case to uphold and maintain professional standards in the medical profession and to maintain public confidence in the medical profession. It considered 84(b) and (c) above to be of particular relevance in this respect. The Tribunal considered that the only way to manage the current and ongoing risk is to impose an immediate order otherwise public confidence in the medical profession could be undermined and it would fail to promote and maintain high standards.

19. This means that Dr Taj's registration will be suspended with immediate effect (as he is present at this hearing) in accordance with section 38(5) of the 1983 Act (and see paragraph 86 of the MPTS Guidance, Section 3). The substantive direction, as already announced, will take effect 28 days from today, unless an appeal is made in the interim. If an appeal is made, the immediate order of suspension will remain in force until the appeal has concluded.

20. The Tribunal noted that there is no interim order to revoke.

21. That concludes the case.

ANNEX A – 12/06/2026

Application to Admit Evidence – Rule 34(1)

1. On day 13 (11 June 2026), Ms Davin, Counsel for Dr Taj, made an application pursuant to Rule 34(1) of the (Fitness to Practise) Rules 2004 ('the Rules') to adduce further evidence.

2. The Tribunal noted that the further evidence was an email, dated 26 May 2026, in which Dr Taj set out further reflections in relation to his conviction and misconduct, and included details of steps he had taken to address the matters before the Tribunal. The Tribunal was also made aware that on the morning of 11 June 2026, Dr Taj had provided further information which included certificates of CPD courses he had completed and two testimonials from his clinical colleagues including one from a consultant, Dr L, dated 10 June 2026.

Submissions

On behalf of GMC

3. Ms Dawson, counsel for the GMC, provided some context to the nature of the additional documents and her previous communication to the Tribunal earlier on 11 June 2026. Earlier she had stated that the reflective statement of Dr Taj was already before the Tribunal.

4. Ms Dawson advised that there had been a change in legal representation for Dr Taj since May 2026. She stated that at the time the reflective statement was provided to the GMC, it was unclear to the GMC whether Dr Taj was still represented by Dr Mahmood at that stage or not.

5. She explained that it was not clear to the GMC whether Dr Mahmood was still acting for Dr Taj and that is why the GMC provided the reflective statement to Dr Taj's current legal representatives.

6. She first indicated that the GMC's position was neutral on the question as to whether the reflective statement should be admitted. She said that the GMC would simply observe that submissions had already been provided to the Tribunal on sanction on 8 May 2026 and it was not envisaged that additional documents would be provided in relation to stage three. She added that there had been a significant adjournment period prior to consideration of stage three, as well as the fact that Dr Taj gave written and oral evidence at the sanction stage. Ms Dawson submitted that these are factors the Tribunal may take into account when considering this issue.

7. She first indicated that the GMC were neutral as to whether the Tribunal wished to admit the additional evidence provided by Dr Taj but later revised her position as set out below.

8. She informed the Tribunal that submissions were already made by the parties at Stage 3. It was not envisaged that additional documents would be provided during the period of the adjournment. She submitted that there was a significant adjournment of the proceedings prior to Stage 3. Stages 1 and 2 concluded in December 2025. Stage 3 was listed for early May 2026.

9. She submitted that at Stage 3, Dr Taj gave evidence and he provided oral and written submissions to the Tribunal through his legal representatives. She submitted that if the Tribunal wished to take further documents from Dr Taj, in terms of fairness, the GMC should be allowed to make further representations in relation to any additional documents or submissions.

10. She stated that in terms of the further character references, the testimonial of Dr L was dated 10 June 2026, just 1 day before the resumed hearing. Ms Dawson submitted that the GMC has not had the opportunity to verify or check the character reference as is required.

11. She submitted that if the statement of Dr L is admitted, the GMC will not be able to test the evidence or to cross-examine its author. The GMC would ordinarily wish to be given the opportunity to check the contents of the statement and its author and to cross-examine the witness to find out what the witness knows about the proceedings that Dr Taj is facing before this Tribunal. She reminded the Tribunal of the cross-examination of Dr B, another character referee put forward by Dr Taj. She alluded briefly to the matters that came out of the cross-examination of Dr B.

12. She submitted that the GMC objects to the evidence being admitted late. She stated that the new evidence relates to the same issues that Dr Taj has had ample opportunity to provide evidence to the Tribunal about. In relation to the additional documents relating to Dr Taj's courses completed and the testimonials, Ms Dawson submitted that, with the exception of the testimonial dated 10 June 2026, the GMC's position was that these documents have already been provided to the Tribunal. Admitting these now would simply be duplicating material already before the Tribunal.

13. In relation to the testimonial dated 10 June 2026, Ms Dawson submitted that the GMC opposed this document being admitted into evidence. She explained that the GMC had not had the opportunity to follow its usual processes, which included verifying the authenticity and legitimacy of the testimonial, nor had it had the opportunity to test the evidence by way of cross examination, as it had done with other witness testimonials at the previous stages.

14. She submitted that the Tribunal has a duty to ensure fairness to both parties. She stated it would not be in the interests of justice to admit the evidence of Dr L late.

On behalf of Dr Taj

15. Ms Davin submitted that she represents a new solicitors' firm that has just been instructed by Dr Taj. He was formerly represented in these proceedings by Dr Mahmood.

16. She stated that those instructing her were only provided with the reflective statement of Dr Taj this afternoon by the GMC.

17. On behalf of Dr Taj, Ms Davin did not oppose the GMC's position in relation to the additional documents relating to the courses Dr Taj had completed or the testimonials which had already been placed before the Tribunal. However, Ms Davin submitted, in relation to the testimonial dated 10 June 2026, that this should be admitted into evidence. She submitted that this demonstrated the steps Dr Taj had continued to take to address the misconduct matters.

18. The Tribunal afforded Dr Taj the opportunity to explain why the document had been provided so late. Dr Taj explained that when he met with his new legal representative, he was asked whether he had any character references that he wished to put before the Tribunal or if there was anything he wished to provide in support of his case. He said that as a result, he provided the reflective statement. He was asked if the new solicitors were advised of the stage the proceedings had reached. He said they were aware.

The Relevant Legal Principles

19. The Tribunal had regard to Rule 34(1) which states:

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

20. In summary, the Tribunal was reminded that it should have regard to Rule 34(1) of the Rules which gives the Tribunal the discretion to admit any evidence it considers fair and relevant to the case before it. Further, that the Tribunal should, in exercising its discretion, balance the interests of the parties, ensure fairness to all parties, and ensure that any decision reached is in the interests of justice.

21. The Tribunal should consider the following factors:

(i) The nature of the evidence;
(ii) The reason(s) provided by the party seeking late admission of the evidence;
(iii) The consequence on that party's case of admitting or refusing the evidence;

(iv) The interests of the other party and how late admission of this evidence is likely to affect that party's own case - does it cause any potential prejudice, can any such prejudice be remedied.

22. In reaching its decision, the Tribunal should seek to balance the interests of both sides, ensure fairness and act in the interests of justice.

The Tribunal's Determination

23. The Tribunal was mindful that there had been a significant gap between the conclusion of the impairment stage and the sanction stage, of some five months. It was of the view that this provided Dr Taj with an ample opportunity and sufficient time to provide any further evidence of insight and remediation, and to make further representations about steps taken by him to address his behaviour.

24. The Tribunal noted that the sanction hearing in this case commenced when the Tribunal reconvened on 7 May 2026 and the Tribunal then adjourned on 8 May 2026 in camera to consider what, if any, sanction to impose on Dr Taj's registration. It was not envisaged by the Tribunal or any of the parties that additional evidence would be provided to the Tribunal. Throughout the fact-finding, impairment and sanction stages Dr Taj has been legally represented.

25. At the sanction stage, Dr Taj and some of the witnesses called by the defence gave oral evidence and were cross-examined on their evidence by the GMC. Thereafter, both the GMC and Dr Taj gave oral and written submissions. Dr Taj in his evidence and submissions before the Tribunal in May 2026 spoke about a reflective statement and he was questioned by the GMC and also by the Tribunal Members about it.

26. The Tribunal noted that Dr Taj's reflective statement is dated 26 May 2026 which is some eighteen days after the Tribunal had retired in camera to consider its determination on sanction.

27. Dr Taj provided character references at Stage 3 of the proceedings. Some of the witnesses who gave character evidence for Dr Taj were questioned by the GMC and the Tribunal.

28. The Tribunal noted that the witness statement of Dr L is dated 10 June 2026.

29. The Tribunal has considered the submissions made on behalf of Dr Taj and the GMC.

30. It concluded that Dr Taj had had ample opportunities in this case to put forward any evidence of insight and/or remediation. He gave evidence at Stage 3 and both oral and written submissions were made on his behalf by his then legal representative, Dr Mahmood.

31. The Tribunal noted that the Sanction hearing took place about 4 – 5 months after the conclusion of Stages 1 and 2. Dr Taj had provided an extensive bundle comprising evidence of CPD courses undertaken by him, some character references, testimonials, and patient feedback forms to the Tribunal, which were considered by the Tribunal.

32. The Tribunal noted that no good reason had been put forward by Dr Taj or his legal representatives for the late submission of the reflective statement of 26 May 2026, the additional character references or certificates of CPD courses undertaken by Dr Taj.

33. The Tribunal noted that the witness statement of Dr L has been made by the author after cross-examination of another character referee was conducted at the last hearing in May 2026. During that hearing a number of issues arose in relation to the character references obtained by Dr Taj.

34. The GMC has not yet had the opportunity to test the evidence of any additional character referees in cross-examination. It has not been able to verify the additional character references. It has not had the opportunity to check the contents or to ascertain whether the authors know the details of the matters that Dr Taj is facing before this Tribunal.

35. Allowing the reflective statement now on the one hand could benefit Dr Taj by allowing him to introduce fresh matters but in all the circumstances it could risk potential unfairness to the GMC and cause prejudice.

36. Similarly allowing the additional character references could benefit Dr Taj but in all the circumstances of the case and given the stage of the proceedings could risk unfairness to the GMC and cause potential prejudice due to reasons outlined in this decision.

37. Once the GMC had conducted relevant checks and taken steps to verify the character reference and contents, it has indicated it would wish to cross-examine the witness. The Tribunal would then need to invite submissions from the GMC and Dr Taj and would then have to re-consider its determination in the light of any new matters raised.

38. The Tribunal concluded that Dr Taj has had ample time and opportunity to consider what evidence he wished to place before the Tribunal in relation to stage three, whether that relates to insight or remediation. Further, the Tribunal took into account the fact that Dr Taj has been legally represented at all stages and he received legal advice from his legal representatives and information from the Tribunal as to the different stages of proceedings and what was required.

39. Furthermore, the Tribunal took into account that Dr Taj provided both oral and written submissions and he gave oral evidence of steps taken towards remediation at stage three of the proceedings. There was no good reason identified by the Tribunal for why this reflective statement by Dr Taj, the certificate of CPD courses or the additional character references were not provided to the Tribunal at an earlier stage in the proceedings.

40. In relation to additional evidence of CPD courses, the Tribunal had received evidence of CPD courses undertaken by Dr Taj earlier in the proceedings. No good reason was identified by the Tribunal for late submission of this evidence.

41. The Tribunal concluded that to admit the additional evidence late in this case would be unfair to the GMC and that it would not be in the interests of justice.

42. Accordingly, the Tribunal determined to refuse the application made by Ms Davin on Dr Taj's behalf to admit additional evidence.

Schedule 1

1. XXX;
2. offending behaviour program/s as directed;
3. any XXX and rehabilitation as directed;
4. anger management and/or men's behavioural change.

Schedule 2

1. XXX