PUBLIC RECORD

Dates: 03/08/2026 - 05/08/2026

Doctor:	Dr Shaz Zafar KHAN
GMC reference number:	7473662
Primary medical qualification:	MBBS 2013 Baqai Medical University - Baqai Medical College

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Tamina Greaves
Lay Tribunal Member:	Mr David Raff
Registrant Tribunal Member:	Dr Kamran Shahid

Tribunal Clerk:	Joel Taylor-Garratt

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Ged Doran, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts - 03/08/2026

Background

1. Dr Khan qualified as a doctor in 2013.

2. The allegations that have led to Dr Khan's hearing relate to his conduct. It is alleged by the General Medical Council that, having been charged with a criminal allegation of sexual assault against a patient, Dr Khan failed to attend the Nottingham XXX Magistrates Court on 13 April 2022, deliberately absenting himself from engaging in a formal enquiry. It is alleged that Dr Khan failed to appear in court and a warrant was issued for his arrest.

3. The initial concerns were raised with the GMC on 24 December 2020 when Dr Khan self-referred to the GMC, confirming that a patient had made an allegation of sexual assault against him.

The Outcome of Applications made during the Facts Stage

4. Dr Khan did not attend the hearing and was not represented. The Tribunal determined that service had been effected and that it was fair to proceed in Dr Khan's absence. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

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

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

1. Having been charged with the criminal allegation as set out at Schedule 1 and requisitioned to attend the Nottingham XXX Magistrates court on 13 April 2022:

a. you failed to appear at court; To be determined

b. a warrant for your arrest was issued pursuant to Section 13 of the Magistrates Act 1980. To be determined

2. In acting in the manner described at paragraph 1 you deliberately absented yourself from further engaging in a formal enquiry regarding the criminal allegation set out at Schedule 1. To be determined

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

Witness Evidence

6. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from the following witness, who was not called to give oral evidence:

- Mr B, GMC Investigation Adviser, whose statement was dated 26 February 2026

7. Dr Khan did not provide a witness statement. As he was absent, he did not challenge any aspect of the GMC's evidence.

Documentary Evidence

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

- Emails from Dr Khan relating to his criminal charge, postal requisition and bail conditions
- Correspondence from the Police and Crown Prosecution Service to the GMC

- Trust meeting outcome letter
- Requisition to attend the Nottingham XXX Magistrates' Court
- Arrest warrant from Nottingham Magistrates' Court for Dr Khan

The Tribunal's Approach

9. 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.

10. The Tribunal will approach fact finding by firstly identifying any undisputed facts and evidence. To reach a decision on any unresolved 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 evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility.

The Tribunal's Analysis of the Evidence and Findings

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

12. The Tribunal bore in mind that the fact of Dr Khan's criminal charge and the alleged misconduct that led to that charge were not matters for its consideration. Its decisions were limited to whether Dr Khan failed to appear at court, whether a warrant was issued for his arrest and whether he deliberately absented himself from the criminal proceedings. Dr Khan's criminal charge was for a serious offence, namely sexual assault of a female by penetration, contrary to section 2 of the Sexual Offences Act 2003.

13. The Tribunal had regard to Dr Khan's court requisition letter, dated 12 March 2022, which set out Dr Khan's court appearance date as 13 April 2022. The Tribunal noted that this letter clearly set out that Dr Khan must attend Nottingham Magistrates' Court on the specified date and that a warrant for his arrest may be issued if he did not attend. The Tribunal considered it was clear that a duty was on Dr Khan to attend his court date.

14. The Tribunal referred to Dr Khan's email to the CPS, dated 12 April 2022, in which he stated that he had been *'[XXX] and…I have taken a break. At present, I am out of the country and I will not be appearing in court.'* The Tribunal considered that this email made it clear that Dr Khan knew of his court date and that he would not be attending XXX.

15. The Tribunal also had regard to the Arrest Warrant, dated 13 April 2022, setting out that Dr Khan should be arrested to answer the charge of sexual assault that had been made against him.

16. The Tribunal was satisfied that these documents showed that Dr Khan had been obliged to appear in court on 13 April 2022 and had failed to do so, and that a warrant for his arrest was subsequently issued. The Tribunal therefore determined that paragraphs 1 (a) and (b) of the Allegations were found proved.

17. The Tribunal referred again to Dr Khan's email to the CPS in which he stated he would not be attending court. The Tribunal acknowledged that Dr Khan had given a reason for his non-attendance, XXX. However, it noted that Dr Khan indicated he was already abroad and that he had not provided any evidence that XXX, nor was there any evidence of him seeking alternative arrangements, or court dates.

18. The Tribunal determined that Dr Khan's conduct was not an inadvertent failure or misunderstanding. Dr Khan expressly communicated an intention not to attend the court hearing on 13 April then acted consistently with that stated intention. The Tribunal considered that Dr Khan had made a conscious decision not to attend his court date on 13 April 2022 and not provided a reasonable excuse for doing so. The Tribunal considered that Dr Khan had disengaged from the criminal process by leaving the country and had seen no evidence that he had reengaged since that point. The Tribunal noted that he had also not engaged with the GMC since 2022.

19. The Tribunal considered that Dr Khan's continued absence had the effect of frustrating the criminal proceedings and it had no indication that he would return to the UK to face prosecution.

20. The Tribunal determined that Dr Khan had deliberately absented himself from the criminal proceedings and had not engaged with the ongoing criminal enquiry. As such, it determined that paragraph 2 of the Allegation was proved.

The Tribunal's Overall Determination on the Facts

21. The Tribunal has determined the facts as follows:

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

1. Having been charged with the criminal allegation as set out at Schedule 1 and requisitioned to attend the Nottingham XXX Magistrates court on 13 April 2022:

a. you failed to appear at court; **Determined and found proved**

b. a warrant for your arrest was issued pursuant to Section 13 of the Magistrates Act 1980. **Determined and found proved**

2. In acting in the manner described at paragraph 1 you deliberately absented yourself from further engaging in a formal enquiry regarding the criminal allegation set out at Schedule 1. **Determined and found proved**

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

Determination on Impairment - 04/08/2026

22. 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 Khan's fitness to practise is impaired by reason of misconduct.

The evidence

23. The Tribunal has reviewed its findings of fact and all the evidence produced so far.

Submissions

Submissions on behalf of the GMC

24. Mr Doran, Counsel, submitted that the question of impairment was a matter for the Tribunal's judgement alone. He said that impairment was a two-stage process. Firstly, the Tribunal must determine whether Dr Khan's actions amount to misconduct and then determine whether that misconduct means that his fitness to practise is currently impaired.

25. Mr Doran said that misconduct is an act or omission that falls short of what would be proper conduct of a professional under the circumstances. Mr Doran submitted that Dr Khan's conduct did amount to misconduct, having breached paragraphs 1 and 73 of *Good Medical Practice (2013)* (GMP).

26. Mr Doran submitted that the nature of the Allegation against Dr Khan was at the higher end of the spectrum of seriousness. He said that absenting oneself from the criminal justice process and therefore becoming subject to an arrest warrant represented a serious departure from the standards expected of a doctor.

27. Mr Doran submitted that the alleged underlying conduct that led to Dr Khan's criminal charges amounted to an abuse of professional position, predatory conduct and was premeditated. He said that Dr Khan's alleged conduct was of a serious criminal nature, which arose within his professional practice, thereby increasing the seriousness of the case.

28. Mr Doran said that the seriousness was further raised because Dr Khan's misconduct had persisted for over 4 years since he first absented himself from the criminal proceedings. Mr Doran submitted that there was no evidence of Dr Khan having any intention to re-engage with the criminal proceedings, thereby further increasing the risk to public protection. Mr Doran submitted that the seriousness of the case was further increased by Dr Khan having undermined a system designed to protect the public, namely the criminal justice system.

29. Mr Doran submitted that Dr Khan had brought the profession into disrepute and breached fundamental tenets of the profession. He reminded the Tribunal that Dr Khan had not responded to the case brought against him by the GMC and had provided no evidence of any insight or remediation, nor had he engaged with the criminal proceedings since 2022, which remain outstanding pending his arrest. Mr Doran submitted that this meant that there was an ongoing risk to public protection and that all three parts of public protection were engaged.

<u>Submissions on behalf of Dr Khan</u>

30. Dr Khan did not attend the hearing, was unrepresented and did not provide any submissions.

The relevant legal principles

31. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that 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.

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

33. To assess whether Dr Khan poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal followed the steps set out it in the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the Guidance'). It will consider:

- whether there is a legal basis for considering impairment,
- where on the spectrum of seriousness the Allegation lies, based on the facts found proved the impact of any relevant context known about Dr Khan and/or their working environment, and
- how Dr Khan has responded to the Allegation.

34. Where appropriate, the Tribunal also had regard to the *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types* ('the Guidance Introduction'). The case types listed are: Sexual misconduct; Dishonesty; Violent or abusive behaviour; Discrimination; Clinical concerns; Impact of a health condition; Knowledge of English language; and Criminal convictions, cautions, court sanctions and

determinations by another body responsible for the regulation of a health or social care profession.

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

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

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

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

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

'22 In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'

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

> *'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;*
>
> *b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
>
> *c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*
>
> *d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

Also:

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

39. The Tribunal must not make any findings about the truth of the underlying allegation that led to Dr Khan being charged with a criminal offence. Its consideration is limited to those aspects set out in its facts determination, namely whether Dr Khan's deliberate failure to attend Nottingham XXX Magistrates' Court on 13 April 2022, and his deliberately absenting himself from further engaging in the formal enquiry regarding the criminal allegation, amounts to misconduct and whether his fitness to practise is therefore impaired because of that misconduct.

40. The Tribunal bore in mind that the absence of evidence of insight is not the same as positive evidence of the lack of insight and that a finding of impairment should not be made as punishment for Dr Khan's non-attendance at this hearing.

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

41. The Tribunal first considered whether there was a legal basis for impairment in this case. The Tribunal reminded itself that Dr Khan, having been charged with a serious offence, had failed to attend court and had instead left the country, leading to a warrant for his arrest being issued.

42. The Tribunal referred to paragraphs 1 and 73 of GMP:

> *'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *…*
>
> *73 You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality.'*

43. The Tribunal considered that, whilst Dr Khan had self-referred and initially kept the GMC updated regarding the criminal investigation, his leaving the country once charges were authorised and not attending his first court hearing, was a clear failure to cooperate with the criminal justice process and was not within the law. The Tribunal also bore in mind that the underlying allegation was of a very serious nature, arising within Dr Khan's professional practice, although the Tribunal reminded itself that this was not proven, nor was it the Tribunal's role to make any decisions as to the veracity of the criminal allegation.

44. The Tribunal considered that failure to attend court proceedings, particularly for such a serious charge, frustrated the criminal process and constituted a significant breach of the above paragraphs of GMP.

45. The Tribunal considered that Dr Khan's actions amounted to serious professional misconduct and constituted a serious departure from the standards expected of a registered medical practitioner. Therefore, the Tribunal determined that there was a legal basis to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

46. The Tribunal referred to paragraphs 28 – 33 of the Guidance, which provides examples of cases that would likely sit at the higher or lower end of the spectrum of seriousness. The

Tribunal considered that this type of case was not reflected within the examples given but noted that the examples are a non-exhaustive list.

47. The Tribunal reminded itself again of the nature of Dr Khan's actions, namely that he had failed to engage with criminal proceedings, instead purportedly leaving the country and thereby avoiding the criminal justice process altogether. The Tribunal considered that Dr Khan's actions frustrated the criminal process, leading to his arrest warrant and his prosecution remaining outstanding. The Tribunal considered that refusing to attend court for criminal proceedings was at the higher end of the spectrum of seriousness, particularly when in relation to such serious charges regardless of the truth or not of the underlying allegation.

48. Therefore, the Tribunal considered that its starting point for assessing the seriousness of that case was high.

49. The Tribunal had regard to Mr Doran's submissions regarding factors that increased the seriousness of the case. It considered that it could make no finding in relation to the underlying conduct and whether it was, for example, predatory. However, in relation to Dr Khan's absenting himself from the criminal process, the Tribunal considered that this undermined a system designed to protect the public and was a deliberate act. Dr Khan had actual knowledge of the prosecution against him at the time, as well as his duty to engage with the criminal justice process but chose to not attend court. The Tribunal considered that these factors all served to increase the seriousness of the case.

50. The Tribunal also considered that, whilst the underlying charges were not proven, they were of a serious nature and remained outstanding because of Dr Khan's frustration of the legal process.

51. The Tribunal concluded that the case fell at the higher end of the spectrum of seriousness and that its starting point for assessing the risk to public protection was high.

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

52. The Tribunal noted that Dr Khan had self-referred to the GMC and had provided updates on his bail. The Tribunal also noted Dr Khan's allusion to XXX relating to his non-attendance at court. However, Dr Khan had provided no evidence relating to XXX or why it meant he was unable to attend court. The Tribunal therefore considered that there was no relevant context that would reduce the seriousness of the case.

How has Dr Khan responded to the Allegation?

53. The Tribunal considered that, notwithstanding his self referral and initial engagement with the GMC, Dr Khan had provided no response to the Allegation that has led to this hearing. Dr Khan had not engaged with the GMC or with either the criminal or regulatory processes since 2022.

54. The Tribunal had no response from Dr Khan to the allegation that he had deliberately absented himself from court. It also had no evidence of any insight, remediation or remorse from Dr Khan.

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

55. The Tribunal considered it clear that there was an ongoing risk to public protection as Dr Khan was subject to an arrest warrant and had serious criminal charges still outstanding against him.

56. The Tribunal considered that any consideration or the risk of Dr Khan repeating his actions was moot as his misconduct – refusing to engage with criminal proceedings – was still ongoing, so far as the Tribunal was aware.

57. The Tribunal considered that patient safety remained at risk as the underlying criminal allegation had not been resolved and therefore his refusal to engage with both the criminal justice process and regulatory process meant safeguards could not be put in place to mitigate any risk. Further, public confidence would be seriously undermined if no finding of impairment was made as members of the public would be shocked if a doctor who had avoided criminal proceedings were to be allowed to continue to practise unrestricted. It also considered that fellow professionals would find Dr Khan's conduct deplorable.

58. The Tribunal considered that the risk to all three parts of public protection was high.

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

Determination on Sanction - 05/08/2026

The Evidence

60. 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

Submissions

61. On behalf of the GMC, Mr Doran submitted that, whilst the issue of sanction was a matter for the Tribunal's judgement, the appropriate sanction in this case was one of erasure.

62. Mr Doran said that the seriousness of the case, as set out in the Tribunal's determination on impairment, was at the highest level and, as such, the only available options were suspension and erasure. He submitted that suspension was a sanction that is intended to allow for a doctor to reflect, develop full insight and complete the remediation of their misconduct. He said that this was not appropriate in this case as Dr Khan had shown no evidence of any insight, remediation or willingness to engage in the process.

63. Mr Doran submitted that Dr Khan's conduct in relation to both the criminal charge and the GMC investigation indicated that it was unlikely he would re-engage following the imposition of a suspension. He said that the Tribunal should ask what could realistically be achieved by a period of suspension. Mr Doran submitted that there was no realistic prospect of a suspension having a positive outcome.

64. Mr Doran submitted that a period of suspension was not sufficient to protect the public in this case as Dr Khan's misconduct causes serious risk of harm to public protection and cannot be mitigated by a period of suspension. He said that Dr Khan had demonstrated a persistent lack of insight by absenting himself from both the criminal and regulatory processes as well as by leaving the jurisdiction.

65. Mr Doran submitted that the facts of the case and the basis of the Tribunal's decision of impairment meant that a period of suspension would be insufficient to address the need to protect the public. He said that public confidence would be undermined if Dr Khan were to remain on the medical register.

The Tribunal's Determination on Sanction

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

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

68. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. As the case does not fit into the sanctions bandings, the Tribunal referred to the general guidance on outcomes available to the MPT at the sanction stage, as set out in the *Guidance for MPT hearings, Part C* (the Sanctions Guidance). It has also considered the impact of any specific sanction type, where applicable.

No action

69. The Tribunal noted that to take no action, exceptional circumstances must be present to justify such a course. The Tribunal considered that no such exceptional circumstances were present in this case. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

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

71. The Tribunal considered that, given the nature of Dr Khan's misconduct, an order of conditions would not be proportionate to address the seriousness of the case, nor could any appropriate, workable and measurable conditions be formulated to reduce the risk posed to public protection by Dr Khan's misconduct.

72. The Tribunal also noted that this case did not relate to any issues with Dr Khan's health, language or clinical performance.

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

Suspension

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

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

75. The Tribunal considered whether this paragraph indicated suspension may be appropriate in this case. It noted Mr Doran's submission that a period of suspension was intended to enable a registrant to complete their remediation and develop full insight. However, the Tribunal had received no evidence whatsoever of any insight or remediation from Dr Khan that would persuade it that he would use a period of suspension to develop insight and remediate.

76. The Tribunal considered that Dr Khan's lack of insight or remediation indicated that a period of suspension would not be appropriate or proportionate in this case to address the three parts of public protection. It therefore went on to consider erasure.

Erasure

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

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

c. *the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*

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

78. The Tribunal considered that, based on its earlier determinations on facts and impairment, subparagraphs (a), (c) and (d) of paragraph 57 all applied in this case.

79. The Tribunal bore in mind that, whilst the criminal charge underlying the case was for sexual assault, this was not a sexual misconduct case, nor was it a conviction case. The Tribunal considered that, even if Dr Khan were to return to face the criminal charges and to be acquitted, that would have no bearing on the misconduct currently under consideration. The Tribunal considered that Dr Khan's avoidance of criminal proceedings was serious on its own merits and would cause serious concern to members of the public and be considered deplorable by the profession.

80. The Tribunal considered that Dr Khan had shown a persistent lack of insight and had provided no evidence of any insight or remediation or of any desire or willingness to engage with the regulatory process. The Tribunal considered that, were it to impose a period of suspension, it had no confidence that Dr Khan would take the opportunity to re-engage with the GMC. Having found that the risk to public protection was high, the Tribunal considered that it would be inconsistent to then give a doctor the opportunity to remediate when they had given no indication that they would re-engage.

81. The Tribunal considered that the public would not accept a doctor being allowed to hold registration after avoiding criminal proceedings. The Tribunal considered that a member of the public would consider Dr Khan's complete disengagement from both criminal and regulatory proceedings to be fundamentally incompatible with continued registration.

82. In light of this, the Tribunal determined that the risk to public protection was too high to allow Dr Khan to remain on the register and that erasure was therefore the appropriate and proportionate sanction in this case.

Determination on Immediate Order - 05/08/2026

83. Having determined that Dr Khan's name should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Khan's registration should be subject to an immediate order.

Submissions

84. On behalf of the GMC, Mr Doran submitted that, bearing in mind the Tribunal's determinations on impairment and sanction, an immediate order was necessary in this case. He said that the risk to public protection was high and public confidence would be undermined if no immediate order were imposed.

The Tribunal's Determination

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

> *'79 The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.*
>
> *80 In the context of an immediate order, the best interests of the doctor includes avoiding putting them in a position where they may come under pressure from patients and/or may repeat the behaviour or poor performance giving rise to the allegation, particularly where this may also put the doctor at risk of committing a criminal offence. It may also include where the doctor's ability to practise safely and effectively may be impacted by an ongoing health condition.*
>
> *81 When deciding if an immediate order is needed, the MPT should balance these considerations against the other interests of the doctor, which may be to return to work pending the outcome of any appeal, and against the wider public interest which may require an immediate order is put in place.*
>
> *…*
>
> *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.'

86. The Tribunal bore in mind its previous finding that the risk to public protection was high in this case and that all three parts of public protection were engaged.

87. Turning to paragraph 84 of the Guidance, the Tribunal considered that subparagraphs (a) – (c) were all engaged in this case for the reasons set out in the previous determinations.

88. The Tribunal considered that public confidence would be undermined if Dr Khan were permitted to practise unrestricted during the appeal period.

89. This means that Dr Khan's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

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

ANNEX A – 03/08/2026

Service of Notice of the Hearing

91. Dr Khan is neither present nor represented at this hearing.

92. Mr Ged Doran, Counsel, on behalf of the GMC, provided the Tribunal with documents regarding service of these proceedings on Dr Khan. This included a copy of the GMC Notice of Allegation letter sent by registered post and to Dr Khan's email address, dated 25 June 2026. An email delivery receipt was received on the same date. On 27 June 2026, Royal mail informed the GMC that it was unable to deliver the GMC Notice of Allegation letter as the recipient was no longer at the address.

93. The Tribunal was given a copy of the Medical Practitioners Tribunal Service (MPTS) Notice of Hearing letter, dated 25 June 2026, which was emailed to Dr Khan's registered email address and sent by post on the same date. Royal Mail Track and Trace documentation confirmed, on 27 June 2026, that the Notice of Hearing letter was not able to be delivered because the recipient was no longer at the address.

94. Mr Doran submitted that service of notice had been properly effected. He reminded the Tribunal that it is incumbent on a doctor to keep their address up to date and submitted that Dr Khan not being present at the address to receive the notice letter does not mean that service has not been effected.

95. The Tribunal had regard to the case of *General Medical Council v Adeogba; General Medical Council v Visvardis* [2016] EWCA Civ 162 which confirms that the GMC has a duty to communicate with a doctor at the registered address they provide. The Tribunal was satisfied that Dr Khan had received and responded to earlier correspondence in 2022 from the GMC.

96. The Tribunal had regard to the service bundle provided by the GMC, as well as Mr Doran's submissions. Having considered all of the evidence before it, particularly noting that the GMC Notice of Allegation and MPTS Notice of Hearing letters were sent to Dr Khan's registered address via an authorised postal method in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983 (as amended), the Tribunal was therefore satisfied that there was effective service.

Proceeding in Dr Khan's absence

97. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Khan's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with appropriate care and caution, balancing the interests of the doctor with the wider public interest.

98. Mr Doran invited the Tribunal to proceed in Dr Khan's absence. He submitted that Dr Khan has voluntarily absented himself from these proceedings and submitted that there was no indication that an adjournment would be of benefit to these proceedings as there was no evidence that Dr Khan had engaged with the GMC since 2022.

99. The Tribunal considered the correspondence outlined by Mr Doran, as set out above. The Tribunal was satisfied that Dr Khan was aware of the investigation process but had not engaged since 2022. The Tribunal was also satisfied that Dr Khan had voluntarily absented himself from these proceedings. Considering the public interest in these matters, the Tribunal accepted that it was in the public interest to proceed with this hearing today.

100. The Tribunal considered that an adjournment was not likely to result in Dr Khan attending in the future, as he had given no indication that he wished to attend the hearing or to have representation. Rather, he had disengaged and purportedly left the country. The Tribunal considered that to allow a registrant to frustrate the regulatory process by voluntarily absenting themselves would undermine the GMC's ability to protect the public.

101. The Tribunal was satisfied that the hearing could be fairly conducted in Dr Khan's absence.

102. Therefore, in accordance with Rule 31, the Tribunal has determined to proceed in Dr Khan's absence.

SCHEDULE 1

On 20 December 2020 at A&E, Doncaster and Bassetlaw NHS foundation trust, Bassetlaw hospital, Kilton Hill, with intent sexually penetrated the vagina of Ms A with a part of your body and a thing, namely fingers when she did not consent and you did not reasonably believe that she was consenting contrary to section 2 of the Sexual Offences Act 2003.