PUBLIC RECORD

Dates: 20/07/2026 - 23/07/2026

Doctor:	Dr Shiza KHAN
GMC reference number:	7658685
Primary medical qualification:	MBBS 2017 University of Health Sciences Lahore - Allama Iqbal Medical College

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

Summary of outcome

Suspension, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Kerry Smith
Lay Tribunal Member:	Mr George Ritchie
Registrant Tribunal Member:	Dr Hiu Lam (20 – 23/07/26 – 13:00) Dr Ammar Ghouri (23/07/2026, 13:00 onwards)

Tribunal Clerk:	Mr Sewa Singh

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Dr Elliott Courcha, Counsel, instructed by Regulation Resolution Solicitors
GMC Representative:	Mr Martin Mensah, 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 - 21/07/2026

1. This determination was handed down in public. The Tribunal was not invited to exercise its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private to consider any matters that were confidential.

Background

2. Dr Khan qualified in medicine in 2017 in Pakistan from University of Health Sciences Lahore - Allama Iqbal Medical College. Dr Khan obtained General Medical Council (GMC) registration in the UK in January 2020. Dr Khan did not immediately practise as a doctor in the UK due to maternity leave, the COVID-19 pandemic and thereafter difficulties in obtaining work.

3. These fitness to practise proceedings arise from allegations presented by the GMC that, between 11 October 2024 and 14 February 2025, Dr Khan completed locum shifts at Walsall Manor Hospital ('the Hospital'), part of The Walsall Healthcare NHS Trust ('the Trust'), 0when she knew that she did not hold a licence to practise and she required a licence to practise to work as a doctor during the shifts. It is further alleged that, on 10 February 2025, Dr Khan submitted an application to the GMC to restore her licence to practise and stated that she was not employed, which was untrue. It is alleged that Dr Khan's actions in this regard were dishonest.

The Outcome of Applications Made During the Facts Stage

4. There were no applications made.

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. On 15 May 2024 you were informed by the GMC by email that:

a. your request to relinquish your licence to practise had been granted and would be removed from 15 May 2024; **Admitted and found proved**

b. you must not carry out any form of medical practice within the United Kingdom, for which a licence to practise with the GMC is required; **Admitted and found proved**

2. Between 11 October 2024 and 14 February 2025, you:

a. completed a locum shift on one or more occasion ('the Shifts') as a doctor at Walsall Manor Hospital ('the Hospital'), as set out in Schedule 1; **Admitted and found proved**

b. knew that you:

i. did not have a licence to practise; **Admitted and found proved in relation to 7 and 13 February 2025**

ii. required a licence to practise to work as a doctor during the Shifts; **Admitted and found proved in relation to 7 and 13 February 2025**

3. Your actions as set out in 2a above were dishonest by reason of paragraph 2b; **Admitted and found proved in relation to 7 and 13 February 2025**

4. On 10 February 2025 you submitted an application form to the GMC to restore your licence to practise ('the Application'), in which you answered 'Not Employed' to the question as to whether you engaged in medical practice at the Hospital; **Admitted and found proved**

5. The information you included in the Application was untrue as you were engaged in medical practice at the Hospital; **Admitted and found proved**

6. You knew that you included information in the Application that was untrue; **Admitted and found proved**

7. Your actions as set out at paragraph 4 were dishonest by reason of paragraphs 5 and 6; **Admitted and found proved**

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

The Admitted Facts

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

The Facts to be Determined

7. In light of Dr Khan's response to the Allegation made against her, the Tribunal is required to determine whether, between 11 October 2024 and 14 February 2025, she knew that she did not have a licence to practise and that she required a licence to practise to work as a doctor during the 24 shifts undertaken prior to 7 February 2025. Further, the Tribunal is required to determine whether Dr Khan's actions in undertaking these 24 shifts, as set out in Schedule 1 (paragraph 2a above), were dishonest by reason of paragraph 2b.

Witness Evidence

8. The Tribunal received oral evidence from Dr Khan.

Documentary Evidence

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

- Witness statement of Mr B – dated 6 February 2026;
- Witness statement of Ms C – dated 23 February 2026;
- Witness statement of Dr Khan – dated 28 May 2026;
- Investigation report – dated 16 May 2025;
- Summary table of shifts worked by Dr Khan;
- Various email correspondence between Mr B and Dr Khan;
- Email from Dr Khan to the Trust enclosing UD8 form – dated 4 February 2025;
- GMC application from Dr Khan to relinquish LTP – dated 21 March 2021;
- GMC application from Dr Khan to restore LTP – dated 15 October 2023;
- GMC application from Dr Khan to relinquish LTP – dated 15 May 2024;
- GMC application from Dr Khan to restore LTP – dated 10 February 2025;
- Various correspondence between GMC and Dr Khan;

- Email from the GMC to Dr Khan confirming LTP restored – dated 18 March 2025;
- Schedule of Dr Khan's admissions;
- Reference from Dr D – dated 6 July 2026;
- Training certificate from a probity and ethics course – dated 18 June 2026;
- Action plan documents – various dates;
- Mitigation evidence – various dates.

The Tribunal's Approach

10. The Tribunal accepted the Legally Qualified Chair's advice.

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

12. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

13. The Tribunal reminded itself that it must form its own judgment about the evidence presented to it.

14. The Tribunal was mindful that its task at this stage is to consider the evidence and submissions and make findings in relation to the factual allegations in dispute. Each paragraph of the Allegation has to be considered separately and in turn.

15. The Tribunal noted the test for dishonesty as set out in ***Ivey v Genting Casinos (UK) Limited (t/as Crockfords Club) [2017] UKSC 67*** ('*Ivey*') in that it must,

> *"…first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts…[and] once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he had done is, by those standards, dishonest"*.

The Tribunal's Analysis of the Evidence and Findings

Agreed Facts

16. The Tribunal noted the following was agreed, that:

- On 21 March 2021, Dr Khan applied for her licence to be relinquished with effect from 22 March 2021.

- Via email dated 22 March 2021, the GMC informed Dr Khan that her application to relinquish her licence had been granted. In this email, the GMC also informed Dr Khan that, with effect from 22 March 2021, she must not carry out any form of medical practice within the UK for which a licence to practise with the GMC is required.

- On 15 October 2023, Dr Khan submitted an application to the GMC for her licence to be restored.

- On 19 October 2023, via email, the GMC informed Dr Khan that her application was valid for a maximum of three months. The GMC requested further information to be provided by 16 November 2023, which included a Provision of medical services statement (UD8 form) from Hameed Memorial Hospital Faisalabad, Pakistan; and a Certificate of Good Standing from the Pakistan Medical & Dental Council.

- On 13 November 2023, the GMC informed Dr Khan that her licence to practise had been approved and, from 10 November 2023, she would hold a licence.

- Following correspondence from the GMC to Dr Khan requesting information in relation to Dr Khan's designated body, and in the absence of such information being received, on 26 April 2024 the GMC informed Dr Khan (by letter and email) that a decision had been made to withdraw her licence to practise with effect from 4 June 2024. In their correspondence, the GMC stated that Dr Khan thereafter must not undertake any medical practice in the UK that requires her to hold a licence to practise. However, the GMC also explained that if Dr Khan updated them before 4 June 2024 who her designated body is or told them that she did not have one, they would not withdraw her licence to practise.

- On 15 May 2024, Dr Khan applied to the GMC to relinquish her licence to practise. The Tribunal noted that in the box which deals with confirming that she understands she will not be able to practise medicine from the date on which she intended to give up her licence, Dr Khan placed a 'Y' in the relevant box indicating a 'YES'. Further, in her form, Dr Khan stated 'Childcare' as her main reason for her application.

- In an email dated 15 May 2024, the GMC informed Dr Khan that her application to relinquish her licence had been granted. In this email, the GMC also informed Dr Khan that, with effect from 15 May 2024, she must not carry out any form of medical practice within the UK for which a licence to practise with the GMC is required. That email also advised Dr Khan that she would pay a reduced retention fee starting from 15 May 2024.

- On 17 May 2024, the GMC emailed Dr Khan, the subject of which was 'Advance notice of Direct Debit amendment' and advised her that her payment schedule had been amended.

- On 30 December 2024, the GMC sent an email to Dr Khan her annual retention fee notice. This contained the bill to maintain her registration for the year, with the first collection date being on 14 February 2025. The Tribunal noted the email states explicitly that this fee was for 'Full registration without a licence to practise'.

- On 31 December 2024, the GMC wrote to Dr Khan informing her that her new address had been updated on the GMC's database with effect from the date she indicated in her correspondence to them. The Tribunal noted that Dr Khan's email address is the same as the one to which the email of 30 December 2024 was sent. Further, it was of note that Dr Khan was engaging with her regulator and her regulatory obligations to keep her contact details up to date.

- On 10 February 2025, Dr Khan submitted an application for her licence to practise to be restored with effect from 17 March 2025. The Tribunal noted that in the section entitled 'Your recent professional experience' Dr Khan stated as follows:

Start date	Finish date	Current	Name and location of hospitals where you have worked or details for when you were not engaged in clinical practice	Country	Engaged in Medical Practice?
04/10/2021		Y	I have been applying for jobs, I have now found a new job in Walsall Manor Hospital	United Kingdom	**Not Employed** (emphasis added)

The Tribunal noted that Dr Khan stated 'Not Employed'. It also noted that in the section asking when the applicant wishes their licence to practise to start, Dr Khan ticked 'Y' in the box marked 'On the date this application is approved' but also put 17 March 2025 in the box marked 'With effect from'. In her oral evidence she told the

Tribunal that she hoped her licence to practise would be restored in a matter of days of her undertaking the shifts on 7 and 13 February 2025.

- On 17 February 2025, the GMC sent an email to Dr Khan in which it identified an incomplete application form dated 10 February 2025 and asked for clarification on her statement that she had been working as a bank doctor at Walsall Manor Hospital in the Medicine Department since 11 October 2024 when she had no licence to practise.

- On 18 February 2025, Dr Khan sent an email to the GMC, in which she stated

  "I happened to pick a last minute locum shift on 11/10/2024 while completely forgetting that my license to practice was not valid at that time. I have been working on and off locum shifts as a junior doctor since then. I realised that I was working without a valid license recently, when I received an email from GMC regarding my fee."

  and

  "Due to a lapse in concentration, I failed to remember that I had previously relinquished my licence…."

Disputed Facts

17. The Tribunal then went on to consider the disputed facts relevant to paragraphs 2b and 3 of the Allegation (as set out above) and evaluated the evidence to make its findings on the facts.

18. The Tribunal considered the Allegation in paragraphs 2b and 3, namely:

Paragraph 2b

2. Between 11 October 2024 and 14 February 2025, you:

   b. knew that you:

      i. did not have a licence to practise; Admitted and found proved only relation to 7 and 13 February 2025

      ii. required a licence to practise to work as a doctor during the Shifts; Admitted and found proved only in relation to 7 and 13 February 2025

Paragraph 3

3. Your actions as set out in 2a above were dishonest by reason of paragraph 2b. Admitted and found proved only in relation to 7 and 13 February 2025.

Dr Khan's explanation

19. Dr Khan accepted that she worked at the Hospital on the dates set out in Schedule 1. However, it is her evidence that, with the exception of the shifts undertaken on 7 February 2025 and 13 February 2025, she did not know, or had forgotten, that she did not hold a licence to practise. She acknowledged that a licence to practise is required to undertake any medical practice within the UK. Dr Khan also accepted that her actions in relation to the shifts undertaken on 7 and 13 February 2025 were dishonest.

20. During her evidence to the Tribunal, Dr Khan explained that after she completed her PLAB test with the GMC and gained her GMC registration, she did not commence medical practice immediately due to personal circumstances, following which she returned to Pakistan. Whilst in Pakistan she gave birth to her son. She said that she returned to the UK in around November 2021 after the COVID-19 pandemic. She said that she did not commence any clinical work as she was undertaking her duties as a housewife, which included looking after her son.

21. Dr Khan told the Tribunal that she applied for her licence to practise towards the end of 2023 when she intended to commence some clinical attachment at the Hospital. Dr Khan acknowledged that a licence to practise was not needed to undertake clinical attachments but stated that she thought it better to apply for one in any event. She said that she then joined a 'locum bank'. She said that the 'locum bank' operated via a WhatsApp group and clinical work was offered to those in the WhatsApp group as and when the need for locum cover arose.

22. Dr Khan said that after she finished her clinical attachment, she was unable to secure suitable substantive clinical work. She said that she had previously received communication from the GMC indicating that doctors who were not actively working and who did not have a designated body, which she did not, should consider relinquishing their licence to practise, rather than leaving it in an uncertain state. Dr Khan said that given her circumstances at the time, relinquishing her licence seemed to be the best option. The Tribunal noted that the GMC's communications of 26 April 2024 stated that the registrant could tell the GMC that she did not have a designated body, in which case the licence to practise would not be withdrawn.

23. Dr Khan went on to say that on 10 October 2024 she was offered, via the WhatsApp group, some clinical locum work at short-notice covering sickness and staffing absences at the Hospital. She said that she was just glad to finally have been offered some work. She undertook three shifts on 11 to 13 October 2024, and after that she had to travel to Pakistan

following XXX. Dr Khan said that she returned to the UK in December 2024 following which she then undertook locum clinical work with the Trust between December 2024 and February 2025, which again was offered to her through the WhatsApp group.

24. Dr Khan explained her travel to Pakistan due to XXX and her focus having been on her domestic duties had meant she was not focused on GMC obligations. Dr Khan stated that, as a result, the fact she had relinquished her licence faded from her active mind. It was Dr Khan's evidence that these significant family pressures, including travelling abroad to support close family members, affected her focus on administrative matters. Whilst she did not offer these explanations as an excuse, she said they were part of the context in which her lapse of concentration and focus, in relation to her not having a licence to practise, occurred.

25. Dr Khan stated that she did not realise the situation regarding her licence to practise when the GMC wrote to her in their email of 30 December 2024. She said that she could not recall reading that email. She explained that her husband, also a doctor, handled their financial affairs and that her GMC fees were paid from his bank account. She said that the first time she realised she did not have a licence to practise was following receipt of the notification of the first instalment due in February 2025 through a bank notification/direct debit anomaly. The Tribunal note that this explanation now advanced by Dr Khan differs to having stated to the GMC on 18 February 2025 it was an email from the GMC that triggered her becoming aware.

26. Dr Khan's evidence was that she was not aware in February 2025 of the proper process to be followed to have her licence restored but thought it involved requiring and submitting a completed UD8 Form. She told the Tribunal that she took steps immediately to obtain and complete the UD8 Form from the Hospital.

27. Dr Khan accepts now that, rather than concentrate on completing the UD8 Form, she should have focused her mind on completing the online application form for restoration of her licence. Dr Khan acknowledged that a doctor in the UK either has a licence to practise or does not have a licence to practise. In her case, she did not have a licence to practise and therefore should not have undertaken any clinical work until she had had her licence to practise restored by the GMC.

The Tribunal's Finding

28. The Tribunal was mindful of the test set out in *Ivey*.

29. The Tribunal had regard to the agreed facts and the documentary evidence, as set out above.

30. During her oral evidence, Dr Khan accepted that she could not undertake any form of clinical work without a licence to practise.

31. The Tribunal took account of the fact that Dr Khan had been through and therefore had experience of the regulatory process. She had applied to relinquish her license in March 2021, applied to restore it in October 2023, and applied to relinquish it again in May 2024. The Tribunal noted that Dr Khan's last application to restore her licence was as recent as October 2023, only approximately a year before the first of her locum shifts in October 2024. Further, it was only in May 2024 that Dr Khan applied for her licence to practise to be relinquished, only five months before her locum shifts in October 2024.

32. On 15 May 2024, Dr Khan was informed by the GMC that her application to relinquish her licence had been granted. The GMC also clearly informed Dr Khan that with effect from 15 May 2024, she must not carry out any form of medical practice within the UK for which a licence to practise with the GMC is required (emphasis added). Dr Khan admits that on 15 May 2024 she understood that she no longer held a license to practise from that date. The Tribunal took into account that this was only, as above, approximately five months before her locum shifts in October 2024.

33. Dr Khan repeatedly said in her oral evidence that before undertaking the Shifts, starting in October 2024, she should have, but did not, check on her licence status. The Tribunal were not impressed by this evidence. Dr Khan herself accepts, a doctor either has a licence or they do not. Dr Khan had relinquished hers with effect from 15 May 2024. The Tribunal note that at no point in her written or oral evidence did Dr Khan positively assert that she believed she had a licence to practise, rather her evidence was that due to a lapse in concentration, it was not in her active mind that she did not.

34. The Tribunal considered carefully Dr Khan's evidence about her personal circumstances and her explanation about a lapse of concentration.

35. The Tribunal took into account the statement of Mr B, Medical Revalidation and Job Planning Manager at the Trust, dated 6 February 2026. In his statement, Mr B states at paragraph 11:

> *"I would characterise Dr Khan as being calm and composed during our meeting. She was able to recollect a lot of information, and she was able to provide me with a clear timeline of events. On several occasions she gave me the impression that she wished that she had looked into the matter in more detail. I recall that Dr Khan frequently said phrases to the effect of "it had skipped my mind" and was consistent with this explanation during our conversation."*

And at paragraph 12:

> *"…Dr Khan also stated that she had completed a UD8 Provision of Medical Services form as she recalled that she had to complete one as part of her application to reinstate her GMC licence back in November 2023…"*

And in his email to Dr Khan, dated 21 May 2025, Mr B stated at paragraphs 8, 9 and 11:

"8. You were told your CA role didn't require a licence, but you had applied around the end of 2023 for a licence, by filling in application on GMC website so had experience of this licensing process.

9. You confirmed there wasn't any particular reason for relinquishing in May 2024, just that it was sitting there unused. Also, you were about to travel to Pakistan after May 2024 so you knew you would be travelling for a couple of months and not getting work. You also remembered GMC advising you previously to give up the licence if it' not going to be in use and to put it on hold.

11. It was a lapse of concentration on your part that contributed to you working unlicenced. You wanted to work and financially you wanted to support your husband and you had heard there were shifts available. It "skipped your mind" that you had put your licence on hold."

36. The Tribunal took into account the evidence that there were no issues with Dr Khan's concentration in any other regard. She accepted in oral evidence that she had no lapses in concentration or issues in carrying out her domestic duties, in her functioning looking after herself, her home or her son, or in her clinical work between October 2024 and February 2025. The evidence of Dr Khan and Dr D, Clinical Fellow in Acute Medicine at the Trust, in his reference dated 7 July 2026 and contained in the defence bundle, is that during her locum shifts Dr Khan was taking detailed clinical histories and exercising judgement under the pressure of an acute medical environment, and Dr Khan confirmed in oral evidence that she had no lapse in concentration in undertaking this work. The only lapse in concentration Dr Khan identified is in relation to working without a medical licence.

37. In their communication with Dr Khan on 30 December 2024, in relation to the reduced retention fees, the GMC reminded Dr Khan explicitly that the reduced fee was for 'Full registration without a licence to practise'. The Tribunal took into account that Dr Khan stated she did not read the email from the GMC of 30 December 2024.

38. However, the Tribunal note that in December 2024 Dr Khan was in communication with the GMC to inform them about her change of address. The Tribunal had regard to the email from the GMC to Dr Khan dated 31 December 2024 confirming that her address details would be amended on its database with effect from the date requested by Dr Khan. The Tribunal considered it to be inconsistent that Dr Khan would be so distracted or consumed by other matters in her life leading to her forgetting or not engaging with whether she had a licence to practise, but would have the wherewithal to ensure her contact details were up to date with her regulator. The Tribunal considered Dr Khan's explanation as to a 'lapse of concentration' being the reason she forgot she did not have licence to practise did not sit comfortably with the evidence before the Tribunal.

39. In assessing the evidence in the round, the Tribunal took into account that Dr Khan admits that she undertook the shifts on 7 and 13 February 2025 with the full knowledge that

she did not have a licence to practise and her actions were dishonest and that in her application made on 10 February 2025 for her license to be restored she was dishonest in stating she was unemployed, which was untrue. The Tribunal considered this was relevant to considering Dr Khan's state of mind at the relevant time.

40. Taking account of the evidence in the round, including the agreed facts as set out above, the Tribunal determined that it is more likely than not that between 11 October 2024 and 14 February 2025, Dr Khan undertook the Shifts set out in Schedule 1 and knew that she did not have a licence to practise and that she knew she required a licence to practise to work as a doctor during those shifts. For the avoidance of doubt, that finding relates to all 26 shifts between 11 October 2024 and 14 February 2025. Further, with reference to Allegation 3, the Tribunal determined that Dr Khan's actions, in respect of paragraph 2a of the Allegation were dishonest by reason of paragraph 2b (i and ii). The Tribunal therefore finds paragraphs 2b(i and ii) and paragraph 3 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

41. The Tribunal has determined the facts as follows:

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

1. On 15 May 2024 you were informed by the GMC by email that:

   a. your request to relinquish your licence to practise had been granted and would be removed from 15 May 2024; **Admitted and found proved**

   b. you must not carry out any form of medical practice within the United Kingdom, for which a licence to practise with the GMC is required; **Admitted and found proved**

2. Between 11 October 2024 and 14 February 2025, you:

   a. completed a locum shift on one or more occasion ('the Shifts') as a doctor at Walsall Manor Hospital ('the Hospital'), as set out in Schedule 1; **Admitted and found proved**

   b. knew that you:

      i. did not have a licence to practise; **Admitted and found proved (only relation to 7 and 13 February 2025)**
      Found proved in relation to all of the Shifts set out in Schedule 1

ii. required a licence to practise to work as a doctor during the Shifts. Admitted and found proved (only in relation to 7 and 13 February 2025)
Found proved in relation to all of the Shifts set out in Schedule 1

3. Your actions as set out in 2a above were dishonest by reason of paragraph 2b. Admitted and found proved (only in relation to 7 and 13 February 2025)
Found proved in relation to all of the Shifts set out in Schedule 1

4. On 10 February 2025 you submitted an application form to the GMC to restore your licence to practise ('the Application'), in which you answered 'Not Employed' to the question as to whether you engaged in medical practice at the Hospital. Admitted and found proved

5. The information you included in the Application was untrue as you were engaged in medical practice at the Hospital. Admitted and found proved

6. You knew that you included information in the Application that was untrue. Admitted and found proved

7. Your actions as set out at paragraph 4 were dishonest by reason of paragraphs 5 and 6. Admitted and found proved

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

Schedule 1

Shift start date and time	Shift end date and time
11 October 2024, 09:00	11 October 2024, 17:00
11 October 2024, 17:00	11 October 2024, 21:30
12 October 2024, 09:00	12 October 2024, 21:30
13 October 2024, 09:00	13 October 2024, 21:30
13 December 2024, 21:00	14 December 2024, 09:30
17 December 2024, 10:00	17 December 2024, 17:00
21 December 2024, 23:00	22 December 2024, 09:30
22 December 2024, 21:00	23 December 2024, 09:30

25 December 2024, 09:00	25 December 2024, 17:00
25 December 2024, 17:00	25 December 2024, 21:30
28 December 2024, 21:00	29 December 2024, 09:30
31 December 2024, 09:00	31 December 2024, 17:00
1 January 2025, 09:00	1 January 2025, 17:00
5 January 2025, 21:00	6 January 2025, 09:30
9 January 2025, 21:00	10 January 2025, 09:30
14 January 2025, 21:00	15 January 2025, 09:30
15 January 2025, 21:00	16 January 2025, 09:30
16 January 2025, 21:00	17 January 2025, 09:30
22 January 2025, 21:00	23 January 2025, 09:30
23 January 2025, 21:00	24 January 2025, 09:30
27 January 2025, 13:00	27 January 2025, 17:00
27 January 2025, 17:00	27 January 2025, 18:00
30 January 2025, 21:00	31 January 2025, 09:30
2 February 2025, 21:00	3 February 2025, 09:30
7 February 2025, 21:00	8 February 2025, 09:30
13 February 2025, 21:00	14 February 2025, 09:30

Determination on Impairment - 22/07/2026

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out, Dr Khan's fitness to practise is impaired by reason of misconduct.

Evidence

2. In reaching its determination, the Tribunal took into account all the evidence received during the facts stage of the hearing, including Dr Khan's written and oral evidence. At this stage of the hearing, the Tribunal had particular regard to a bundle provided by Dr Khan. This included a reference from her clinical colleague, Dr D, a certificate of completion of a 'Probity and Ethics' course on 18 June 2026, her reflective statement, a compliance checklist and diary entries and reminders, and XXX evidence in support of her reasons for having to travel to Pakistan in October 2024.

3. In her reflective statement, Dr Khan again set out her account of events, including the reasons which led to her relinquishing her licence to practise in May 2024, her travel to Pakistan in June 2024, the difficulties she experienced securing suitable employment, how it was that she came to be offered the Shifts, and how she says she came to realise that she did not have a licence to practise.

4. Dr Khan set out the actions she took in early 2025:

> *'What I can identify as reflecting some positive intent is this. When the GMC explicitly told me to stop working, I stopped immediately. On the day my licence was restored in March 2025, I telephoned the GMC investigating officer to confirm whether it was now appropriate for me to return to clinical practice. I did not assume. I checked. I wanted to be certain before I took any step.'*

5. Dr Khan went on to state that she has maintained her GMC registration and has paid full registration fees since March 2025 despite not working and significant financial hardship. She added *'These actions reflect a genuine change in how I approach my professional responsibilities. But I want to be clear that I do not present them as offsetting or diminishing the seriousness of what preceded them. They are simply evidence of learning, not excuses for failure.'*

6. Dr Khan then provided her analysis of why all of this happened referring to a failure to apply professional vigilance. She stated:

> *'I allowed my regulatory status to become entirely passive during a prolonged period away from professional life. I had relinquished my licence in May 2024 in response to GMC guidance advising doctors without a designated body to do so, and at the time that was the correct and appropriate step. But having taken that step and then spent the following months focused on personal and family life rather than professional matters, the relinquishment faded from my active awareness.'*

7. She went on to say *'The second failure was a failure to notify. When I relinquished my licence in May 2024, I was obliged under GMC guidance to inform the Trust and any other organisation contracting my services of my changed status. I did not do so.'* and *'The third failure was a failure of honest confrontation when I became aware of the problem.'* She acknowledged that the correct response would have been to stop working immediately.

8. Dr Khan addressed her failure to be open and honest when completing the application for her licence to be restored in February 2025. She stated *'I started to indicate on the form that I was currently engaged in medical practice at the Hospital. That was the truth and it was what I began to write. I did not submit that application. Instead, in a moment of panic and fear about the consequences of what I was disclosing, I stopped, abandoned it, and began a new application. In the new application I answered Not Employed. That answer was untrue and I knew it was untrue when I gave it.'*

9. Dr Khan stated that before accepting any clinical post, she should have checked the status of her licence to practise. She spoke of the course she completed in Probity and Ethics, adding that she had now devised a written compliance checklist *'covering all GMC obligations including licence status verification, annual retention fee payment, revalidation deadlines, appraisal requirements, and designated body confirmation.'* In addition, she stated that she had set '*recurring calendar reminders for quarterly licence checks, annual retention fee reminders at three months, six weeks, and two weeks in advance of the due date, and revalidation milestones.'* She stated she would personally verify her licence status on the GMC online register before accepting any clinical work.

Submissions

On behalf of the GMC

10. Mr Mensah, Counsel, submitted that Dr Khan's fitness to practise is currently impaired. He reminded the Tribunal that this case involved allegations about Dr Khan's probity, which the Tribunal had found proven, that Dr Khan worked all the shifts set out in Schedule 1 when she knew she had no licence and required a licence. He submitted that dishonesty carried a presumption of impairment and there was nothing to go against that in this case.

11. Mr Mensah reminded the Tribunal there was a persuasive burden on Dr Khan to demonstrate that she has fully acknowledged and remediated her wrongdoing, and why her past conduct was deficient and how that has been addressed. Mr Mensah submitted that in this case that persuasive burden has not been met because of the deep issues of probity and honesty.

12. In all the circumstances, Mr Mensah invited the Tribunal to conclude that Dr Khan's fitness to practise is currently impaired in respect of all three limbs of public protection and invited it to move to the next stage of these proceedings.

On behalf of Dr Khan

13. Dr Courcha, Counsel, acknowledged that the question as to whether Dr Khan's fitness to practise is impaired was a matter for the Tribunal exercising its own independent judgement. He told the Tribunal that, in light of the Tribunal's findings on the facts, Dr Khan accepted that her fitness to practise is impaired. He agreed that all three limbs of public protection were engaged, particularly public confidence and maintaining professional standards.

The Relevant Legal Principles

14. The question of impairment is one of judgement to be exercised by the Tribunal. There was no strict standard or burden of proof.

15. The Tribunal considered section 35C(2)(c) and (d) of the Medical Act 1983, which provides that misconduct is a possible ground for impairment.

16. The Tribunal must determine whether Dr Khan's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

17. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Grant*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

> *'..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his 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 brought and/or is liable 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; and/or*
> > *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The Tribunal's Approach

18. Throughout its deliberations, the Tribunal bore in mind the statutory overarching objective: to protect and promote the health, safety and wellbeing 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 the medical profession. It also had regard to the MPTS Guidance.

19. 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 legal basis advanced by the GMC is misconduct.

20. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts found proved are sufficiently serious as to amount to misconduct and then whether as a result of that misconduct, the doctor's fitness to practise is currently impaired in that they pose a current and ongoing risk to public protection requiring restrictive action.

21. Paragraph 11 of *Part B: stage two - impairment* of the MPTS Guidance provides a description as to what may constitute misconduct.

22. The Tribunal was further reminded that misconduct has been defined by the Privy Council in the case of *Roylance v GMC (No.2)* [2000] 1 AC 311 as '*a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances*.' In that case, the Privy Council went on to say that '*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.'*

23. The relevant standards to be applied to the current case are set out in the 2024 version of Good Medical Practice (GMP). The Tribunal should ask itself how far short of those standards the doctor's conduct has fallen.

24. To assess whether Dr Khan 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 Khan and/or her working environment, and
- how Dr Khan has responded to the allegations.

The Tribunal's Determination on Impairment

Misconduct

25. The Tribunal first considered whether the facts found proved constituted a sufficiently serious departure from the standards of conduct reasonably expected of Dr Khan, as a registered medical practitioner, so as to amount to misconduct. It reminded itself that it has found that Dr Khan had no licence to practise when she undertook 26 shifts between October 2024 and February 2025, as set out in Schedule 1 and that she knew she did not have a licence to practise at the times she undertook those shifts and that she required a licence. Further, the Tribunal found that Dr Khan had made a false statement in her application made on 10 February 2025 to restore her licence when she stated she was not employed. Her actions in both undertaking the shifts with the knowledge the Tribunal has found she had, and making the false statement, were dishonest.

26. The Tribunal had regard to *GMP* and the paragraphs relevant to this case. The Tribunal was of the view that Dr Khan's conduct, which involved dishonesty, was a clear departure from the principles contained in paragraph 81 of GMP. These state:

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

27. The Tribunal also had regard to paragraphs 77–79, 80 and 83 of the Introduction Document to the MPTS Guidance, which state:

> *'77. Honesty is a basic quality that is expected of all, based on shared moral values. It involves being truthful about important matters and respecting the property rights of others. Dishonesty is a disregard for this shared moral value and can be used to describe a lack of probity, cheating, lying or deliberately withholding information.*
>
> *78. Whether behaviour is dishonest is judged by considering what is known about a doctor's knowledge or belief of what they were doing and assessing if that is dishonest by the standards of ordinary decent people. There is no additional requirement for a finding of dishonesty that the doctor must appreciate that what they have done is, by those standards, dishonest.*
>
> *79. Dishonest behaviour can include a wide range of actions or omissions which may arise inside or outside a doctor's working life. When dishonesty arises in a doctor's working life, their behaviour may be directed towards patients, former patients, relatives of patients, colleagues, the organisation the doctor is working for, or seeking to work for, or their professional regulator(s). Outside a doctor's working life, dishonesty may be directed at any person or organisation.*
>
> *'80. Honesty is at the heart of medical professionalism and is essential for the public to have trust in doctors and the systems they work in. Doctors must make sure their conduct justifies their patients' trust in them and the public's trust in the profession. They must follow the law and always be honest about their experience, qualifications and current role…*
>
> *83. Doctors must be honest and trustworthy when writing reports, completing or signing forms, reports and other documents, and when giving evidence to courts and tribunals. They must make sure that any information they communicate is not false or misleading. Doctors must take reasonable steps to check the information is correct, must not deliberately leave out relevant information or present opinion as established fact.'*

28. Whilst the Tribunal accepts that not every breach of *GMP* will amount to misconduct, it considered that on any view, conduct which involves dishonesty can only be viewed as a standard falling far short of the standards expected of a medical practitioner and of conduct which would be viewed as deplorable by fellow practitioners.

29. Without a licence to practise, the regulator cannot be assured, and therefore public confidence in the medical profession cannot be maintained, that a doctor is fit to practise. This creates a potential risk to patient safety. Further, practising without a licence when that is a prerequisite for working as a doctor in the UK, is contrary to the fundamental tenets of working as a doctor in the UK. In this case, Dr Khan acted dishonestly in undertaking the Shifts when she knew she did not hold a licence, and in her application made on 10 February

2025. Dr Khan's conduct represented a serious departure from the standards expected of medical practitioners in the UK.

30. The Tribunal was in no doubt that Dr Khan's conduct was sufficiently serious as to amount to a finding of misconduct.

Impairment

Step 2a - Is there a legal basis for considering impairment?

31. Having found that the facts found proved amount to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Khan's fitness to practise is currently impaired. The Tribunal was satisfied, having found Dr Khan's actions amounted to misconduct, that there was a legal basis for a finding of impairment.

32. The Tribunal had regard to paragraph 6 of the MPTS Guidance which states,

> *'6 Where there is a legal basis for considering a doctor's fitness to practise, to assess whether that doctor poses any current and ongoing risk to public protection, an MPT will consider:*
> - *the seriousness of the facts found proved,*
> - *any relevant context known about the doctor and/or their working environment, and*
> - *how the doctor has responded to the allegation(s).'*

33. The Tribunal considered each of these three steps in turn (Steps 2(b) to 2(d) in the MPTS Guidance).

Step 2b - Where on the spectrum of seriousness does the allegation lie?

34. The Tribunal reminded itself that a finding of impairment requires a finding that Dr Khan poses a current and ongoing risk to public protection.

35. In order to assess whether Dr Khan poses such a risk, and the extent of that risk, the Tribunal first considered where the allegation lies on the spectrum of seriousness. On the facts proved, Dr Khan had been dishonest on 26 occasions in undertaking the Shifts between October 2024 to February 2025 and on a further occasion on 10 February 2025 in her application to her regulator to restore her licence.

36. The Tribunal had regard to paragraph 31 of the MPTS Guidance and in particular the guidance indicates that the following allegations are likely to fall at the higher end of the spectrum of seriousness:

> *'dishonesty, other than where it occurs outside of the doctor's professional role and was not repeated or persistent…'*

'where a doctor has deliberately misled patients or others about their licensing status'

37. The Tribunal decided that the starting point for assessing seriousness in this case, having regard to the nature of the facts it has found proved, is at the higher end of the spectrum of seriousness.

38. The Tribunal next considered whether there were any features which increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the MPTS Guidance and considered that the following applied:

'36……

The behaviour or poor performance was persistent or repeated
Behaviour or poor performance will be persistent or repeated where the same, or similar, act(s) or omission(s) occur(s) multiple times and/or where an act or omission continues over a prolonged period….

A reckless disregard for patient safety or professional standards
…..
A reckless disregard for professional standards is where a doctor knew, or ought to have known, they should have followed professional guidance and chose not to do so without having first considered any associated risks and taking reasonable steps to mitigate them. This may include failing to take reasonable steps to check that information provided to others, or written in documents, is correct and that relevant information has not been left out.

A reckless disregard for patient safety or professional standards is most frequently seen in a doctor's working life but can also be seen outside of it.

An attempt to hide and/or avoid taking responsibility for behaviour or poor performance
A doctor must be open and honest if things go wrong. Where, at the time of the circumstances giving rise to the allegation, they attempt to hide unacceptable behaviour or poor performance or avoid taking responsibility for their behaviour or poor performance by blaming others for their own acts or omissions, this can have a negative impact on patient safety and/or workplace culture.

This type of behaviour can only arise in a doctor's working life.

39. The Tribunal considered that Dr Khan's dishonest conduct was deliberate. She knew at the time of working the Shifts that she did not have a licence to practise, having relinquished it in May 2024. Dr Khan's dishonest behaviour was persistent and repeated; she

worked 26 shifts between October 2024 and February 2025 and was further dishonest in the Application. The Tribunal consider that Dr Khan's misconduct demonstrates a reckless disregard for patient safety, in that she was practising medicine without a medical licence, and a reckless disregard for professional standards. Dr Khan had the opportunity during these months to be open and honest with her employer and regulator as to the status of her licence to practise but did not do so. Moreover, in her application made on 10 February 2025 for her licence to be restored, Dr Khan stated that she was unemployed, which was untrue.

40. The Tribunal reminded itself that the starting point for assessing risk was at the higher end of the spectrum of seriousness. The Tribunal has found, having considered the features in this case, determine that the allegation remain at the high end of the spectrum of seriousness in assessing the current and ongoing risk which Dr Khan poses to public protection.

Step 2c - What is the impact of any relevant context known about Dr Khan and/or her working environment?

41. The Tribunal next considered whether there was any relevant context known about Dr Khan and/or her working environment which may have impacted her behaviour at the material time and which, therefore, may have an impact on the assessment of whether she poses a current and ongoing risk to one or more parts of public protection. The Tribunal was mindful that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

42. Paragraph 45 of the MPTS Guidance states that there are three types of relevant context: working environment, role and experience, and personal context.

43. The Tribunal also had regard to paragraph 50 of the MPTS Guidance which states:

> *'50. The impact that evidence of relevant context has on the assessment of risk, will depend on the nature of the allegation and individual circumstances of the case. However, evidence of relevant context that may decrease the level of risk to public protection posed by the doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.'*

44. The Tribunal had regard to paragraphs 64–67 of the MPTS Guidance. In particular, paragraph 67 states:

> *'67. In cases where there is evidence about the doctor's role and experience which may decrease the level of risk the doctor poses to one or more of the three parts of public protection, this will usually have less impact, and therefore carry less weight, where the allegation falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection*

is high. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.'

45. Similarly paragraph 73 of the MPTS Guidance states:

'73 *In cases where there is evidence of personal context that may decrease the level of risk the doctor poses to one or more of the three parts of public protection, this will usually have less impact, and therefore carry less weight, where the allegation falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection is high. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.'*

46. The Tribunal was mindful of Dr Khan's evidence that after she obtained her GMC registration she did not commence medical practice immediately due to personal circumstances, following which she returned to Pakistan. Whilst in Pakistan she gave birth to her son. She then returned to the UK in around November 2021 after the COVID-19 pandemic and did not commence any clinical work as she was undertaking her duties as a housewife, which included looking after her son. Further, given her lack of experience compared to other clinical colleagues registered in the 'locum bank' WhatsApp Group, she struggled to secure employment, and that the first shifts she undertook in October 2024 were offered at very short notice to cover staff absences.

47. The Tribunal noted that Dr Khan was at a relatively early stage of her medical career with limited experience and empathised with her situation and the personal circumstances she describes at the time of events. The Tribunal acknowledged that, under the circumstances, it is reasonable to infer that Dr Khan may have felt some pressure to accept the Shifts as it was clear from Dr Khan's evidence that she felt considerable relief at finally being offered shifts in circumstances where she had not previously. However, the Tribunal considered that none of this context negates that she should have informed her employer that she did not hold a licence to practise and needed to have that restored before she could undertake any shifts.

48. In the circumstances of this case, the Tribunal has not identified any relevant contextual features which might mitigate the misconduct found. It therefore has no material impact on the level of current and ongoing risk to one or more parts of public protection.

Step 2d - How has Dr Khan responded to the allegation?

49. The Tribunal next considered how Dr Khan has responded to the allegation. It had regard to all the evidence and considered whether, and to what extent, Dr Khan has:

- shown insight into her own behaviour, and whether that insight is genuine;
- taken steps which have reduced the risk of her behaving in a similar way again; and

- kept her knowledge and skills up to date.

Insight, remediation and keeping knowledge and skills up to date

50. The Tribunal assessed the extent of Dr Khan's insight into her misconduct. It had regard to paragraph 81 of the MPTS Guidance under Step 2(d) which states:

> *'81 To demonstrate insight, and insight which is genuine, the doctor will need to show they understand what happened and accept how they could have acted differently. This involves showing, where relevant, that they have:*
>
> - *considered the allegation, understanding what went wrong and accept they should have acted differently*
> - *fully understood the impact or potential impact of their behaviour, performance, or health condition*
> - *empathy for any individual affected, for example by apologising*
> - *taken, or are taking, steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*
> - *sought appropriate support for a health condition and are seeking and/or following treatment and advice and/or are engaging with local support and any steps put in place to manage any risks to patients*
> - *complied with the professional duty of candour*
> - *co-operated with earlier investigations into the allegation (if they had the opportunity to do so) and engaged with the GMC's investigation, and/or*
> - *self-referred to their employer and/or the GMC.'*

51. The Tribunal had regard to paragraph 89 of the MPTS Guidance which states:

> *'A doctor has the right to advance a robust defence to an allegation. This includes requiring the GMC to prove their case and bring witnesses to hearings. As a result, an apology may not be forthcoming until after a witness has engaged in the hearing. In other cases, if the defence put forward by the doctor is not successful, it may be unrealistic to expect them to immediately accept every finding, in a fully sincere manner, or apologise.'*

52. The Tribunal fully accepts that Dr Khan has a right to defend herself against the allegations and her continued denial is understandable. However, this makes it more difficult for her to demonstrate at this time insight and remediation.

53. The Tribunal had regard to Dr Khan's Stage 2 bundle. This includes a certificate of completion of a course entitled 'Probity and Ethics' in June 2026. The Tribunal noted that this was undertaken a month before this hearing and, aside from this, Dr Khan has provided no other evidence of any courses she may have completed to help her understand and gain insight into her dishonest conduct. The Tribunal therefore gave some but limited weight to this.

54. Dr Khan has also provided a testimonial from Dr D, Clinical Fellow in Acute Medicine at Walsall Manor Hospital dated 7 July 2026. This attests to Dr Khan's clinical work and character. Whilst the Tribunal took this testimonial into account it placed limited weight on it. Dr D's experience of working with Dr Khan is limited to the Shifts which she worked whilst being dishonest about her licence status. Dr D repeats in his testimonial what Dr Khan subsequently told him about this being a result of a 'lapse', a defence which the Tribunal has rejected.

55. Within her defence bundle, Dr Khan provided a reflective statement. The Tribunal had regard to this. The Tribunal appreciates that the reflective statement was drafted prior to the Tribunal's findings on the facts and therefore does not address the extent of the dishonest conduct found by the Tribunal. There is considerable focus in the reflective statement about Dr Khan forgetting she did not hold a licence and the steps she has taken and will take to ensure that this is not repeated. The Tribunal does not consider Dr Khan has addressed in any real sense her dishonest conduct, particularly why she did what she did, to be able to learn from that and ensure it is not repeated.

56. The Tribunal consider there is very limited evidence of Dr Khan's insight and remediation and that she is at a very early stage of her journey to developing insight into her misconduct and remediation. It is likely that she will need further time to process and accept the Tribunal's determination on the facts and gain insight and remediate her dishonest conduct.

57. In all the circumstances, and based on the evidence before it today, the Tribunal considered that there is currently a high risk that Dr Khan would repeat her misconduct.

58. Dr Khan asserted that she has chosen not to work since these matters came to light until these matters were concluded. The Tribunal noted, however, that there is no evidence before it as to how Dr Khan has kept her medical knowledge and skills up to date since she ceased to work.

Step 2e - 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

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

60. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Khan's misconduct, dishonesty, lies at the high end of the spectrum of seriousness. The Tribunal identified no features or context which decreased the current and ongoing risk that Dr Khan presents to public protection.

61. The Tribunal had regard to the General Introduction section of the MPTS Guidance, and specifically the sections headed '*Case Type 2: dishonesty*'.

62. The Tribunal agreed with the parties that Dr Khan's fitness to practise is impaired and determined that the current and ongoing risk is high. The Tribunal further agrees with the parties that all three parts of public protection are engaged in the current case:

Protecting, promoting and maintaining the health, safety and wellbeing of the public - Promoting and maintaining public confidence in the profession - Promoting and maintaining professional standards and conduct (upholding professional standards)

63. The Tribunal has found that Dr Khan practised without a licence to practise and was dishonest about the same. Whilst there is no evidence of any patients coming to harm, her actions had the potential to cause harm to patients. Accordingly, the Tribunal considers that Dr Khan poses a current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment is required on public safety grounds.

64. As to the second part of public protection - public confidence in the profession - the Tribunal was in no doubt that Dr Khan's misconduct brings the medical profession into disrepute and that she has breached fundamental tenets of the medical profession, including the requirement to hold a licence to practise when undertaking any medical work within the UK, being honest about her licence status and being honest with her patients, her employer and her regulator. The public must have confidence that doctors are ably qualified up to date with their medical knowledge and skills, and are able to provide good care and treatment.

65. The Tribunal had regard to paragraph 35 of the Introduction document to the MPTS Guidance which states:

> *'Patients and members of the public must be able to trust doctors with their lives, including their health. Trust in the profession is essential so that when individuals need medical care, they have confidence in those who provide it.'*

66. The Tribunal considered that a member of the public knowing the full facts of this case, would be concerned that Dr Khan had behaved in the way found proved, and this had the potential to damage public confidence in the medical profession.

67. Accordingly, the Tribunal concluded that a finding of impairment is necessary to maintain public confidence in the profession.

68. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Khan's conduct represented a serious departure from the standards of conduct expected of medical practitioners.

69. The Tribunal had regard to paragraph 42 of the of the Introduction document to the MPTS Guidance which states:

'If a doctor seriously departs from the professional standards, it can mean that they pose a risk to public protection.'

70. The Tribunal has found that Dr Khan's conduct breached paragraph 81 of GMP and her conduct a serious departure from the standards expected of a medical practitioner.

71. The Tribunal also had regard to paragraph 44 of the Introduction document to the MPTS Guidance which states:

'A departure from the professional standards may require regulatory action to be taken to uphold them. This is because regulatory action sends a message to the individual doctor, the wider profession, patients and members of the public about the principles, values, and standards of care and professional behaviour expected of doctors.'

72. Given the Tribunal's findings, it considered that a finding of impairment is required to send a clear signal to Dr Khan, the profession, and the public, that this type of conduct is unacceptable.

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

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

Determination on Sanction - 23/07/2026

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

Evidence

2. Dr Khan gave oral evidence at this stage of the proceedings. She relied on the evidence in the defence bundle, which the Tribunal had already had regard and made reference to in its determination on impairment.

Dr Khan's Evidence

3. Dr Khan stated that she adopted, to most extent, the content of her reflective statement contained with the defence bundle. She stated that she had written the reflective statement prior to the Tribunal's findings on the facts and impairment. Dr Khan told the

Tribunal that she accepted and respected its findings, adding that she realised her actions were dishonest.

4. Dr Khan explained that she had tried to rationalise her actions in the face of multiple emails which showed that she had an awareness of the fact that she did not have a licence to practise. She had rationalised that she had family pressures and a lot going on at the time. However, she said that, no matter her rationalisation, this did not lessen the impact her actions could have had on patients and on public confidence in the medical profession. Dr Khan told the Tribunal that she now realised that being a good doctor did not just mean ensuring that no patient came to any harm and working effectively with clinical colleagues, but also involved, ensuring administrative processes were complied with. Dr Khan said that clinical practice and administrative processes go hand in hand.

5. Dr Khan referenced having reviewed the GMP, stating that a particular requirement within it was the need to ensure her conduct justified patients trust in her as a doctor and in the medical profession. Dr Khan said she admitted to being dishonest in working the 26 shifts and in her application form to restore her licence in February 2025. When asked what went wrong, Dr Khan explained that, when she worked the shifts, her regulatory processes were not up to date, adding that she was being paid to undertake the shifts and was working without a licence to practise, which was not allowed or justified. Dr Khan added that the first thing any doctor needs to work in the UK is for them to have a licence to practise.

6. Dr Khan said that as soon as she realised she had no licence to practise, she should have notified the Trust which would have prevented her from being offered the Shifts, instead of letting it go to the back of her mind simply because she had finally been offered work. Further, Dr Khan said that she should not have hid the fact she had been working since October 2024 in her application in February 2025. She said that when she began completing the first form on the GMC website, she intended to *'come clean'* and be open and honest about her employment. However, she panicked as to what that might mean and what it might lead to, so instead, she chose to be dishonest. She went on to say that even in these proceedings, she was trying to rationalise to herself her actions, knowing that they were dishonest and serious.

7. Dr Khan said she had failed in her duty to notify the Trust and that she had tried to hide this fact, which was wrong. Rather than lie in the application form, Dr Khan said that she should have confronted the issue, and that to try to cover it up, hoping it would not be noticed, was a serious mistake on her part.

8. When asked what steps she took after she received the email from the GMC on 17 February 2025, Dr Khan said that she immediately ceased working at the Trust. She added that she has not worked since these matters came to light, some fifteen months now. Dr Khan stated that she had no intention of returning to clinical practice until these matters had been resolved. She told the Tribunal that she wanted to make sure everything was above board and that is why, after her licence was restored in March 2025, she checked with the GMC investigating officer whether she could undertake any clinical work. She said she was

advised that, so long as she informed the employer of the ongoing GMC investigation before commencing work, she could work. However, Dr Khan stated that she did not want to take any chances and chose not to work. She added that once these matters were concluded, she would give it time before returning to clinical practice, adding that the whole experience had affected her XXX in her professional and personal life and so she wanted to make sure she was clear as far as it involved regulatory processes.

9. Asked about the importance of regulatory processes, Dr Khan stated that prior to these events, she considered herself to be a good doctor, adding that patients liked her, no patients came to any harm, she worked well with her clinical colleagues and was liked by them, and her medical knowledge and skills were up to date. However, Dr Khan said that now she did not consider herself to be a good doctor having been dishonest in her dealings with the GMC regulatory process. She reiterated that clinical practice and administrative processes go hand in hand.

10. In relation to what steps she had taken to prevent a recurrence of her misconduct, Dr Khan said that she had reviewed the GMP, particularly the sections dealing with maintaining trust and being open and honest, and how it related to her situation. She said she had put in place measures to help, such as preparing a compliance checklist to keep up to date with her payments in respect of her registration, revalidation due dates, and her appraisals dates. She said that she now ensures that she replies to GMC correspondence as soon as possible and gave a recent example of this relating to information requested by the GMC about her designated body.

11. Dr Khan went on to say that she had completed a Probity and Ethics Course in June 2026 where she learnt that no matter what her intent, the impact of her dishonesty and her working without a licence to practise on patient safety and public confidence in the profession could not be underestimated. Dr Khan added that the public and patients deserved to be treated by a doctor who was open and honest.

12. Dr Khan told the Tribunal that given she had been away from clinical practice for so long, she would benefit from having someone who could provide clear guidance so she may better improve herself. She acknowledged, however, that it was not anyone else's role to do that.

13. In relation to keeping her medical knowledge and skills up to date, Dr Khan said that she had enrolled on a post-graduate course in dermatology in September 2025 because at that time, she was unsure about returning to clinical practice. She said that this course had helped her to keep her medical knowledge and skills up to date.

14. Dr Khan spoke about the impact of her actions on her and her family, financially and XXX. She acknowledged the impact her actions had on maintaining patients' trust in doctors and the medical profession, on the Trust who had to utilise resources to undertake an investigation into the matter, and on her clinical colleagues who presumed they were working alongside a licensed doctor. She apologised for the inconvenience.

15. In answer to questions from Mr Mensah about the timing of her undertaking the Probity and Ethics course, a month before this hearing, Dr Khan explained she had started looking for dates approximately three months ago but no dates were available. She further explained that she had no legal representation at the time of the investigation and it was only after she was informed that her case had been referred to an MPT hearing that she secured legal representation, and that is when she was advised what she needed to do. Dr Khan added, however, that her engagement with her mentor was already in place.

16. Dr Khan said that she now understands what she did was wrong and why it was wrong. She said that she had accepted her dishonesty and she had reflected on her dishonest actions when she competed the application to have her licence restored in February 2025. She gave an assurance that dishonesty was not a common feature of her personality or her nature in general, and that she would never do anything like this again. She had referred to it being a *'one-off'* and, in response to a question from Mr Mensah, acknowledged that her dishonesty related to the 26 shifts and her completion of the application form in February 2025.

17. Dr Khan explained, in relation to the application, she had panicked and that with her not working, and her husband being the main breadwinner, they were experiencing financial stress. She said that the main reason for her taking on the shifts was to be able to help him out financially.

Submissions

On behalf of the GMC

18. Mr Mensah, Counsel, reminded the Tribunal that there is no burden of proof at this stage. He reminded the Tribunal to have regard to the Sanctions Guidance ('SG'). He said that the main reason for imposing a sanction was not to punish the doctor but for the protection of the public, adding that the Tribunal will consider the proportionate sanction to be imposed in this case to protect the public.

19. Mr Mensah set out for the Tribunal the sanctions options available to it, having regard to its findings at the facts and impairment stages, as well as the ongoing risk posed by Dr Khan to public protection. He referred the Tribunal to paragraphs 29, 36, 37 52 and 55 of its determination on impairment. Whilst Mr Mensah acknowledged that the decision as to the appropriate sanction is one for the Tribunal exercising its own independent judgement, on behalf of the GMC, he submitted that the appropriate sanction in this case is a period of suspension at the upper end as set out in the SG, with a review hearing.

20. Mr Mensah submitted that there are no exceptional circumstances in this case to warrant taking no action or concluding the case with a period of conditional registration. He reminded the Tribunal that Dr Khan maintained her actions were not dishonest in relation to the 26 shifts but the Tribunal had found otherwise.

21. Mr Mensah referred the Tribunal to the bandings in the SG which he submitted are a guide, adding that the Tribunal may decide that the appropriate sanction should be lower or higher. However, he reminded the Tribunal that this case involved prolonged and repeated dishonesty in a professional role, with a complete reckless disregard to public protection and professional standards, and that Dr Khan's actions undermined the very system designed to protect the public. He submitted that the personal circumstances relating to XXX did not mitigate her dishonest conduct.

22. In all the circumstances, Mr Mensah invited the Tribunal to impose a period of suspension on Dr Khan's registration.

On behalf of Dr Khan

23. Dr Courcha, Counsel, submitted that Dr Khan recognised and accepted the findings and decisions of the Tribunal at the facts and impairment stages. He reminded the Tribunal that she had made extensive admissions to paragraphs of the Allegation, and that she had openly engaged with these proceedings. Dr Courcha submitted that Dr Khan accepts that a period of suspension is the appropriate and proportionate sanction in this case but invited the Tribunal to impose a period lesser than that suggested by the GMC. Dr Courcha acknowledged that the purpose of sanction is not to punish a doctor but to protect patients and he reminded the Tribunal that the sanction must be the least restrictive to achieve those aims, applying proportionality and having regard to the SG. He stated that in assessing what was proportionate, the Tribunal should weigh the seriousness of the conduct against the mitigation, the insight demonstrated, the risk of repetition and the wider public interest. Dr Courcha invited the Tribunal to approach the question of appropriate sanction on the basis that, whilst the issues at hand were extremely serious, they were in large part admitted and there were some mitigating features, which included that no patient came to any harm, and no concerns had been raised about Dr Khan's clinical competence or performance at any point during the period in question. He added that whilst these do not negate Dr Khan's actions, the Tribunal ought to take them into account when determining the need for public protection and what is proportionate in this case.

24. Dr Courcha referred the Tribunal to the testimony provided by Dr D, although he acknowledged that it is a matter for the Tribunal as to what weight to give to it. He referred the Tribunal to paragraph 2 of Dr D's testimony in which he describes Dr Khan as a safe and capable doctor and, that later in his testimony, Dr D states that Dr Khan did not seek to minimise the seriousness of her actions.

25. Dr Courcha submitted that the Tribunal had evidence of insight and remediation, which would suggest that a lesser period of suspension would be appropriate. He said that despite Dr Khan's denial prior to the Tribunal's findings on facts and impairment, this did not mean that she could not have insight prior to these proceedings. He referred the Tribunal to case law and reminded the Tribunal that insight is concerned with future risk. He said that Dr Khan's attitude to the underlying misconduct should be properly taken into account. He

added that that whilst Dr Khan only made admissions in respect of 2 shifts, she had shown genuine insight into the Allegation as a whole and he reminded the Tribunal of his submissions on the facts that should the Tribunal find that Dr Khan had acted dishonestly in relation to the other 24 shifts, that Dr Khan accepted her actions were dishonest. Dr Courcha said that Dr Khan should be given credit for the admissions she made and the level of insight she had shown.

26. Dr Courcha referred the Tribunal to Dr Khan's reflective statement contained within the defence bundle stating that Dr Khan does not seek to minimise her conduct but instead confronted it head on. He took the Tribunal to relevant sections of the reflective statement. He said it was clear from this that Dr Khan recognised what she had done was wrong and what she should have done, adding that Dr Khan was profoundly ashamed of her actions, particularly when she completed the application form in February 2025. Dr Courcha went on to say that Dr Khan in her reflective statement sets out what she has done to demonstrate insight into the concerns and recognises the unique role of a doctor and why compliance with regulatory issues is vital. He said that in her oral evidence, Dr Khan again recognised the importance of regulatory issues. He reminded the Tribunal that Dr Khan described herself as a good doctor prior to these events, and whilst that was still true, a good part of this was to be honest. He said that Dr Khan recognised that all elements of clinical practice and administrative processes go hand in hand. He submitted that Dr Khan had candidly dealt with the issue relating to the incomplete application saying that she hoped it would go unnoticed but accepted this was completely dishonest and that she should not have tried to cover it up. Dr Courcha submitted that all this goes to demonstrating her insight.

27. Dr Courcha submitted that Dr Khan has taken appropriate steps and has demonstrated remediation. He said that she had completed a Probity and Ethics Course, which goes to show her commitment to ensuring this type of misconduct is not repeated. He reminded the Tribunal that Dr Khan has implemented a personal regulatory compliance checklist covering licence, verification, retention fees, revalidation, designated body and employer notification. He submitted that this system would ensure that she never makes a mistake regarding regulatory issues. He reminded the Tribunal that on the day her licence to practise was restored, Dr Khan contacted the GMC and checked if she was able to work. This, he submitted, showed that she had learnt from these events and will not repeat in the future. Dr Courcha highlighted Dr Khan had a mentor as a point of contact and support if she needed, and had reviewed GMP in full, with a particular focus on honesty and the obligations attached to registration and licensing. Dr Courcha submitted that, when viewed as a whole, her actions directly address each identified failing.

28. Dr Courcha submitted that this kind of remediation, which is targeted, documented and already implemented, is the clearest possible indicator that the risk of repetition is low, and that the risk of Dr Khan repeating her misconduct is low. He said that Dr Khan has completely recognised her failings and has insight into why they happened.

29. In relation to sanction, Dr Courcha referred the Tribunal to the sanctions bandings contained in the MPTS Guidance. He submitted, taking Dr Khan's level of insight and

remediation into account, her conduct falls at the higher of medium bracket or lower end of the higher bracket, which suggests a period of suspension of 6 – 9 months. He submitted that the higher end is for the most serious cases and where there is a lack of insight. He further submitted that this shorter suspension would adequately mark the seriousness of the conduct and maintain public confidence, whilst a longer period would be disproportionate and would tip the legitimate protective function into punishment, which was not the Tribunal's purpose. He said that public confidence in the profession would be maintained by the imposition of this and it reflects both the gravity of the conduct and the doctor's response to it.

30. Dr Courcha submitted that a review hearing was not necessary and would serve no useful purpose in this case. A review hearing exists to enable a future Tribunal to satisfy itself that a doctor has remediated and is safe to return to unrestricted practice, adding that a review is therefore only of value where remediation and insight is lacking at the time of the substantive hearing or where the Tribunal cannot yet be confident that the concerns have been addressed. He said that this is not the case here, adding that there is nothing further that a review Tribunal would need to see that is not already before the Tribunal. Dr Courcha submitted that this point is reinforced by Dr Khan's voluntary abstention from clinical practice. He said that she made that choice deliberately at a significant personal and financial cost in order to resolve this matter before returning to clinical work. This, he submitted, demonstrates that Dr Khan does not treat her regulatory obligations lightly and she can be trusted to act appropriately in relation to her own return to practice.

31. In all the circumstances, Dr Courcha invited the Tribunal to impose a period of suspension for 6 – 9 months with no review hearing. He said that this would properly mark the seriousness of the misconduct found, and it would maintain public confidence in the profession and reflect the steps that Dr Khan has already taken to ensure that nothing like this can ever happen again.

The Tribunal's Approach

32. The Tribunal accepted legal advice and the procedure to be adopted under the MPTS Guidance, including *Section three: MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction,* appended to this determination.

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

34. The Tribunal reminded itself that, in determining whether to impose a sanction, it should have regard to the principle of proportionality and should start by considering the least restrictive option. It had regard to paragraph 7 set out in the 'Introduction' section of the MPTS Guidance which states:

> *'Being proportionate*
> *7. To be proportionate, a tribunal must ask themselves, in the context of the individual case and decision being made, what is required and no more than*

necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. To assess what is proportionate, tribunals should be clear on the options available to them.'

35. It noted that the parties are agreed in their respective submissions that concluding the case with no action would not be appropriate nor would imposing a period of conditional registration, and that a period of suspension would be the appropriate sanction. However, the Tribunal is mindful that the decision as to the appropriate sanction in this case is a matter for it alone, exercising its own independent judgement. It therefore considered the sanctions in ascending order of severity in relation to Dr Khan's misconduct.

36. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Khan's interests with the public interest. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.

The Tribunal's Determination on Sanction

37. The Tribunal reminded itself of its determination on facts and impairment and that, in accordance with the MPTS guidance that came into effect on 24 November 2025, issues of insight, remediation, seriousness of the allegation and the level of risk to the public are and were considered at the impairment stage.

38. The Tribunal had regard to paragraph 62 of the relevant section of the MPTS Guidance, which sets out the sanctions bandings for specific types of cases. The Tribunal had regard to its findings at the impairment stage that Dr Khan's conduct was at the higher end of the spectrum of seriousness and that she poses a high level of current and ongoing risk to public protection.

39. The suggested sanction in dishonest cases under the sanctions bandings at the higher level of risk is one of 9 months' suspension to erasure as set out in the table below:

Case type	Lower level of risk to public protection	Medium level of risk to public protection	Higher level of risk to public protection
Dishonesty	Suspension up to 3 months	Suspension 3 to 9 months	Suspension 9 months to Erasure

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

41. 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 Dr Khan poses to public protection. It has referred to the sanctions banding for cases involving dishonesty in Part C of the MPTS Guidance, as set out above. It has also considered the impact of any specific sanction type, where applicable, and any references or testimonials provided.

42. The Tribunal held in its mind that Dr Khan has no previous adverse GMC history.

43. The Tribunal considered the documentary evidence provided by Dr Khan in the defence bundle at the impairment stage and now has taken into account the oral evidence given by Dr Khan at this stage. The Tribunal remains of the view that there is limited evidence that Dr Khan has accepted and understood the reasons why she was dishonest to the extent found by the Tribunal. Further, the Tribunal is concerned that Dr Khan has not yet taken ownership of that dishonesty and the impact it has on public confidence in the medical profession and on maintaining of professional standards. The Tribunal considers that Dr Khan is at the very early stage of her journey to developing insight and remediating her misconduct.

44. The Tribunal reminded itself that Dr Khan was a doctor in the relatively early stages of her medical career and has not held a substantive clinical post in the UK. The Tribunal agrees with Dr Khan that, going forward, she is likely to benefit from mentoring and a regular clinical post (rather than locum work) with the professional and regulatory scaffolding that is likely to afford.

45. However, at this juncture, the Tribunal has found Dr Khan's misconduct to be at the higher spectrum of seriousness and that there is a high risk to public protection. Dr Khan dishonestly undertook clinical work between October 2024 and February 2025 knowing that she did not have a licence to practise and she was dishonest in her application form in February 2025 in an attempt to cover that up.

46. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective to protect patients set out in section 1 of the Medical Act 1983:

a. to protect, promote and maintain the health, safety, and wellbeing of the public
b. to maintain public confidence in the profession
c. to promote and maintain proper professional standards and conduct for members of the profession

47. The Tribunal was mindful of bullet point 2 under paragraph 10 of the MPTS Guidance. This states:

'....
When considering the impact on those affected by the decision, the interests of individual patients and members of the public may include the impact that taking a

specific type of action is likely to have on the delivery of health services in a particular speciality or within a defined geographical location. However, whilst there may be a public interest in facilitating a doctor's return to safe practice, the decision on what sanction is required needs to reflect the level of current and ongoing risk to one or more of the three parts of public protection that has been identified, and which takes into account the seriousness of the allegations, and must be consistent with the GMC and MPTS' legal role to protect the public.
….'

No action

48. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. it noted in particular paragraph 13 states:

'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'

49. The Tribunal was mindful of the common ground between the parties as set out above. The Tribunal determined that, given the facts in this case and the nature of the misconduct found, there are no exceptional circumstances which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that the taking of no action would not be sufficient, proportionate, or in the public interest.

Conditions

50. The Tribunal next considered whether to impose conditions on Dr Khan's registration. As a starting point, the Tribunal noted that the sanctions bandings for dishonest misconduct do not indicate that conditions would be an appropriate and proportionate sanction in cases involving dishonest misconduct where a high level of risk to public protection has been identified.

51. The Tribunal had regard to paragraphs 17 to 30 of the relevant section of the MPTS Guidance which provide an indication of cases where conditions are likely to be suitable. In particular, the Tribunal noted paragraphs 28 – 30 which state:

'28. Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

a. the doctor has demonstrated they are willing and/or able to remediate

b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining
c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong
d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.

29. A doctor may have demonstrated they are willing and able to remediate where they've provided evidence that they're committed to improving their knowledge and skills and keeping them up to date throughout their working life, improving the quality of their work and seeking and responding to feedback. They may not have demonstrated they are willing and/or able to remediate where there is evidence there have been previous unsuccessful attempts to remediate, or where there is evidence the doctor has been unwilling to engage.

30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.'

52. The Tribunal bore in mind that any conditions imposed must be appropriate, proportionate, workable and measurable. The Tribunal had regard to the guidance that, for conditions to be appropriate, they must address the specific findings about the current and ongoing risk to public protection posed by the doctor. The Tribunal reminded itself of its findings that Dr Khan had breached fundamental tenets of the medical profession and that her actions involved repeated acts of dishonesty. The Tribunal considered that this was not conduct which could properly be addressed by conditions on Dr Khan's registration. The Tribunal therefore determined that it was not possible to formulate conditions to address the risks associated with Dr Khan's dishonest misconduct.

53. The Tribunal concluded that the imposition of conditions would be insufficient to protect the public or to satisfy the wider public interest and would not be proportionate.

Suspension

54. The Tribunal then considered whether suspension is the appropriate sanction in this case.

55. The Tribunal had regard to paragraphs 41 – 54 of the MPTS Guidance. These paragraphs deal with when suspension might be considered the appropriate sanction. In particular, the Tribunal noted paragraphs 44 and 45(b) state:

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

the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

45 Suspension may be proportionate in cases where some, or all, of the following factors are present:

a. conditions are not appropriate, measurable and/or workable

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'

56. The Tribunal reminded itself that the purpose of suspension is to remove a doctor from practice to manage the current and ongoing risk they pose to public protection with the aim they should be able to return safely to unrestricted practice in the future. Suspension can have a deterrent effect and be used to send a signal to the doctor, the profession and the public about what is regarded as behaviour unbefitting of a registered doctor. The Tribunal needs to be satisfied as to whether any sanction less than erasure would be sufficient to address the three limbs of public protection, noting that it had found all three limbs of public protection were engaged in this case.

57. The Tribunal bore in mind that the sanctions bandings table at paragraph 62 of the relevant section of the MPTS Guidance, as set out above, indicates that a lengthy period of suspension or erasure may be the appropriate and proportionate outcome in cases involving dishonest misconduct at the higher end of risk to public protection.

58. The Tribunal found at the impairment stage that Dr Khan's dishonest misconduct was at the higher end of the spectrum of seriousness and there was a high risk to public protection. Dr Khan had been dishonest in working 26 shifts with the knowledge that she did not have a licence to practise and had thereafter been dishonest in her application form in February 2025 for her licence to be restored. The Tribunal found that her misconduct was deliberate and repeated and showed a reckless disregard for professional standards. The Tribunal has found that Dr Khan's actions brought the medical profession into disrepute, that she has breached paragraph 81 of GMP, and that her actions fell short of the standards of conduct expected of medical practitioners.

59. The Tribunal has determined that Dr Khan currently poses a high risk of repeating her misconduct. The Tribunal considers and takes into account Dr Khan has begun to take steps to develop insight into the concerns in this case, however she is at the early stages of this journey. She has completed one course in relation to probity and ethics. The Tribunal

considers, however, that Dr Khan has not yet demonstrated that she understands the root cause(s) of her dishonest actions nor that she takes appropriate responsibility for her dishonest behaviour and its impact on the public's confidence in the medical profession.

60. The Tribunal considered that Dr Khan should have the opportunity to demonstrate insight and remediation into the proven allegations. The Tribunal was of the view that the misconduct found in this case may be remediable, and that, given the opportunity, Dr Khan may be able to demonstrate sufficient evidence of insight and remediation, such that the risk of her repeating her misconduct may be considered to have reduced.

61. In the circumstances, and taking all the evidence before it, the Tribunal considered that a period of suspension is the appropriate and proportionate sanction in this case. The Tribunal was satisfied that a period of suspension would be sufficient to address the three limbs of public protection – that is:

a. to protect, promote and maintain the health, safety, and wellbeing of the public
b. to maintain public confidence in the profession
c. to promote and maintain proper professional standards and conduct for members of the profession

62. Further, the Tribunal considered that the risk to the three limbs of public protection would be managed as Dr Khan would not be able to work while her registration is suspended.

Length of the suspension

63. In determining the length of the suspension, the Tribunal had regard to the table set out at paragraph 62 of Section 3 of the MPTS Guidance. The table indicates that the sanction for a higher level of risk to public protection in relation to dishonest misconduct falls under the 'Suspension 9 months to Erasure' banding.

64. The Tribunal had regard to paragraph 46 of the MPTS Guidance which states,

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

a. the assessment of the level of current and ongoing risk to public protection posed by the doctor 15 Section 35D(2)(b) of the Medical Act 1983 (as amended)
b. the reasons for assessing suspension as being the proportionate response
c. the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or

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

65. The Tribunal is satisfied that the appropriate period of suspension falls within 'Suspension 9 months to Erasure' banding. In the Tribunal's judgement, given all the circumstances in this case, the appropriate sanction is the maximum period a suspension can be imposed of 12 months with a review.

Erasure

66. In view of the seriousness of Dr Khan's misconduct, the Tribunal did carefully consider whether erasure would be an appropriate sanction. The Tribunal considered paragraphs 55 – 59 of Part C of the MPTS Guidance, particularly paragraphs 55 and 57(a – d) which state:

'55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'

'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.'

67. The Tribunal found that Dr Khan's behaviour was a serious departure from GMP and her prolonged and repeated dishonest conduct was at the higher end of seriousness. It has determined that all three limbs of public protection are engaged.

68. Whilst the Tribunal considers Dr Khan to currently have limited insight and shown limited remediation, it determined Dr Khan should have the opportunity to develop and demonstrate sufficient insight into the concerns and take steps to remediate. The Tribunal accepted that a case could be made for erasure being the appropriate sanction but that the

principle of proportionality meant that, as it had determined that the public could be protected with the lesser sanction of a long suspension with a review, that remained the appropriate sanction to impose.

69. The Tribunal considered that it was appropriate, in the circumstances of this case, given that Dr Khan had contested the allegations which she was entitled to do so, to allow her an opportunity to show that she had developed insight into the allegations proved, and that she has taken steps to remediate her misconduct. It was mindful that should Dr Khan not demonstrate any further or sufficient insight as the Tribunal had suggested, a future Tribunal reviewing her case would have the option to consider erasure at that point. At this point in time, however, the Tribunal considered that erasure would be disproportionate.

Review

70. The Tribunal had regard to paragraphs 52 of the MPTS Guidance which states:

> *'52. The question of whether the doctor can safely return to unrestricted practice will need to be considered before a period of suspension concludes and so a review should be directed. The exception to this is where a short suspension (usually three months or less) has been imposed on public confidence grounds and/or to maintain professional standards.'*

71. The Tribunal has determined to direct a review of Dr Khan's case because of the nature of the misconduct, and because it was necessary to see that she has developed insight into the proven allegations and taken steps to remediate. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing the onus will be on Dr Khan to demonstrate evidence of her insight and remediation.

72. The Tribunal determined that it may assist the reviewing Tribunal to receive evidence of the following:

- A reflective statement from Dr Khan that includes an address of her understanding, acceptance, and ownership of the misconduct found, and the root causes of it, and the impact of her actions on public confidence in the medical profession;
- Evidence of personal development, for instance, evidence of further courses she has attended in relation to probity and ethics, and any mentoring support;
- Evidence of professional development, including any courses to improve her knowledge of the expectations from her regulator and what she has done to keep up her medical knowledge and skills;
- Any other information Dr Khan may consider relevant to her case, which may include a report from any mentor.

73. This list is not exhaustive and it will be for Dr Khan to provide sufficient evidence to the reviewing Tribunal.

Determination on Immediate Order - 23/07/2026

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

Submissions

On behalf of the GMC

2. Mr Mensah submitted that given the Tribunal's findings an immediate order is necessary.

On behalf of Dr Khan

3. Dr Courcha submitted that Dr Khan does not oppose the application for an immediate order.

The Tribunal's Determination

4. Pursuant to section 38(1) of the 1983 Act, on giving a direction for suspension, the Tribunal may impose an immediate order (of suspension in this case) if it considers it necessary for the protection of members of the public or if it is otherwise in the public interest.

5. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

> *'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.'*

6. The Tribunal considered its findings at previous stages in relation to Dr Khan's misconduct. It assessed the level of current and ongoing risk posed to public protection to be high and in relation to all three limbs of public protection. It has balanced Dr Khan's interests against the interests to protect the three limbs of public protection. The Tribunal took into account that Dr Khan is not currently working.

7. The Tribunal considered that an immediate order is necessary in this case to protect, promote and maintain the health, safety, and wellbeing of the public; to maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. The Tribunal considered that the only way to manage the current and ongoing risk is to impose an immediate order.

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

9. The Tribunal noted that there is no interim order to be revoked.

10. That concludes the case.