

Dates: 03/03/2020 - 04/03/2020

Medical Practitioner's name: Dr Shoaib AHMAD

GMC reference number: 6128172

Primary medical qualification: MB BS 2005 University of London

Type of case

New - Conviction / Caution

Outcome on impairment

Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr John MacGregor
Lay Tribunal Member:	Miss Safia Iman
Medical Tribunal Member:	Mr Robert Mansel
Tribunal Clerk:	Ms Zaheda Razvi

Attendance and Representation:

Medical Practitioner:	Not present and not represented
Medical Practitioner's Representative:	n/a
GMC Representative:	Ms Sarah Barlow, Counsel, instructed by GMC Legal

Attendance of Press / Public

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

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Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 04/03/2020

FACTS

Background

1. Dr Ahmad qualified as a doctor in 2005 from the University of London.
2. The allegation that has led to Dr Ahmad's hearing can be summarised as follows. He was convicted of criminal offences relating to illegal drugs in France and was sentenced to a period of six years imprisonment.
3. On 17 August 2017 at 15:50 hours, Dr Ahmad was stopped by the border and customs agents working for the 78 department in Neuville en Ferrain whilst driving from Belgium in his UK-registered Jaguar. Four plastic bags were discovered in the boot which had Dutch writing and which contained 123,162 MDMA tablets (Ecstasy) with a total weight of 45.826 kilos and with a purity rate of between 38.1 and 52.4 %. Several tablets bore the symbol NL. Dr Ahmad was found to be in possession of a Motorola mobile phone, a laptop and three USB keys but he refused to give his passcodes to these devices. It appears from the documents seized that on 20 June 2017 he made a reservation for a Ferry and a small furnished vacation house in Ennetieres en Weppes via the AIRBNB website. The search at that address resulted in the discovery of two isopropanol bottles (a substance that could be used to purify synthetic drugs), a vacuum packing machine, a heat sealer machine, numerous resealable plastic bags, a bag of car door panel clips and a Nexus Motorola mobile phone.
4. Dr Ahmad was detained by the French authorities. Initially, he did not make a statement whilst he was being held at the police station and refused to hand over the access codes for his two mobile phones and his laptop. Dr Ahmad was charged with drug related offences. At this point, he told the French authorities that he regretted what he had done. He was subsequently incarcerated in France.
5. Dr Ahmad made his first statement to the judge, since his police interview, on 13 October 2017. He explained that he agreed to transport drugs, namely Ecstasy, between the Netherlands and the UK for a long-term friend. He refused to give any information that would permit the identification of this friend because he feared reprisals against his

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family. He was supposed to be paid €3000 for this. This matter was proposed to him in June. He said he did not know how much product he was transporting. His silent partner ordered him to rent accommodation in France to deflect any attention in case he was checked. The isopropanol was not meant to purify drugs but was used to clean the bags to eliminate any odour that would attract sniffer dogs. He confirmed that he was by himself in Ennetieres and that he told the owner that he was in Lille to make contact with the Faculty of Medicine. He explained his actions by having been in a dire financial situation due to the fact of having been unemployed for several months.

6. The Tribunal was informed of matters that were relevant to the context of this case and noted that these matters were relevant as they informed the judgement and sentence of the French Court in Dr Ahmad's case.

7. Dr Ahmad was brought before the High Court, Criminal Division, of Lille on 26 December 2018. There was a partial dismissal of certain charges (for the charge of participation in an organised group with intent to commit a crime or to offer or sell non-authorised drugs). At the hearing, Dr Ahmad confirmed his version of events and highlighted his financial problems. He said that he regretted his actions and that he was aware that he had ruined his personal, familial and professional future.

8. The fact of the breach of drugs legislation and of customs offences was established by the seizure of the products from the vehicle and by the discovery of the packaging material in the small vacation house in Ennetieres.

9. On 1 February 2019, Dr Ahmad appeared at the High Court, Criminal Division, in Lille, France. He was charged with having illegally imported drugs; having acquired drugs; possession of drugs, transport of drugs, import in breach of legal disposition and regulations on prohibited substances and having participated in a group or in an agreement made with the intention of committing one or more offences which are punishable by 10 years imprisonment. Dr Ahmad was convicted of the offences, as set out in the Allegation below. He was sentenced to six years imprisonment. He is currently detained in prison in France.

The Outcome of Applications made during the Facts Stage

10. The Tribunal was satisfied that proper service has taken place in this case. It granted the GMC's application in relation to Proceeding in the Absence of the Doctor. The Tribunal's full decision on the application is included at Annex A.

The Allegation

11. The allegation made against Dr Ahmad is as follows:

1. On 1 February 2019 at the High Court of Lille in France you were convicted of the offences, committed between January 2017 until 15 August 2017 in

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Neuville en Ferrain in the district of Nord, after that in Belgium and the Netherlands, of:

- a. participation in an organised group with the intent to commit an offence punishable by 10 years imprisonment; **To be determined**
- b. unauthorised importation of drugs-trafficking; **To be determined**
- c. unauthorised transport of drugs; **To be determined**
- d. unauthorised possession of drugs; **To be determined**
- e. unauthorised acquisition of drugs; **To be determined**
- f. importation without customs declaration of a substance dangerous to public health (drugs); **To be determined**
- g. possession of a substance dangerous to public health (drugs) without justifying documentation – offence of importation of contraband; **To be determined**
- h. transport of a substance dangerous to public health (drugs) without justifying documentation – offence of importation of contraband. **To be determined**

2. On 1 February 2019 you were sentenced to:

- a. a term of imprisonment of six years; **To be determined**
- b. be excluded from the French territory for a period of ten years; **To be determined**
- c. pay a tax fine of 369 486€ to the Customs Administration. **To be determined**

The offences outlined above, if committed in England and Wales, would constitute criminal offences.

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

Documentary Evidence

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

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- Email from West Midlands Police to GMC enc email from French Investigative Judge to CPS – notification of Dr Ahmad’s conviction;
- Email from French Ministry of Justice to GMC – copy Judgment;
- Judgement (French) and (English) 01.02.19;
- Email from French Ministry of Justice to GMC – notification of Dr Ahmad’s appeal against sentence and appeal date; and
- Email from West Midlands Police to GMC – notification of equivalent offence in the UK.
- The Certificate from the UK Central Authority for the Exchange of Criminal Records (UKCA-ECR) dated 26 February 2020.

Tribunal Determination on the Facts

13. Ms Barlow outlined the background to this case and drew the Tribunal’s attention to the Memorandum from the UKCA-ECR dated 26 February 2020, confirming Dr Ahmad’s conviction of the charges. She also referred to the information from the UK police and the French Ministry of Justice as well as the judgement of the French Court following Dr Ahmad’s trial. Ms Barlow submitted that there is no dispute of the facts.

14. In reaching its decision the Tribunal carefully considered all the evidence before it. The Tribunal has made the following findings on the facts:

Paragraphs 1 and 2:

15. The Tribunal has noted the Memorandum from UKCA-ECR dated 26 February 2020, which details Dr Ahmad’s name, date of birth and lists the recorded convictions. It also lists that in respect of all the convictions the sentence imposed was 6 years imprisonment; a financial penalty and exclusion from France for a period of time. The Tribunal notes that the document bears the official stamp of UKCA-ECR. It is consistent with the judgement of the High Court in France.

16. The Tribunal considered Rule 34(3) of General Medical Council (Fitness to Practise) Rules Order of Council 2004 (as amended) which states:

‘Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.’

17. The Tribunal accepted the Memorandum from the UKCA-ECR and the judgement of the High Court of Lille as proof of Dr Ahmad’s conviction and the sentence imposed on him as set out in paragraphs 1 and 2 of the Allegation, as amended, in accordance with Rule 34 (3). The Tribunal has therefore found the facts of Dr Ahmad’s case proved in its entirety. The additional evidence before the

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Tribunal was all consistent with the Memorandum and the judgement of the High Court.

18. The Tribunal was satisfied on the basis of the correspondence from the UK police to the GMC showed that the offences committed in France are offences which if committed in England and Wales would constitute a criminal offence.

19. The Tribunal has determined the facts as follows:

1. On 1 February 2019 at the High Court of Lille in France you were convicted of the offences, committed between January 2017 until 15 August 2017 in Neuville en Ferrain in the district of Nord, after that in Belgium and the Netherlands, of:

a. participation in an organised group with the intent to commit an offence punishable by 10 years imprisonment; **Determined and found proved**

b. unauthorised importation of drugs-trafficking; **Determined and found proved**

c. unauthorised transport of drugs; **Determined and found proved**

d. unauthorised possession of drugs; **Determined and found proved**

e. unauthorised acquisition of drugs; **Determined and found proved**

f. importation without customs declaration of a substance dangerous to public health (drugs); **Determined and found proved**

g. possession of a substance dangerous to public health (drugs) without justifying documentation – offence of importation of contraband; **Determined and found proved**

h. transport of a substance dangerous to public health (drugs) without justifying documentation – offence of importation of contraband. **Determined and found proved**

2. On 1 February 2019 you were sentenced to:

a. a term of imprisonment of six years; **Determined and found proved**

b. be excluded from the French territory for a period of ten years; **Determined and found proved**

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c. pay a tax fine of 369 486€ to the Customs Administration.

Determined and found proved

The offences outlined above, if committed in England and Wales, would constitute criminal offences.

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

IMPAIRMENT

20. 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 previously, Dr Ahmad's fitness to practise is impaired by reason of his conviction.

The Evidence

21. The Tribunal has taken into account all the documentary evidence received during the facts stage of the hearing. The GMC did not call any witnesses.

Submissions

22. On behalf of the GMC, Ms Barlow, Counsel, submitted that Dr Ahmad's actions, as found proven by the Tribunal, demonstrate that his fitness to practise is currently impaired. She submitted that in this case all three limbs of the overarching objective of the Medical Act 1983 are engaged. Ms Barlow submitted that the Tribunal should take into account the relevant caselaw, including *Cohen v GMC* [2008] EWHC 581 (Admin), which states at paragraph 62:

'Any approach to the issue of whether a doctor's fitness to practice should be regarded as "impaired" must take account of "the need to protect the individual patient, and the collective need to maintain confidence in the profession as well as declaring and upholding proper standards of conduct and behaviour of the public in their doctors and that public interest includes amongst other things the protection of patients, maintenance of public confidence in the profession"....'

23. Ms Barlow submitted that there is a need to protect the public in this case given the nature and quantity of the drugs involved. She also referred the Tribunal to paragraph 65 of the same judgement where Mr Justice Silber set out that:

'It must be highly relevant in determining if a doctor's fitness to practise is impaired that; first his or her conduct which led to the charge is easily remedied, second that it has been remedied and third that it is highly unlikely to be repeated.'

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24. Ms Barlow also referred to CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin) and in particular to paragraph 74 of that judgement which states:

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

25. Ms Barlow submitted that Dr Ahmad's fitness to practise should be found to be impaired in order to uphold proper standards and public confidence in the profession. Both would be undermined if a finding of impairment was not made. This is especially so given the circumstances and given that Dr Ahmad is currently serving a six year prison sentence for the trafficking of an extremely dangerous drug. She submitted that dealing with, and importing, this type of drug puts the public at significant risk of harm and adds strength to the submission that Dr Ahmad's fitness to practise is currently impaired.

26. Ms Barlow submitted that Dr Ahmad's actions which led to his conviction are so serious that all three limbs of the overarching objective are met in this case. She submitted that Dr Ahmad has breached fundamental tenets of the profession and that his fitness to practise is currently impaired because of the serious nature of his conviction.

The Relevant Legal Principles

27. The Tribunal reminded itself that, at this stage of proceedings, there is no burden or standard of proof and a finding of impairment is a matter for the Tribunal's judgement alone.

28. The Tribunal must determine whether Dr Ahmad's fitness to practise is impaired today. In doing so, it must take into account Dr Ahmad's conduct at the time of the events in question, as well as any relevant factors such as whether the matters are remediable, whether they have been remedied, and any likelihood of repetition.

The Tribunal's Determination on Impairment

29. In reaching its decision on impairment the Tribunal has borne in mind the need to consider the statutory overarching objectives, which are as follows:

- To protect, promote, and maintain the health, safety, and well-being of the public;
- To promote and maintain public confidence in the medical profession;

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- To promote and maintain proper professional standards and conduct for members of that profession.

30. The Tribunal has borne in mind the nature and gravity of Dr Ahmad's offences. It has noted that he was convicted of having illegally imported drugs and having acquired, possessed and transported drugs. The seriousness of these offences is reflected in the sentencing. Dr Ahmad was sentenced to a custodial sentence of six years and remains incarcerated in prison in France.

31. The Tribunal is in no doubt that Dr Ahmad's conviction is serious. It is of the view that a conviction of this nature would be regarded as deplorable by fellow practitioners and by the public. The nature of the offences for which he was convicted breached fundamental tenets of the profession and posed a significant risk to the public given the high volume of drugs that he sought to illegally import.

32. The Tribunal notes with particular concern that this was an ongoing, organised and pre-planned behaviour which included safehouses, multiple mobile phones and very secure software which could not be accessed by the authorities.

33. The Tribunal has taken account of the sentencing remarks:

'the detailed preparation of his journey from June 2017 onward ... make [Dr Ahmad] not someone who is simply carrying out orders for a derisory fee as he presented himself as. On the contrary, he was the key element or organiser of this importation, his scientific know-how allowed him to cut out any unnecessary others.'

34. The Tribunal has taken account of paragraph 62 of the Cohen judgement as set out above and noted that Dr Ahmad was convicted for an extremely serious offence that involved a high volume of drugs and a lack of significant cooperation with the justice system on his part. This was not a minor, isolated, incident or a simple error of judgement. Furthermore, there is no evidence of any meaningful remorse, regret, insight or remediation on Dr Ahmad's part for his deplorable actions.

35. The Tribunal notes the magnitude of the offending and is extremely concerned by the gravity of the offending. In the absence of any evidence that this offending has been addressed the Tribunal considered that he is at significant risk of repeating the behaviour for which he was convicted.

36. The Tribunal has determined that the public remain at risk of harm and there is a likelihood of repetition of such behaviour.

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37. The Tribunal has determined that Dr Ahmad failed to have regard to the health, safety, and well-being of the public and failed to uphold proper professional standards and conduct for members of the medical profession. Dr Ahmad's conviction serves to undermine public confidence in the medical profession. The Tribunal considered that reasonable and well-informed members of the public would be shocked if a finding of impairment were not made in a case of such seriousness.

38. Accordingly, the Tribunal has determined that Dr Ahmad's fitness to practise is currently impaired by reason of his conviction and that all three limbs of the statutory overarching objective are engaged in this case.

Determination on Sanction - 04/03/2020

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

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing, where relevant, in reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Ms Barlow commenced her submissions by referring the Tribunal to the *Sanctions Guidance (SG)* (November 2019) and to a number of paragraphs contained therein.

4. Ms Barlow reminded the Tribunal that in its impairment determination, it found that all three limbs of the overarching principles are engaged in this case.

5. Ms Barlow then referred the Tribunal to the paragraphs of the SG that deal with mitigation and made the observation that the French authorities rejected the explanation that Dr Ahmad gave for his actions, namely financial hardship. She submitted that there are no mitigating factors in Dr Ahmad's case.

6. As to aggravating factors, Ms Barlow referred the Tribunal to the paragraphs of the SG that deal with drug or alcohol misuse linked to misconduct or criminal offences from paragraph 160 to 162 and re-iterated the seriousness of the behaviour for which Dr Ahmad was convicted.

7. As to the range of sanctions available, Ms Barlow submitted that the Tribunal should consider the least restrictive first and move forward. She submitted that there are no exceptional circumstances in this case to justify taking no action. As to the

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imposition of conditions, she submitted that these would be inappropriate, given the seriousness of the conviction.

8. As to suspension, Ms Barlow referred the Tribunal to paragraph 92 of the SG and submitted that the actions in this case which led to Dr Ahmad's conviction is fundamentally incompatible with continued registration and accordingly suspension is not appropriate.

9. Ms Barlow also referred to paragraphs 107 – 109 which indicate when erasure would be appropriate. She submitted that given the seriousness of the conviction his actions present a real risk to the public and undermine public confidence in the profession. In this regard she referred the Tribunal to paragraph 17 of the SG which states:

'Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (see paragraph 65 of Good medical practice). Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor.'

10. Ms Barlow submitted that Good Medical Practice and the SG do not specifically address international drug trafficking. However, in her submission such a case is at the most serious end of the spectrum. She submitted that had Dr Ahmad been caught in the UK the starting point in terms of sentence would have been 14 years in custody. She submitted that this puts into context how serious this case is.

11. Ms Barlow reminded the Tribunal of the fact that Dr Ahmad used his position as a doctor to deflect suspicion and the French Court found that he used his scientific and medical knowledge to assist him in committing these offences. She submitted that although this was not a dishonesty case, Dr Ahmad has acted with *"a breath-taking lack of integrity"*. She referred the Tribunal to paragraph 160 of the SG, which she submitted is particularly relevant in this case:

'Doctors are expected to act with honesty and integrity and uphold the law – this includes their use of drugs and alcohol. Any serious or persistent failure in this regard that puts patients at risk or undermines public confidence in doctors will put their registration at risk.'

12. And to paragraph 162 d, which states:

'While misuse of drugs or alcohol is serious, and not solely where linked to criminal conduct, there are certain factors that aggravate these issues. The aggravating factors that are likely to lead the tribunal to consider taking more serious action (this list is not exhaustive) are:

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misuse of alcohol or drugs that led to a criminal conviction, particularly where a custodial sentence was imposed'

13. Ms Barlow acknowledged that the guidance was not drafted with this situation in mind but submitted that the above were relevant principles to consider. She submitted that the public would be horrified if a doctor who had behaved in the way Dr Ahmad had was to remain on the medical register.

14. Ms Barlow submitted that, taking all of the guidance into account as well as the issue of proportionality, the only appropriate sanction in this case is one of erasure.

Relevant Legal Principles

15. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

16. In reaching its decision, the Tribunal has taken account of the *SG* and *Good Medical Practice (GMP)*. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

17. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Ahmad's interests with the public interest. It has also taken into account the statutory overarching objectives set out in the Medical Act 1983.

18. The Tribunal has already given a detailed determination on facts and impairment and has taken those matters into account during its deliberations on sanction.

19. The LQC also advised the Tribunal to consider the paragraphs of the SG referred to by Ms Barlow in her submissions and also to those at paragraphs 112 to 119 that deal with convictions.

Aggravating factors

20. The Tribunal considered the aggravating features in this case. The Tribunal bore in mind that Dr Ahmad's conviction did not relate to a single isolated event; it was a sophisticated and planned operation where Dr Ahmad was not just a mule but rather an integral part of the drug trafficking operation. Further, there was an element of deception as he used his status as a doctor to reduce suspicion by stating that he was going to a medical conference when this was not the case and used his scientific knowledge to further his criminal activities.

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21. As stated in its earlier determination, Dr Ahmad was convicted for an extremely serious offence that involved a high volume of drugs. There was a lack of significant cooperation with the justice system on his part.

22. The Tribunal has also had regard to the sentencing Judge's comments which it included in its earlier determination.

Mitigating factors

23. The Tribunal considered the mitigating factors in Dr Ahmad's case. It has noted his expression of remorse but considers that this is somewhat limited bearing in mind the gravity of the offences for which Dr Ahmad was convicted. The Tribunal further notes that there is no evidence before the Tribunal of any previous regulatory findings made against him.

24. The Tribunal has noted the explanations given by Dr Ahmad of financial hardship being the reason for his criminal activity. However, the Tribunal has not been presented with any evidence to support his assertions and therefore it cannot attach any weight to this issue.

The Tribunal's Determination on Sanction

25. The Tribunal considered each sanction in ascending order of seriousness starting with the least restrictive.

No Action

26. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude the case by taking no action.

27. The Tribunal determined that there were no exceptional circumstances to justify taking no action in this case and that to do so would be insufficient and inappropriate in light of the gravity of the conviction in this case. It has taken into account the following paragraphs of the *SG* which state:

'112. Convictions refer to a decision by a criminal court in the British Islands, or a finding by an overseas court of an offence, which, if committed in England and Wales, would constitute a criminal offence.

116 The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor's fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor's registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation

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of the profession. The tribunal should take account of paragraphs 65–67 of Good medical practice regarding the need to be honest and trustworthy, and to act with integrity.

117 However, the tribunal should bear in mind that the sentence or sanction previously imposed is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances that led the court or regulatory body to be lenient. For example, the court may have expressed an expectation that the regulatory body would erase the doctor. Similarly, the range of sanctions and how they are applied may vary significantly amongst other regulatory bodies.

119. As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.

120. Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.

148. More serious action, such as erasure, is likely to be appropriate where a doctor has abused their professional position and their conduct involves predatory behaviour or a vulnerable patient, or constitutes a criminal offence.'

Conditions

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

29. The Tribunal determined that the imposition of conditions on Dr Ahmad's registration would be unworkable, inappropriate and disproportionate given the nature of Dr Ahmad's convictions. Furthermore, Dr Ahmad's actions breached several principles of *GMP* as well as the fundamental tenets of the medical profession.

Suspension

30. The Tribunal then went on to consider whether imposing a period of suspension on Dr Ahmad's registration would be appropriate and proportionate.

31. The Tribunal acknowledged that suspension has a deterrent effect and can be used as a signal to the doctor, the profession, and to the public about what is regarded as behaviour unbecoming a registered doctor.

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32. The Tribunal took account of factors at paragraph 92 of the *SG* which indicates circumstances in which it may be appropriate to impose a sanction of suspension and which states:

'Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration ...'

33. The Tribunal bore in mind that Dr Ahmad was convicted by the French Court for drug trafficking offences and imprisoned for a period of six years. The Tribunal concluded that the underlying offences were extremely serious. Dr Ahmad's actions in this case are fundamentally incompatible with continued registration.

34. In these circumstances the Tribunal was satisfied that a sanction of suspension would be wholly inappropriate. It would not adequately address the public interest concerns that arise in this case.

Erasure

35. The Tribunal considered that the following factors of paragraph 109 of the *SG* apply in Dr Ahmad's case:

***a.** A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

***b.** A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

***c.** Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care).*

***d.** Abuse of position/trust (see Good medical practice, paragraph 65: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').'*

36. The matters in this case are extremely serious in nature. Dr Ahmad's conviction relates to extremely serious offences. His actions have brought the profession into disrepute and seriously undermined public trust and confidence in the medical profession. The Tribunal has determined that Dr Ahmad's actions are fundamentally and wholly incompatible with his continued registration as a medical practitioner. It

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has concluded that erasure is the only appropriate sanction to protect patients, promote and maintain public confidence in the medical profession, and to uphold proper professional standards and conduct for members of the profession. No other sanction would be appropriate given the gravity of the offending, the risk of repetition and the lack of any meaningful insight or remediation.

37. The Tribunal therefore directs that Dr Ahmad's name be erased from the Medical Register.

38. Unless Dr Ahmad exercises his right of appeal, his name will be erased from the Medical Register 28 days from the date on which written notice of this decision is deemed to have been served upon him. A note explaining his right of appeal will be sent to him.

Determination on Immediate Order - 04/03/2020

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

Submissions

2. Ms Barlow, on behalf of the GMC, referred the Tribunal to the relevant paragraphs of the *SG*, in particular paragraph 173 which relates to the imposition of an immediate order.

3. Ms Barlow submitted that given the Tribunal's findings, an immediate order of suspension should be made on the basis that it is required to protect public confidence in the profession.

4. Ms Barlow told the Tribunal that Dr Ahmad's registration is currently suspended by virtue of an interim order and she submitted that this order should now be revoked.

The Tribunal's Determination

5. The Tribunal had careful regard to the submissions made by Ms Barlow and to the guidance contained within the *SG* at paragraphs 172 to 178. In particular, the Tribunal took account of paragraph 173 which states:

173 *'An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the profession.'*

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6. The Tribunal determined that given the serious nature of its findings and for all the reasons it determined to erase Dr Ahmad's name from the Medical Register, an immediate order of suspension is necessary, in the public interest, in order to protect members of the public, maintain public confidence in the medical profession, and uphold proper professional standards.

7. This means that Dr Ahmad's registration will be suspended from when notification is deemed to have been served. The substantive direction of erasure will take effect 28 days from when written notice of this determination has been served upon Dr Ahmad, unless an appeal is made in the interim. If an appeal is made, the immediate order of suspension will remain in force until the appeal has concluded.

8. The interim order of suspension currently in force on Dr Ahmad's registration is hereby revoked.

9. That concludes this case.

Confirmed

Date 04 March 2020

Mr John MacGregor, Chair

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ANNEX A – 03/03/2020

Service and proceeding in absence

Service

1. Dr Ahmad is neither present nor represented today.
2. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Ahmad in accordance with Rules 20 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) (the Rules), and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information placed before it, together with Ms Barlow's submissions on behalf of the General Medical Council (GMC).
3. The Tribunal has been provided with a service bundle, containing a copy of the Notice of Hearing dated 24 January 2020, which was sent to Dr Ahmad's registered address and to his correspondence address. It has also taken into account the postal certificate of service, to the registered address dated 25 January 2020 and to the correspondence address dated 5 February 2020.
4. The Tribunal notes that the GMC also sent a second copy by first class mail dated 26 February 2020 to the prison in Lille where Dr Ahmad is incarcerated (as the prison does not accept signed for letters) and served other letters to his registered address (which were signed for).
5. Having considered all the information, the Tribunal is satisfied that notice of this hearing had been properly served upon Dr Ahmad.
6. The Tribunal has determined that notice of this hearing has been served in accordance with Rule 40 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules).

Proceeding in absence

7. The Tribunal has already determined that service is effective and as such is satisfied that all reasonable efforts have been made to serve notice of this hearing on Dr Ahmad. The Tribunal then considered, in accordance with Rule 31 of the Rules, on whether to proceed with the case in Dr Ahmad's absence. The Tribunal has borne in mind that the discretion to proceed in the absence of the practitioner should be exercised with utmost care and caution and with regard to the overall fairness of the proceedings.
8. Ms Barlow submitted that as Dr Ahmad has been properly served the Tribunal in applying the principles in *R v Jones* 2003 1 AC 1 ('Jones') should exercise its

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discretion and proceed in his absence. She submitted that Dr Ahmad is not present due to him being incarcerated for a significant period of time and therefore an adjournment would serve no purpose. She further submitted that although Dr Ahmad has not voluntarily absented himself, it can be said, given the circumstances that Dr Ahmad is not present due to his criminal actions and it is in the public interest that these matters be considered in his absence. He has not instructed solicitors to represent him.

9. The Tribunal has balanced Dr Ahmad's interests with the public interest in deciding whether to proceed in his absence. In doing so, it took account of the submissions of Ms Barlow who referred it to the judgment in the case of Jones. The Tribunal has discretion to proceed with the case in the doctor's absence, though this discretion is to be exercised with caution with the overall fairness of the proceedings in mind.

10. The Tribunal had regard to the following cases: Jones and GMC v Adeogba 2016 EWCA Civ 162. It noted in particular the following:

- The nature and circumstances of the doctor's behaviour in absenting himself.
- In particular, whether the behaviour was voluntary and therefore that he waived the right to be present;
- Whether an adjournment would result in the doctor attending on a subsequent occasion;
- Whether the doctor, although absent, wished to be represented, or whether he had waived his right to be represented.

11. The Tribunal recognises that there will be a degree of disadvantage to Dr Ahmad by neither being present nor being represented. However, on the basis of the information provided, the Tribunal is satisfied that Dr Ahmad is aware of today's hearing and is aware that the hearing can proceed in his absence. He has not engaged with the GMC or the MPTS. It has further noted that Dr Ahmad has chosen not to instruct lawyers to represent him at this hearing, as is his right. Dr Ahmad has not requested an adjournment, and the Tribunal considers that were it to adjourn today, it is very unlikely that Dr Ahmad would attend given that he is incarcerated in a prison in Lille for 6 years. The Tribunal was satisfied that the issues raised regarding Dr Ahmad's conviction are very serious and concluded that it is in the public interest that the hearing proceeds today.

12. Therefore, in accordance with Rule 31, the Tribunal has determined that in the particular circumstances of this case it is fair and reasonable to proceed in Dr Ahmad's absence.