

**PUBLIC RECORD**

**Dates:** 18/05/2026 - 22/05/2026

**Doctor:** Dr Syed Sajid GHIAS

**GMC reference number:** 6099644

**Primary medical qualification:** MB BS 2004 University of Health Sciences  
Lahore

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

**Summary of outcome**

Suspension, 1 month

**Tribunal:**

Legally Qualified Chair:	Mr Christopher Harper
Registrant Tribunal Member:	Dr Neil Smart
Registrant Tribunal Member:	Dr Euan Strachan-Orr
Tribunal Clerk:	Miss Emma Saunders (18/05/2026 - 20/05/2026) Mr Sewa Singh (21/05/2026 - 26/05/2026)

**Attendance and Representation:**

Doctor:	Present, represented
Doctor’s Representative:	Ms Clare Hennessy, Counsel, instructed by the MDDUS
GMC Representative:	Ms Isobel Thomas, Counsel

**Attendance of Press / Public**

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

## Protecting the Public

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

## Determination on Facts and Impairment - 21/05/2026

### FACTS

#### Background

1. Dr Ghias qualified in 2004 in Pakistan, thereafter, undertaking various posts in Pakistan before moving to the UK in 2009. Prior to the events which are the subject of the hearing, Dr Ghias undertook work as a Senior House Officer from April 2009 to December 2010 and then as a Clinical Fellow in Trauma and Orthopaedics from January 2011 to August 2013. He worked as a Speciality Registrar in Trauma and Orthopaedics at the Leicester Royal Infirmary from August 2013 to March 2015. Dr Ghias carried out his General Practitioner (GP) training between August 2015 and August 2019. He worked as a locum GP at Horizon Healthcare in Leicester from September 2019 before becoming a GP Partner at Severn Surgery in April 2020. Dr Ghias has been working again as a locum GP at Horizon Healthcare since April 2023.
2. The allegations that have led to Dr Ghias' hearing can be summarised as follows. On 12 April 2024 Dr Ghias collected three of his children (and a neighbour's child) from their XXX school and they were walking home along a footpath. Mr A, a 14-year-old boy, was cycling along the same footpath. It was reported that Mr A rang his bell to seek to get past Dr Ghias and his children and they did not move to the side as it was a narrow path. There was a verbal altercation between the two during which Mr A swore at Dr Ghias. Dr Ghias grabbed Mr A as he was cycling off and told him not to swear in front of the children. Mr A says that Dr Ghias grabbed him at the neck, which is denied by Dr Ghias. Mr A got back on his bike and there was a point where Mr A and Dr Ghias part ways briefly. Mr A approached Dr Ghias and a further verbal altercation took place including Mr A saying, *"Your father is a bad father"*. Mr A began to cycle away. Dr Ghias then ran at Mr A, pulled him by the back of his coat and punched him in the face. A bystander, having witnessed part of what occurred from across the street, then went over and separated Dr Ghias and Mr A. All parties then went home. Mr A told his mother what had happened and they went to Dr Ghias' house. The matter was then reported to the police separately by both Mr A's mother and by Dr Ghias.
3. Dr Ghias attended two interviews under caution at Wigston police station on 6 June 2024 and 15 August 2024. He was sent a letter by Leicestershire Police on 19 September

2024 confirming that he had been charged with assault by beating contrary to Section 39 of the Criminal Justice Act 1988. Dr Ghias attended Leicester Magistrates' Court on 18 October 2024 where he pleaded not guilty to the charge.

4. It is alleged by the General Medical Council (GMC) that, on 29 January 2025 at Loughborough Magistrates' Court, Dr Ghias was convicted of assault and sentenced to pay a fine of £2,019.00, compensation of £50.00 and a victim surcharge of £808.00. It is also alleged by the GMC that Dr Ghias failed to notify the GMC without delay that he had been charged with, or convicted of, a criminal offence.

5. The initial concerns were raised with the GMC on 5 December 2024 by Leicestershire Police. The correspondence stated that Dr Ghias had been arrested and charged for offences that raised safeguarding concerns. It stated that concerns had been raised with the police on 12 April 2024.

### The Outcome of Application made during the Facts Stage

6. After hearing submissions from the parties, the Tribunal determined, pursuant to Rule 35(4) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the anonymisation of Mr A would continue throughout this hearing. There were no objections to this approach and the Tribunal determined that anonymisation was appropriate given the age of Mr A and as he was the victim of an offence.

### The Allegation and the Doctor's Response

7. The Allegation made against Dr Ghias is as follows:

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

1. On 29 January 2025, at Loughborough Magistrates' Court, you were:
  - a. convicted of assaulting Mr A by beating him on 12 April 2024, contrary to Section 39 of the Criminal Justice Act 1988;  
**Admitted and found proved**
  - b. sentenced to pay:
    - i. a fine of £2,019.00;  
**Admitted and found proved**
    - ii. compensation of £50.00;  
**Admitted and found proved**
    - iii. a victim surcharge of £808.00.  
**Admitted and found proved**

2. You failed to notify the GMC without delay that you had been:
  - a. charged with;  
**Admitted and found proved**
  - b. convicted of;  
**Admitted and found proved**

the criminal offence detailed in paragraph 1a.

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

- a. conviction in respect of paragraph 1;  
**To be determined**
- b. misconduct in respect of paragraph 2.  
**To be determined**

### **The Admitted Facts**

8. At the outset of these proceedings, through his counsel, Ms Hennessy, Dr Ghias made admissions to paragraphs 1 and 2 of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

### **IMPAIRMENT**

9. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Ghias' fitness to practise is impaired by reason of misconduct and/or a conviction for a criminal offence.

### **The Evidence**

#### **Documentary Evidence**

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

- Correspondence regarding the referral from Leicestershire Police to the GMC from December 2024 and January 2025;
- Telephone note of call from the GMC to Dr Ghias on 19 February 2025;

- Correspondence between the GMC and Leicester Magistrates' Court in February/March 2025;
- Certificate of Conviction from Loughborough Magistrates' Court dated 3 March 2025;
- Documents received from Leicestershire Police including witness statements, photographs of Mr A's neck and cheek, and transcripts of Dr Ghias' police interviews on 6 June 2024 and 15 August 2024;
- Dr Ghias' Rule 7 response dated 15 July 2025, including Dr Ghias' Curriculum Vitae, a number of testimonials from colleagues and friends, appraisal documentation, colleague feedback from 2022, patient feedback from 2023, details of volunteer work Dr Ghias has been involved with, Continuing Professional Development (CPD) certificates, and details of life coaching completed with Dr C who is the Founder and Coach at The Joyful Doctor Ltd;
- Notice of Financial Penalty document from Loughborough Magistrates Court dated 29 January 2025;
- A bundle of Dr Ghias' CPD documentation; and
- 15 testimonials on behalf of Dr Ghias from colleagues and friends.

11. Within his statement to the police dated 4 May 2024 Mr A stated that he was on his bike coming back from school. He was cycling on the path and rang his bell but Dr Ghias and the children did not move. Mr A said that he continued to ring his bell as if to ask them to move so that he could get by. He was stuck cycling slowly behind them until the junction and then said to Dr Ghias *"Why didn't you let me go"*. Mr A said that Dr Ghias said, *"You're meant to be on the road"* to which Mr A replied, *"Yeah but it is my choice if I want to be on the road or not"* and Dr Ghias said, *"You don't have a choice"*. Mr A said he then swore at Dr Ghias and said, *"Fucking hell"*. He said he was just about to start pedalling over the junction when he felt someone pull him backwards by his coat that caused him to stop and stand up. He said that Dr Ghias pushed him against the middle of his chest with one hand, then put his hand around Mr A's throat and applied a strong grip but Mr A could still breathe. Mr A said he was shouting *"Let go, let go"* and Dr Ghias said, *"Don't swear in front of the kids"*. Mr A said he pushed Dr Ghias away but that Dr Ghias grabbed him off his bike whereby his bike fell over. Mr A said that Dr Ghias and the children then walked away. He said he got on his bike and cycled towards Dr Ghias as he was feeling scared and angry about what Dr Ghias had done. He said, *"Why did you do that, why did you strangle me?"* He said that Dr Ghias said, *"Do not swear in front of my children"* and this verbal exchange continued. Mr A said he began to cycle away and shouted back to the children *"Your father is a bad father"* and Dr Ghias then ran at him, pulled the back of Mr A's coat again, and then Dr Ghias punched Mr A's left cheek. Mr A said that he started shouting *"Help"* and a witness, a male from across the street, pulled Dr Ghias away, who then checked Mr A was okay. Dr Ghias went into his house. Mr A went home and told his mum what had happened. Mr A and his mother went to Dr Ghias' house and his mother asked Dr Ghias, *"Why did you do that"*. The police were called.

12. Within his statement to the police dated 5 July 2024 the bystander said that he was walking up the road with his two children and heard a loud scream and a child shouting *"I'm*

*sorry, please, please, I'm sorry*". The bystander stated that he saw a man grab the child on the bike and try to punch him. He said that he did not know whether the punch landed cleanly, but that the man was holding the child with his left hand, striking towards the boy with his right hand in a fist. The bystander said he remembered there was one punch and that the boy *"looked terrified"* and that he went across the road and separated Dr Ghias and Mr A. The bystander said that the incident lasted less than a minute and he clearly saw it as it was only at the opposite side of the road.

### Witness Evidence

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

- Mr D, Investigation Officer at the GMC. His witness statement was dated 18 November 2025; and
- Mr E, Investigations Manager at the GMC. His witness statement was dated 15 December 2025.

14. Dr Ghias provided his own witness statements dated 25 March 2026 in respect of Stage 1 and dated 11 May 2026 in respect of Stage 2. Dr Ghias also provided a separate impairment statement. Dr Ghias gave oral evidence at the hearing on 18 May 2026.

15. Within his witness statement dated 25 March 2026 Dr Ghias said he was walking home along the footpath with his children (and a neighbour's child). He said that at the time, as a Muslim man, he felt increasingly aware of his and his family's safety and welfare. Dr Ghias stated that this was due to an escalation in anti-immigrant sentiment and racial hostility towards the Muslim community fuelled by the English Defence League which culminated in protests and riots that summer, including in Leicester. Dr Ghias said that a cyclist, Mr A, approached them from behind and repeatedly rang his bell wanting them to move out of the way. He said that the footpath was quite narrow and he felt it was unsafe for them to move from the footpath onto the main road to allow Mr A to pass them. He said that it was not apparent that Mr A was a 14-year-old boy as he was wearing glasses and a helmet and appeared tall in stature. Dr Ghias said that he was deeply ashamed of the acts that followed and that he did not have a clear recollection of the events as they were hazy in his mind. He said that, looking back now, he broadly agreed with the contents of the statements of Mr A and the bystander. Dr Ghias said that he denied that he applied a strong grip around Mr A's throat at any point and considered that the photograph showing reddening around Mr A's neck was likely caused by the zip when he pulled him by the back of his coat. Dr Ghias said that the assault arose after he urged Mr A not to swear in front of the children. He said that Mr A initially charged his bike at Dr Ghias and that the initial contact was when Dr Ghias kicked the bike, causing Mr A to fall from it. Following that, he said Mr A had said something about Dr Ghias being a bad father and wanting him to die. He said that his XXX child had started to physically shake with fear and his XXX child had started crying and asking him if he was going to die. Dr Ghias stated that he was shocked and had reacted with anger due to an instinctive urge to protect his family that resulted in him momentarily losing control and

judgement and assaulting Mr A. He said that the bystander saw what happened, rushed over, and separated them. Dr Ghias stated that he accepted that he very wrongly lost self-control in the heat of the moment when he felt very emotionally charged.

16. Further, Dr Ghias stated that he fully accepted that he failed to disclose the charge and subsequent conviction to the GMC and accepted that he should have done so. He stated that he thought either before or after his initial police interview that he asked his lawyer if he needed to self-refer to the GMC and, while he cannot remember the precise detail of the discussion as he was very stressed at the time, he thought he was told verbally that he should wait until the court hearing had taken place. Dr Ghias stated that he accepted that, regardless of any conversation, it remained his responsibility to ensure he complied with his professional obligations and he should have sought clarification from his medical defence organisation (MDO). He stated that, upon receiving the letter from the police that he had been charged, he should have contacted his MDO but simply did not think to do so. Dr Ghias stated that he was feeling very stressed and anxious about the police investigation, so his main focus was upon that. He stated that, at his court hearing, he wrongly thought that he had been given a fixed financial penalty and that one of the Magistrates had said that it was not a declarable offence. Dr Ghias stated that he considered that his conviction did not need to be declared to the GMC as a conviction and that his view was, wrongly, bolstered by the fact that he had not received a prison sentence or community service order. He stated that this view was compounded when he was sent the notice of financial penalty from the Magistrates' Court and that he, wrongly, thought that it was a lower level of conviction that was not a summary offence and that was akin to a parking fine or speeding fine. Dr Ghias stated that he now absolutely understood that it was a summary offence that required him to notify the GMC without delay. He stated that his failure to self-refer arose from a misunderstanding of his obligations along with ignorance on his part and that he was sorry he had not self-referred.

17. Within his witness statement dated 11 May 2026 Dr Ghias stated that he fully accepted that he very wrongly lost his temper and self-control in the heat of the moment which resulted in his conviction of assault by beating of Mr A who was only 14 years old at the time. Dr Ghias stated that he also fully accepted that he failed to disclose his charge and subsequent conviction of assault by beating to the GMC when he should have done so. Dr Ghias stated that he accepted that his actions were in direct contradiction of the GMC's Good Medical Practice (GMP) and that his actions resulting in his conviction were criminal. He stated that he was very sorry for the hurt that he caused to Mr A and his family along with the shame he has brought onto his own family, friends and the medical profession. Dr Ghias stated that he had reflected long and hard on the actions that he took, which he felt thoroughly ashamed of. Dr Ghias stated that there was not a day that passed where he did not feel deep and profound regret and remorse about how foolish he had been. Dr Ghias referred to the CPD courses and targeted reading that he had undertaken, with the CPD focusing on professionalism, conflict resolution/anger management, safeguarding and probity. He referred to the support he had sought and stated that he now practises mindfulness to help him relax in times of stress and pressure. Dr Ghias referred to five one-hour life coaching sessions he had undertaken between 18 August and 10 September 2025.

He said: *“I apologise profusely to Mr A, Mr A’s family, the medical profession, the public as well as my colleagues and family”*.

18. Dr Ghias compiled an Impairment statement. He stated that he submitted this to demonstrate his full insight into the incident in April 2024 and into his failure to notify the GMC of his conviction in a timely manner. Dr Ghias set out the context of the incident, his reflections, the impact of his actions and the steps he has taken to ensure that neither failing is repeated. Dr Ghias gave a number of examples of how he has applied his learning in his practice and in his personal life.

19. Within Dr Ghias’ oral evidence he stated that this whole matter had been a very stressful and embarrassing experience. He stated that he had a momentary loss of self-control when he felt provocation and a parental instinct to protect his children. Dr Ghias said that he had reflected on what happened and was regretful and remorseful for his actions, beginning on the night of the incident. He said that it was a complete lack of judgement on his part when the altercation happened, that it was a poor handling of the situation and that he took responsibility for his actions. Dr Ghias referred to the impact of his actions upon Mr A and Mr A’s family. He said that he wanted to take this opportunity through the Tribunal to offer a formal apology to Mr A and his mother and would like to send an apology letter or deliver the apology in person via the appropriate channels if he was allowed to.

20. Dr Ghias said that he had been a doctor for over 20 years and has spent 19 years in the NHS. He stated that he has never been aggressive in either his personal or professional life. Dr Ghias said that he understood why public trust in the profession would be breached as a result of his actions but that he has completed an extensive journey of reflection with webinars, coaching and training to ensure that this was a one-off incident never to happen again. He stated that he did not think that he had underlying anger issues. He referred to the face-to-face full day course he completed on conflict resolution, five sessions of coaching, and a weekly webinar he attends for doctors who are under investigation by regulatory bodies. Dr Ghias stated that he had learned many things about his triggers and what tools he should use to deal with stressful situations moving forward. These included positive self-talk and square breathing exercises. Dr Ghias stated that, if the same situation were to arise, he has equipped himself with the tools not to react impulsively, that he would take a deliberate pause, step away from, and diffuse the situation. Dr Ghias referred to a practical example, where he had been driving home after taking his children swimming where another driver had overtaken him dangerously on a narrow road and shouted abuse at him. He stated that, instead of reacting impulsively, he had consciously applied the techniques he had learned through his coaching and, within moments, had felt himself calm down and regain emotional control.

21. In terms of his failure to report the conviction to the GMC, Dr Ghias stated that all he could remember from the advice he got at the time was that he needed to wait for the outcome and then declare it to the GMC. He stated that, when he had the trial, the Magistrate said there was no custodial and no community order and that he just needed to pay a fixed penalty notice or financial penalty notice within 14 days. Dr Ghias stated that he

went home and googled fixed penalty notices, and it looked like a non-declarable or non-summary offence such that he did not need to declare it. He stated that he should have spoken to his MDO and self-referred to the GMC. Dr Ghias stated that, since then, he has gone through the GMP guidelines in extensive detail and reflected on the matter. He said that he now understands how the process works and was clear he should have reported back on 19 September 2024. Dr Ghias stated that he was not trying to hide or conceal anything. He said that it was poor judgement, that he had handled the situation very poorly and he was really sorry for that.

22. In addition, the Tribunal received testimonial evidence on Dr Ghias' behalf from Dr B, a GP and the Senior Partner at the Horizon Healthcare GP practice. Her witness statement was dated 12 May 2026 and she gave oral evidence on 19 May 2026. Dr B stated that Dr Ghias was a great doctor, an excellent teacher and an educational supervisor. She stated that Dr Ghias was a trusted and integral member of the team who was a kind person and a dedicated father. Dr B stated that patients ask for Dr Ghias by name and he has never generated any patient complaints. Dr B was asked about how the Practice dealt with the concerns when they were informed. She said that she was informed by Dr Ghias on 25 February 2025 and that they undertook a risk assessment meeting on 27 February 2025; the primary concern was patient care. Dr B stated that she could not justify Dr Ghias' actions but she was clear that he knows what he did was wrong. Dr B stated that Dr Ghias was very emotional and regretful when he told her what had happened and that she was surprised as it was out of character for Dr Ghias. She stated that Dr Ghias has never acted with anger in any situations at work, which has included dealing with challenging situations, and spoke about the insight that Dr Ghias had displayed to her.

## Submissions

### Submissions on behalf of the GMC

23. Ms Thomas, Counsel, submitted that a finding of impairment is necessary in order to uphold the overarching objective.

24. Ms Thomas referred the Tribunal to the Guidance for MPTS Tribunals (24 November 2025), including taking the Tribunal through steps 2(a) to (e) at Section three: MPT hearings, Part B: stage two - impairment.

25. Ms Thomas submitted that there was a legal basis in this case for considering impairment, namely Dr Ghias' conviction and misconduct. She submitted that Dr Ghias' behaviour represented a serious departure from the professional standards set out in GMP.

26. In relation to where on the spectrum of seriousness the allegation lies, Ms Thomas stated that the conviction concerned an offence of assault by beating of a 14-year-old child. She stated that the conduct involved the use of physical force, amounting to violent behaviour, resulting in marks to the victim's neck and was witnessed by an independent third party.

27. Ms Thomas submitted that this case falls within paragraph 31 of the MPTS guidance under the heading '*Allegations usually falling at the higher end of the spectrum of seriousness*'. Ms Thomas stated that this case involved violence and, while accepting it occurred outside of Dr Ghias' professional role, submitted that the violence could not be limited in nature. She stated that Mr A described being pulled off his bike, Dr Ghias putting his hands to his throat and applying a strong grip. He then describes that, as he began to cycle away, Dr Ghias pulled him at the back of his coat and then punched him. Ms Thomas stated that the independent witness described hearing Mr A say, "*I'm sorry, please, please, I'm sorry*" before Dr Ghias tried to punch Mr A with a fist. She stated that the witness described Mr A as having a petrified face and looking terrified. Ms Thomas submitted that the violence did result in physical harm, as is set out in Mr A's witness statement and the photographs that have been exhibited.

28. Ms Thomas submitted that there were aggravating factors that increased seriousness. She stated that the victim in the case was 14 years old and therefore vulnerable. She stated that the offence also occurred in front of children, Dr Ghias' own children and another child who was in his care at the time.

29. Ms Thomas submitted that there was no evidence of any contextual factors relating to Dr Ghias' XXX or workplace that might mitigate or explain the offending. She stated that Dr Ghias has indicated that the presence of his children provided the context for this offence. Ms Thomas submitted that this has limited impact on the relevant level of risk and provided no justification for the way that Dr Ghias behaved. She stated that Dr Ghias does not accept that he has issues with anger management but the GMC submitted that his behaviour in April 2024 suggested otherwise.

30. In terms of how Dr Ghias has responded to the Allegation, Ms Thomas stated that it was accepted that Dr Ghias had taken some steps to develop the appropriate insight and remediate. However, Ms Thomas submitted that Dr Ghias' insight and remediation were insufficient, especially when considering the seriousness of the offence that he was convicted of. She referred to Dr Ghias' evidence that he has been gaining insight into his behaviour for two years since the offence took place and that he had been remorseful from the very first night of the incident and had wanted to apologise to Mr A at some point after his first interview with the police in June 2024. Ms Thomas submitted that this was perhaps not genuine. She stated that Dr Ghias denied the offence, as was his right, and referred to the transcripts of his police interviews. She submitted that Dr Ghias denied that he had assaulted Mr A and suggested that Mr A had been the aggressor. She also stated that Dr Ghias said, in his interview, that he did what a father would do when his children were threatened. Ms Thomas submitted that the chronology showed that what Dr Ghias has told the Tribunal about when his remorse and insight started to develop was perhaps not genuine.

31. Ms Thomas submitted that Dr Ghias also does not accept the full extent of his behaviour such that it had a bearing on the work he has done to prevent such offences occurring in the future. She stated that Dr Ghias says that he was provoked and that it was

only towards the end of the incident that he lost his temper and assaulted Mr A. Ms Thomas stated that it was Mr A's evidence that Dr Ghias had pulled Mr A from his bike, put his hand to Mr A's throat and then, as Mr A began to cycle away, pulled him by the back of the coat and punched him. She submitted that Dr Ghias perhaps did not fully understand the potential impact of his behaviour and his answers should perhaps be viewed in the context of his limited acceptance of what happened. Ms Thomas submitted that Dr Ghias has tried to minimise the seriousness of his behaviour, that his insight is not fully developed, and that remediation is incomplete.

32. Ms Thomas submitted the steps taken to remediate are not yet sufficient. She stated that there had been no formal courses that Dr Ghias has engaged with in terms of anger management since September 2025 and the CPD courses consisted of three online courses of four hours total and one face-to-face training course. Ms Thomas submitted that any remediation should still be ongoing and that Dr Ghias clearly has issues that need to be addressed. She stated that Dr Ghias has said the offence was out of character for him and submitted that there should be ongoing work by him to ensure that such behaviour is not repeated. Ms Thomas submitted that, whilst the steps taken by Dr Ghias may decrease the level of risk to some extent, they did not fully address the concerns and the risk of repetition remains.

33. In terms of the reporting failure, Ms Thomas submitted that Dr Ghias should have been well aware of his responsibilities. She stated that Dr Ghias does appear to have engaged in some insight and remediation in respect of that but submitted that perhaps more reflection was still required in relation to this issue.

34. Ms Thomas submitted that, given the nature and seriousness of the offence for which Dr Ghias was convicted, together with the findings in respect of misconduct, all three limbs of public protection were engaged in this case. She stated that the conduct involved the use of physical force against a member of the public and, whilst it occurred outside a clinical setting, the risk of repetition had not been fully addressed and then remained a risk to the health, safety and wellbeing of the public. Ms Thomas submitted that a conviction for a violent offence involving a child is serious such that it risks undermining public confidence in the profession. She also submitted that the conduct represents a failure to uphold the standards expected of a registered doctor and the additional failure to notify the GMC without delay further engaged the need to uphold proper professional standards.

35. Ms Thomas submitted that, taking into account all of the factors, the overall level of risk was medium, tending towards the higher end of a medium.

#### Submissions on behalf of Dr Ghias

36. Ms Hennessy, Counsel, submitted that Dr Ghias does not pose any current or ongoing risk to the public or public protection.

37. Ms Hennessy submitted that it was agreed between the parties that this was a conviction case and, while there were differences in accounts, it perhaps did not matter as the key point here was that Dr Ghias was convicted of common assault, for which he was fined, and he accepts that he ought to have informed the GMC but did not. Ms Hennessy submitted that Dr Ghias entirely accepts that there ought not to have been any physical contact with Mr A at all and he was ashamed of what happened. She stated that Dr Ghias feels deep regret about what happened and that it was difficult for him as he cannot recall precisely what happened given the adrenaline at the time and due to it being a short incident. She stated that Dr Ghias accepts the conviction and does not in any way seek to go behind it.

38. Ms Hennessy submitted that Dr Ghias' actions were entirely out of character for him and he apologises for what he did and the hurt he caused to Mr A and Mr A's family. She stated that Dr Ghias has also spoken about the shame that he has brought on himself, on his family, and the medical profession as well as the impact it had on them and what view the public would have of this incident. Ms Hennessy submitted that Dr Ghias has expressed a genuine desire to apologise to Mr A and his mother and is willing to do that in whatever form the family should wish for.

39. Ms Hennessy submitted, in terms of mitigation, that Dr Ghias' actions were clearly a spur of the moment loss of self-control; it was not a deliberate or targeted attack. She stated that it was an incident occurring over a matter of minutes in the heat of the moment with no pre-planning. Ms Hennessy stated that, in the way it started, one may have sympathy for Dr Ghias as he was walking on the pavement with four young children and a cyclist, who at the time he does not appreciate the age of, was repeatedly ringing his bell trying to get him and the children to move to one side of the narrow pavement or to move into a busy traffic lane and then the cyclist swore at him. Ms Hennessy stated that Dr Ghias then acted disproportionately and he accepts that he lost his temper and acted in a way he ought not to have. She stated that she was not seeking to suggest that Dr Ghias' response was acceptable but stated that, in thinking about the context of the incident, it was reasonable to bear in mind that Dr Ghias felt protective of his children.

40. Ms Hennessy also referred to Dr Ghias' witness statement in which he included details of community tensions in the area at the time including reference to the English Defence League. Ms Hennessy submitted that it must have been difficult at the time with the underlying fear that you may be walking around and be a victim of violence because of your skin colour. She stated that they were not suggesting that Mr A said anything racist but was highlighting it as it suggested the background context in which Dr Ghias was having to operate. Ms Hennessy stated that Dr Ghias has experienced racial abuse shouted at him on other occasions and has not lost his temper, which supports his position that he does not have an anger management issue. She submitted all that Dr Ghias has experienced shows how isolated the incident was and that he is an individual who can otherwise control his temper.

41. Ms Hennessy stated that Dr Ghias was charged and convicted of common assault. She stated that, whilst not trying to detract from the fact that any assault of a minor is serious, it was fair to say that it is at the lowest end of the scale of violent crimes. She reminded the Tribunal that common assault was the lowest charge for violence, and the penalty was a fine. Ms Hennessy stated that Dr Ghias has reflected and explained why he is deeply sorry and is aware of the impact his actions will have had. She stated that it was accepted that Mr A was 14 years old at the time but that at the time Dr Ghias did not realise this. Ms Hennessy stated that Dr Ghias accepted that, regardless of age, he should not have been laying hands on Mr A. She stated that it should not have happened and it will not happen again.

42. In terms of paragraph 2 of the Allegation, Ms Hennessy stated that Dr Ghias accepted that he ought to have contacted his MDO when he was charged and, had he done so, they would have advised him to contact the GMC. She stated that the same applied after Dr Ghias' conviction. Ms Hennessy submitted that this was a genuine mistake and not any kind of deliberate attempt to conceal wrongdoing. She stated that Dr Ghias wrongly thought that he had been given a fixed financial penalty that did not need to be declared to the GMC as a conviction. Ms Hennessy stated that Dr Ghias was not represented fully at the Magistrates' Court and a solicitor came in for the cross-examination of Mr A only. She asked the Tribunal to put itself in Dr Ghias' shoes and think that it was perhaps understandable that someone without full representation would be forgiven for thinking that it was a fixed penalty that did not need to be declared. She stated that it was possible to see where the error arose and that someone who is not a lawyer may not see the difference between a fine/financial penalty arising from a conviction and a fixed penalty notice. Ms Hennessy stated that Dr Ghias does accept that the duty was on him to know what needed to be repeated but that it was a genuine mistake. She stated that, as soon as Dr Ghias was contacted by the GMC, he had engaged fully with the process and been entirely candid about what happened. Ms Hennessy submitted that Dr Ghias has apologised for his error, reflected and learnt from his mistake. She asked what more Dr Ghias could do in this regard.

43. Ms Hennessy submitted that the failure to report to the GMC was a genuine mistake but that would not amount to misconduct. In terms of the question of impairment, Ms Hennessy referred to the various factors that the Tribunal will take into account. She submitted that, when assessing where on the spectrum of seriousness this allegation lies, it is on the lower end. Ms Hennessy submitted that this case falls within paragraph 28 of the MPTS guidance under the heading '*Allegations usually falling at the lower end of the spectrum of seriousness*'. She stated that the incident occurred in a matter of moments on one day, had limited impact and did not result in any significant physical injuries or psychological harm. Ms Hennessy submitted that this was a case where it was "*a conviction... for a minor criminal offence that results in a... fine*" in line with one of the examples at paragraph 28 of the MPTS guidance.

44. Ms Hennessy submitted that there were no factors present that increased the seriousness. She stated that there had been no incident like this before or since and there was no realistic risk of any kind of violent behaviour from Dr Ghias occurring again given the steps he has taken to remedy his conduct. Ms Hennessy referred to the examples that

Dr Ghias has given and submitted that he has been able to demonstrate what he has learned and how he has put this learning into practice. She submitted that the Tribunal could be reassured that the risk of repetition was as low as it can possibly be.

45. Ms Hennessy referred the Tribunal to the testimonial evidence provided on behalf of Dr Ghias from all aspects of his life, including the evidence from Dr B. She stated that the authors of these testimonials speak about how compassionate Dr Ghias is, how surprised they are at the allegations, and that he is someone who goes out of his way to help others.

46. Ms Hennessy also referred to a letter from Dr C at The Joyful Doctor Ltd in terms of the life coaching sessions Dr Ghias undertook. Dr C stated that it was clear that Dr Ghias wanted to engage with the coaching in a meaningful way, that he had shared what had happened and that she was able to support Dr Ghias who had demonstrated a clear enthusiasm to learn and challenged his thoughts and behaviour. Dr C said that Dr Ghias was willing to consistently put into practice new strategies and techniques in real world environments and had demonstrated a noticeable shift in insight around the importance of prioritising his own self-care as a healthcare professional. Ms Hennessy submitted that there was no evidence of underlying anger issues and stated that Dr C had expressed no concerns that Dr Ghias' actions were linked to a more worrying pattern of harmful behaviour or unprofessionalism.

47. Ms Hennessy submitted that Dr Ghias is insightful, reflective, has worked on what went wrong, and is not - as of today's date - impaired. She stated that Dr Ghias is now practising mindfulness, has support in place and is carving out time to avoid burnout and keep on top of his emotions. Ms Hennessy submitted that Dr Ghias has shown genuine remorse and taken all the steps that it would be possible to take in such a situation to remedy his past conduct and behaviour. Ms Hennessy submitted that the suggestion by the GMC that Dr Ghias' remorse was not genuine was baseless and did not fit with the evidence. She stated that it was clear that Dr Ghias' overarching view was that he acted in an inappropriate way and that it ought not to have happened. She submitted that Dr Ghias had not tried to minimise his behaviour and has spent time thinking about how his actions have impacted Mr A, Mr A's mother, and the wider public.

48. Ms Hennessy submitted that, ultimately, Dr Ghias is someone who does not pose any current or ongoing risk to public protection and a finding of impairment is not necessary to uphold public confidence in the profession or the regulator.

### **The Relevant Legal Principles**

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

the public (patient safety); to promote and maintain public confidence in the profession (public confidence); and to promote and maintain proper professional standards and conduct for members of the profession (uphold professional standards).

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

51. To assess whether Dr Ghias 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 Ghias and/or their working environment, and
- how Dr Ghias has responded to the allegations.

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

53. The Legally Qualified Chair (LQC) stated that it had been considered in this process that there was a factual dispute between the accounts of Dr Ghias and Mr A. The LQC stated that the Tribunal was invited to reach a conclusion on what was before it, namely a conviction for common assault, where the facts of that assault were not necessarily agreed. The Tribunal has heard submissions on the weight that it can put on it. The Tribunal has also had in mind throughout the guidance from case law, including in *PSA v GMC & Professor Lingam* [2023] EWHC 967 (Admin), that encourages the Tribunal to canvas through questioning anything that it feels it needs to equip it properly to resolve any outstanding factual issues. The LQC stated that this is how the Tribunal has approached the issue and now has the evidence that it is going to have before it. The Tribunal would have, as a starting point, the case presented by the prosecution in the criminal proceedings, and would consider the evidence it had received from Dr Ghias in the hearing. The LQC reminded the Tribunal that it is not required to resolve every factual issue. Resolution would only be necessary if the answer to the factual question would impact on the questions the Tribunal must subsequently answer. LQC stated that the Tribunal must not speculate and can only draw reasonable inferences from the evidence available to it.

54. The LQC also referred to the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), that, in determining whether a practitioner's fitness to practise was impaired, the Tribunal *"should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."*

## The Tribunal's Determination on Impairment

### Conviction

#### Is there a legal basis for considering impairment?

55. The Tribunal had regard to paragraph 1 of the Allegation including the admissions made by Dr Ghias. The Tribunal has found that the proven facts did engage a legal basis for considering impairment, namely a conviction for a criminal offence.

#### Where on the spectrum of seriousness does the allegation lie?

56. The Tribunal considered the starting point for assessing seriousness. The Tribunal noted that the starting point for assessing the level of current and ongoing risk to public protection posed by a doctor (low, medium or high) is based on where on the spectrum of seriousness the Allegation lies.

57. The Tribunal was mindful that, to a degree and as a generalisation, all allegations that have been referred to a hearing are considered serious. Within the range of matters, some allegations will be more serious than others and the Tribunal was clear that its assessment of seriousness must reflect the individual circumstances of this case.

58. The Tribunal was of the view that Dr Ghias' actions were a one-off response to a trigger - a spur of the moment loss of control. It was not a situation that Dr Ghias sought out, it was reactive, and it was short lived. The Tribunal was mindful, however, that Dr Ghias' actions were violent and criminal, resulting in a conviction for an assault by beating.

59. By way of note, the Tribunal has not resolved a number of factual discrepancies in the accounts of Mr A and Dr Ghias. It did not consider that it needed to do so in order to make the decisions it has and remembered, ultimately, that the basis for considering the question of impairment is the fact of a conviction for an assault by beating.

60. The Tribunal had regard to paragraphs 28 and 31 of the MPTS guidance when considering where on the spectrum of seriousness this matter lay. The relevant sections of these paragraphs are as follows:

*"28. Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*

*...*

*an incident of violent or abusive behaviour which is limited in nature and had limited impact, such as where it occurred outside of the doctor's professional role and did not cause any significant physical injuries or any significant physical, emotional or psychological harm*

...  
*a conviction or caution for a minor criminal offence that results in a discharge or fine.*

...  
31. Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

...  
*violence, other than where it occurred outside of the doctor’s professional role and was limited in nature, and did not cause any significant physical injuries or any significant physical emotional or psychological harm”*

61. The Tribunal noted that Dr Ghias’ conviction resulted in a fine. The Tribunal was clear that the violence used by Dr Ghias did not fit into the wording of paragraph 31. The Tribunal determined that there was no evidence of any significant physical emotional or psychological harm to Mr A. It had seen photographs of Mr A taken shortly after the incident. While there was marking reported on Mr A’s neck, there was no significant physical injury as per paragraph 31 of the MPTS guidance. It also noted the violence was outside of a work context and was limited in nature, in the sense that it was a single incident, lasting a short period, but noted that it reached the threshold of being criminal.

62. The Tribunal also had regard to paragraph 30 of the MPTS guidance in terms of ‘Allegations falling in the mid-range of the spectrum of seriousness’ that:

*“Seriousness is determined across a continuous spectrum. Whilst a view on where on the spectrum of seriousness an allegation lies will need to be reached based on the individual circumstances of the case, behaviour or poor performance falling between the types of examples listed above and below may fall at the mid-range level of seriousness as a starting point before features that increase seriousness are considered.”*

63. The Tribunal was of the view that the Allegation in terms of the conviction in this case lies at the lower end of the spectrum of seriousness, but towards the higher end of that category. It determined that Dr Ghias’ actions were more serious than a “*minor criminal offence*” because of the use of violence. However, it is the least serious form of violent offence and did result in a fine.

64. The Tribunal then had regard to whether there were any relevant factors that might increase the seriousness of the allegation. It noted, with reference to paragraph 36 of the MPTS guidance that the following example of features of the allegation that might increase seriousness was engaged in this case:

*“The behaviour was directed towards, or the poor performance involved interaction with, a person with impaired capacity or a person with a particular vulnerability”*

65. The Tribunal noted that Dr Ghias' actions were directed to a minor and took place in public and in front of other children, including his own. The Tribunal did not identify any other features of the allegation that would increase the seriousness in this case.

66. The Tribunal has identified a factor that would increase seriousness. Given the starting point, the Tribunal concludes that the allegation lies at the mid-range on the spectrum of seriousness. As such, the starting point for assessing risk is medium.

What is the impact of any relevant context known about Dr Ghias and/or their working environment?

67. The Tribunal had regard to Dr Ghias' evidence that there were racial tensions in Leicester at the time of the incident and that they played a role in contextualising his reaction to provocation. The Tribunal acknowledged this point but the only weight it placed on it was that it may have provided an explanation for why Dr Ghias might have been on edge and been quick to react at the time. This was as far as this point could be taken. It did not justify his use of violence in response to the provocation he reports.

68. The Tribunal also noted that Dr Ghias had young children with him at the time and has heard his account that they were scared and so he reacted to Mr A.

69. Ultimately, the Tribunal was of the view that the context explained why Dr Ghias was quick to react but did not explain why he reacted with violence. His actions were disproportionate to the actions of Mr A notwithstanding his concerns. Overall, the Tribunal did not consider any relevant context to have had any impact on the level of risk.

How has Dr Ghias responded to the allegation?

70. The Tribunal considered what evidence there was relating to insight and has assessed that Dr Ghias' insight is genuine.

71. The Tribunal has had regard to the detailed statements and remediation bundles provided by Dr Ghias. He has completed relevant CPD courses on conflict resolution/anger management. Dr Ghias has apologised for his actions and expressed regret and remorse. The Tribunal had regard to the work Dr Ghias has done, including coaching with Dr C, and the positive testimonials provided on Dr Ghias' behalf. It noted from Dr B's evidence that Dr Ghias has displayed remorse for his actions and had regular discussion with her about what happened.

72. The Tribunal accepted Dr Ghias' remorse. It notes that he has shown he understands how he was triggered, and has explained how he should have acted differently. The Tribunal noted Dr Ghias' evidence of an incident recently in which he deployed his recently obtained coping strategies. While the situation was not the same, it does show that he is able to react in a way he could not at the time.

73. The Tribunal had regard to the impairment statement provided by Dr Ghias in which he set out why he was sorry, not just that he was. It noted his reflection on the impact of his actions on Mr A, Mr A's family, the public, and the profession. The Tribunal also noted that Dr Ghias has said he does not have an anger management issue. Regarding the testimonials and character references, it does appear that Dr Ghias acted out of character and that this is an isolated incident.

74. The Tribunal has also considered what evidence there is relating to remediation to assess if the allegation is remediable, has been remedied and is likely to be repeated.

75. The Tribunal determined that Dr Ghias has taken steps to remediate and to identify how he will act differently in the future to avoid similar issues arising. It referred to the sessions with Dr C and how he has engaged, learned and challenged himself.

76. The Tribunal was of the view that Dr Ghias is someone who has made clear efforts to address the issues and made changes in the use of mindfulness and to his lifestyle to suggest continuing development and engagement. The steps he has taken, in the view of the Tribunal, have afforded him more capacity to make better decisions in stressful situations.

77. The Tribunal determined that there is insight and it is genuine. It also determined that he has remediated.

78. The Tribunal considered whether Dr Ghias' actions are likely to be repeated. It accepted Dr Ghias' comments as to the shame and embarrassment that he experienced from the conviction. That itself makes it less likely that he would put himself in a similar situation. The Tribunal was of the view that the incident was a one-off and has not occurred before or since in stressful situations. Dr Ghias has worked to improve himself and to develop coping mechanisms. The Tribunal would characterise the incident as an aberration or low point. It was of the view that the allegation is highly unlikely to be repeated.

79. The Tribunal noted that there were no concerns regarding Dr Ghias' clinical skills and has before it positive testimonials, appraisal documentation and patient feedback which demonstrate this. Dr Ghias has completed relevant CPD and has continued practising as a GP. All the evidence points to him being an excellent doctor, well-respected in his field. There are no concerns with his clinical capability. The Tribunal determined that Dr Ghias has kept his medical knowledge and skills up to date.

80. The Tribunal was of the view that Dr Ghias has learned from his actions and it is highly unlikely they will be repeated. Taking all of the factors into consideration, the Tribunal determined that the impact of these above factors on the level of risk was that it decreased the level of risk.

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

81. The Tribunal determined that there is a current and ongoing risk to public protection that may require restrictive action in response. It did not consider that the patient safety element of public protection was engaged but, given the conviction of assault, both the public confidence and upholding professional standards limbs were engaged in this case.

82. Dr Ghias’ actions are highly unlikely to be repeated, but by being convicted of a violent offence against a child, he has failed to uphold the standards expected of a member of the medical profession. The Tribunal concluded that not to make a finding of current impairment in the circumstances of this case would risk public confidence in the medical profession. Notwithstanding the work he has done to atone for his actions, and to minimise the risk he would act the same way in the future, he does pose a risk to public confidence and the upholding of standards.

83. The Tribunal found the level of risk to be low, because of the remediation work he has already undertaken. It considered that Dr Ghias has made significant efforts to show that he has learned from what he did wrong, and to remediate his actions. The Tribunal had regard to the MPTS guidance, including paragraph 135 that cases of violence can involve a range of behaviour and that *“Where the violent or dishonest behaviour is at the lower to mid-range of the spectrum of seriousness, evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may carry more weight and have more impact”*. The Tribunal considered that this was the position in Dr Ghias’ case, which reduced the risk from the medium starting point.

84. In all the circumstances, the Tribunal has therefore determined that Dr Ghias’ fitness to practise is impaired by reason of a conviction for a criminal offence.

Misconduct

Is there a legal basis for considering impairment?

85. The Tribunal had regard to paragraph 1 of the Allegation including the admissions made by Dr Ghias.

86. The Tribunal referred to paragraph 99 of GMP (30 January 2024) under the heading *‘Cooperating with legal and regulatory requirements’*, which reads:

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

- a you have accepted a caution (or equivalent) from a prosecuting authority*
- b you have been charged with a criminal offence in person or by post*
- c you have been found guilty of a criminal offence”*

87. Along with paragraph 81 of GMP:

*“You must make sure that your conduct justifies patients’ trust in you and the public’s trust in your profession.”*

88. Dr Ghias did not self-refer to the GMC as he should have done, which is reflected in his admissions. The Tribunal considered whether Dr Ghias’s action in this regard amounted to misconduct which was serious.

89. In terms of the charge, Dr Ghias did not take any step to check whether he should report this to the GMC. In terms of the conviction, the Tribunal appreciated that, from the document and fine received, Dr Ghias thought he had a fixed penalty notice and, after searching online, let himself be satisfied that it did not need to be reported. In both cases, Dr Ghias has accepted that he should have done more; he should have contacted his MDO. The Tribunal was reassured that he engaged immediately with the GMC process once it contacted him.

90. The Tribunal determined that, taking account of all of the evidence before it, Dr Ghias’ actions were a genuine mistake rather than an attempt to conceal the actions taken against him. However there was a positive duty upon Dr Ghias to tell the GMC about the charge and conviction without delay and he did not do so. It was a genuine mistake but an unreasonable mistake to make. Had Dr Ghias conducted any research, or consulted the terms of *Good Medical Practice*, he could have been in no doubt about his responsibilities. Not to do so was a serious failure, notwithstanding that it was a genuine mistake. The Tribunal found there to have been a breach of GMP such as to amount to misconduct which was serious.

91. As such, the Tribunal has found that the proven facts did engage a legal basis for considering impairment, namely misconduct.

Where on the spectrum of seriousness does the allegation lie?

92. The Tribunal considered the starting point for assessing seriousness. The Tribunal noted that the starting point for assessing the level of current and ongoing risk to public protection posed by a doctor (low, medium or high) is based on where on the spectrum of seriousness the Allegation lies.

93. The Tribunal was of the view that the misconduct in this case lies at the lower end of the spectrum of seriousness, in light of the finding that the mistake was genuine but unacceptable.

94. The Tribunal then had regard to whether there were any relevant factors that might increase the seriousness of the allegation. It found that Dr Ghias’ actions were not

premeditation, did not amount to an abuse of his professional position, and he has not been subject of any previous regulatory proceedings.

95. The Tribunal considered the following features set out at paragraph 36 of the MPTS guidance which includes examples of features of the allegation that might increase seriousness:

*“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...”*

96. The Tribunal was of the view that this was not a reckless disregard for professional standards. Dr Ghias ought to have known his responsibilities and should have checked and acted upon them. However, he failed fully to check what his professional obligations were, rather than making a positive choice not to comply with them. As soon as Dr Ghias was made aware of his professional obligations he has completely engaged.

97. The Tribunal concludes that the allegation lies at the lower end of the spectrum of seriousness. As such, the starting point for assessing risk is low.

What is the impact of any relevant context known about Dr Ghias and/or their working environment?

98. The Tribunal did not identify any relevant context about Dr Ghias or his working environment that was relevant. As such, there was no change to the level of risk.

How has Dr Ghias responded to the allegation?

99. The Tribunal considered what evidence there was relating to insight and has assessed whether Dr Ghias’ insight is genuine. The Tribunal determined that Dr Ghias has accepted that his actions were a failure and he clearly understood why that was the case. Dr Ghias has expressed what he would do differently in the future - he would go to his MDO - and what he should have done if there was any uncertainty. The Tribunal determined that there is insight and it is genuine.

100. The Tribunal has also considered what evidence there is relating to remediation to assess if the failing is remediable and has been remedied. The Tribunal has had regard to the detailed statements and remediation bundles provided by Dr Ghias. He has completed relevant CPD courses, including on probity: ‘Professionalism and Professional Standards for Doctors’, ‘Probity for Doctors’, and provided his written reflections upon them. The Tribunal determined that Dr Ghias’ actions are remediable as his actions were a genuine mistake rather than a deliberate act. It also determined that he has remediated.

101. The Tribunal considered whether Dr Ghias' actions are likely to be repeated. It was of the view that Dr Ghias made a genuine error and has educated himself as to the correct process to be followed such that the Tribunal believed he will follow it in future. The Tribunal found that Dr Ghias has done the work to understand what he did and taken the need to be candid and open seriously. The Tribunal determined that the risk of repetition was negligible.

102. As set out previously, the Tribunal noted that there were no concerns regarding Dr Ghias' clinical skills and it has positive testimonials before it which demonstrate this. Dr Ghias has completed relevant CPD and has continued practising as a GP. The Tribunal determined that Dr Ghias has kept his medical knowledge and skills up to date.

103. The Tribunal was of the view that Dr Ghias has clearly learned from his actions and has found the risk of repetition to be negligible. Taking all of the factors into consideration, the Tribunal determined these factors decreased the level of risk.

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

104. The Tribunal determined that there is a current and ongoing risk to public protection that may require restrictive action in response. It did not consider that the patient safety element of public protection was engaged particularly given the risk of repetition being negligible. The Tribunal did, however, consider that both the public confidence and upholding professional standards limbs of public protection were engaged in this case. The Tribunal was clear that, whilst it was a genuine mistake by Dr Ghias, it was a mistake that he should not have made - it is not acceptable for a doctor to be ignorant of their responsibilities under GMP. The public would rightly be concerned about a doctor failing to make a report required of him, and public confidence in the profession would be undermined by a finding of no impairment, despite Dr Ghias' subsequent reflection on how he should have acted.

105. The Tribunal has found that Dr Ghias has learned, remediated and complied properly since the matter was raised with him but his failure to disclose when there was a positive duty upon him to do so, did harm public confidence in the profession and had an impact on upholding professional standards given the importance of disclosing such matters to the regulator.

106. The Tribunal found the level of risk to be low, and towards the lower end of low risk.

107. In all the circumstances, the Tribunal has therefore determined that Dr Ghias' fitness to practise is impaired by reason of misconduct.

### Determination on Sanction - 22/05/2026

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

#### The Evidence

2. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. No further evidence was presented to the Tribunal.

#### Submissions on Sanction

##### For the GMC

3. Ms Isobel Thomas, Counsel, referred the Tribunal to the MPTS Guidance ('the MPTS Guidance') effective from 24 November 2025. She submitted that the appropriate sanction in this case is suspension. She reminded the Tribunal, however, that it should start with the least restrictive sanction, adding that in a case where a doctor's fitness to practise is found to be impaired, a restriction on their practice is needed unless there are exceptional circumstances. Ms Thomas submitted that there are no exceptional circumstances in this case to warrant taking no action.

4. Ms Thomas referred the Tribunal to paragraph 17 of the MPTS Guidance. She submitted that conditions are only appropriate in cases which involve a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively. Ms Thomas contended that none of these circumstances applied in the present case. She further submitted that conditions would neither be appropriate or sufficient to address the risks identified.

5. In relation to suspension, Ms Thomas referred the Tribunal to paragraphs 44 and 45 of the MPTS Guidance. She submitted that whilst a period of suspension may have a punitive effect because it prevents a doctor from working, suspension is the appropriate sanction given the Tribunal's findings in its determination on impairment, in relation to the second and third limbs of public protection. She said that this was necessary to maintain public confidence and to uphold professional standards, which outweigh the doctor's interests. Ms Thomas submitted that some or all of the factors present in paragraph 45 support the assertion that suspension is the appropriate sanction. She acknowledged that there were no patient safety concerns in this case, but submitted that there was an ongoing risk to public protection. Ms Thomas submitted that violence and abusive behaviour is the appropriate case type when considering sanctions bandings, as set out in paragraph 62 of the MPTS Guidance.

6. Ms Thomas invited the Tribunal to impose a period of suspension on Dr Ghias' registration. She added that the length of that suspension and whether a review hearing was necessary, are matters for the Tribunal.

For Dr Ghias

7. Ms Clare Hennessy, Counsel, referred the Tribunal to the MPTS Guidance. She reminded the Tribunal that the Tribunal should start with the least restrictive sanction, adding that when looking at the facts of this case, there was no suggestion that the public needed protecting from Dr Ghias. Ms Hennessy acknowledged that in view of the serious nature of allegations admitted by Dr Ghias, and the Tribunal's findings in its determination on impairment, it was unlikely taking no action would be appropriate. However, she reminded the Tribunal that it had found that Dr Ghias had remediated his misconduct. She submitted that a finding of impaired fitness to practise of itself goes a long way to send out a message that this type of behaviour is unacceptable.

8. Ms Hennessy stated that her primary submission was that a period of conditional registration is appropriate in this case. She said that the Tribunal was entitled to take into account the impact on patients and on service provision in a geographical area by the removal of a doctor from clinical practice. Ms Hennessy submitted that conditions would be appropriate and could be workable. She submitted that conditional registration could include the standard conditions, and in addition:

- a requirement for a workplace mentor to be allocated who could meet with Dr Ghias twice a month, or once a week, to develop his reflections further and to discuss the impact of his actions on Mr A and his family;
- further reflections on the importance of upholding professional standards; and
- additional coaching sessions with Dr C.

9. Ms Hennessy submitted that Dr Ghias understands the level of seriousness of his actions and is willing to engage with any conditions imposed.

10. Ms Hennessy submitted that if the Tribunal decides to impose a period of suspension, then this should only be a short suspension. She said that given the Tribunal's findings at the impairment stage, a short suspension will have the required deterrent effect. Ms Hennessy also referred the Tribunal to the table set out at paragraph 62 of the MPTS Guidance, and cited 'violent and abusive behaviour' as the relevant case type. She submitted that, given the doctor's conduct was found to pose a lower level of risk to public protection, a short period of suspension of up to three months was appropriate, inviting that it should be a period of up to 28 days. She added that public protection and public confidence in the profession can be achieved with a short period of suspension given that Dr Ghias does not need to time to undertake any further remediation, as found by the Tribunal at the impairment stage. She added that there would be no need for a review hearing.

11. Ms Hennessy referred the Tribunal to the large number of testimonials and references from Dr Ghias' clinical colleagues and patients from all walks of life and different levels of seniority, all of whom she said spoke very highly of Dr Ghias and attested to his clinical work and character. Ms Hennessy reminded the Tribunal of Dr B's evidence in relation to Dr Ghias' clinical work. She also reminded the Tribunal that Dr Ghias provides a teaching role to junior doctors, and submitted that if suspended, he would not be able to continue to undertake this important role. Ms Hennessy added that the Practice would struggle to find a locum doctor to replace Dr Ghias who had built up a rapport with his patients, such that they listen to him, and many ask for him specifically. She said that it was important not to deprive patients of a good doctor due to what is a temporary lapse of judgement. Ms Hennessy referred the Tribunal to the exhibits bundle provided in evidence at stage 2 of these proceedings which include Dr Ghias' witness statement, appraisal and patient feedback. She submitted that Dr Ghias has practised in the UK for some 17 years without any concerns and reminded the Tribunal that the index events took place some two years ago, with no further concerns.

12. Ms Hennessy went on to say that suspension would have a hugely detrimental impact on Dr Ghias' financial circumstances, stating that he was the main breadwinner for his family. She provided some detail as to his financial and personal circumstances, and information about his family's circumstances. She submitted that a short period of suspension would promote public confidence and uphold professional standards. She argued that a period longer than 28 days would do no more in that regard but would impact Dr Ghias very significantly.

13. Ms Hennessy invited the Tribunal to impose a period of conditions on Dr Ghias' registration.

### **The Tribunal's Approach**

14. The Tribunal was reminded that the decision as to the appropriate sanction to impose, if any, was a matter for its independent judgement which it must exercise proportionately, transparently, and fairly.

15. The Tribunal had regard to the relevant sections of the MPTS Guidance in relation to sanction.

16. The Tribunal was mindful that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect on a doctor.

17. The Tribunal reminded itself that, in determining whether to impose a sanction and if so, which, 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 Guidance for 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.’*

18. The Tribunal reminded itself that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

### The Tribunal’s Determination on Sanction

19. 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

20. The Tribunal also had regard to the table set out at paragraph 62 of the MPTS Guidance – ‘sanctions banding’ in its consideration.

Case type	Lower level of risk to public protection	Medium level of risk to public protection	Higher level of risk to public protection
<b>Violent or abusive behaviour</b>	Suspension up to 3 months	Suspension 3 to 12 months	Suspension 12 months to Erasure
<b>Convictions, ....</b>	Conditions up to 12 months to Suspension up to 3 months	Suspension 6 to 12 months	Suspension 12 months to Erasure

21. The Tribunal determined that it should consider sanctions in ascending order of severity.

22. 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.*  
....'

23. The Tribunal had regard to its findings set out at paragraphs 70 – 80 of its determination on impairment, but in particular paragraphs 73 and 79 where it states:

*'73. The Tribunal had regard to the impairment statement provided by Dr Ghias in which he set out why he was sorry, not just that he was. It noted his reflection on the impact of his actions on Mr A, Mr A's family, the public, and the profession. The Tribunal also noted that Dr Ghias has said he does not have an anger management issue. Regarding the testimonials and character references, it does appear that Dr Ghias acted out of character and that this is an isolated incident.'*

*'79. The Tribunal noted that there were no concerns regarding Dr Ghias' clinical skills and has before it positive testimonials, appraisal documentation and patient feedback which demonstrate this. Dr Ghias has completed relevant CPD and has continued practising as a GP. All the evidence points to him being an excellent doctor, well-respected in his field. There are no concerns with his clinical capability. The Tribunal determined that Dr Ghias has kept his medical knowledge and skills up to date.'*

### No Action

24. 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.'*

25. The Tribunal was mindful of the common ground between the parties that concluding this case by taking no action was not appropriate. The Tribunal determined that, given the nature of the facts in this case, 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

26. The Tribunal next considered whether to impose conditions on Dr Ghias' registration. It bore in mind that any conditions imposed should be proportionate, workable and measurable, as well as appropriate in the context of the statutory overarching objective, and public protection.

27. The Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraph 28 says:

*'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.'*

28. The Tribunal reminded itself of its findings on impairment. There is not an identifiable area of practice that Dr Ghias could meaningfully work further on. The concerns in this case arise from his conviction for violent conduct outside of the clinical environment and his failures to report to the GMC. He has shown a willingness to remediate and has completed work in that regard. As such, the imposition of conditions, which could include a workplace mentor, would not serve a purpose on the facts of this case.

## Suspension

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

30. The Tribunal had regard to paragraph 66 which states:

*'The following matters are not relevant to the assessment of current and ongoing risk to public protection which will have informed the MPT's decision on impairment, but can be considered at this stage when deciding what sanction is proportionate:*

- a. evidence about the impact that taking a specific type of action may have on patients or members of the public, or the doctor themselves, and/or*

b. *references and testimonials about the doctor's character.'*

31. Paragraph 67 states:

*'Where the MPT considers it is appropriate to take such evidence into account, they must explain the weight given to it and the impact this has had on their decision on sanction. This will include justifying any departure from a sanctions banding, if one is available for the specific case type.'*

32. The Tribunal was satisfied that removing Dr Ghias from practice would have an impact on the Practice, patients, and the delivery of medical care in the local area. The Tribunal took that into account in considering whether a sanction falling short of suspension could have been imposed. For the reasons outlined above, it remained of the view that there was no proper such approach.

33. The Tribunal was mindful that in its determination on impairment, it had found that the second and third limbs of public protection are engaged in this case. It noted that paragraph 80 of its determination on impairment states *'Dr Ghias has learned from his actions and it is highly unlikely they will be repeated.'* It had assessed the level of risk of Dr Ghias' actions to public protection was reduced due to the steps he has taken to reflect upon his actions, the remorse he demonstrated before and during these proceedings, and the steps he had taken to remediate. Further, the Tribunal found in relation to misconduct, as set out at paragraph 106 of its determination on impairment, the *'the level of risk to be low, and towards the lower end of the low risk.'* to public protection.

34. The Tribunal had regard to paragraphs 82, 83, 104 and 105 of its determination on impairment, where it stated:

*'82. Dr Ghias' actions are highly unlikely to be repeated, but by being convicted of a violent offence against a child, he has failed to uphold the standards expected of a member of the medical profession. The Tribunal concluded that not to make a finding of current impairment in the circumstances of this case would risk public confidence in the medical profession. Notwithstanding the work he has done to atone for his actions, and to minimise the risk he would act the same way in the future, he does pose a risk to public confidence and the upholding of standards.'*

*83. The Tribunal found the level of risk to be low, because of the remediation work he has already undertaken. It considered that Dr Ghias has made significant efforts to show that he has learned from what he did wrong, and to remediate his actions. The Tribunal had regard to the MPTS guidance, including paragraph 135 that cases of violence can involve a range of behaviour and that "Where the violent or dishonest behaviour is at the lower to mid-range of the spectrum of seriousness, evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may carry more weight and have more impact". The Tribunal*

*considered that this was the position in Dr Ghias’ case, which reduced the risk from the medium starting point.*

104. *The Tribunal determined that there is a current and ongoing risk to public protection that may require restrictive action in response. It did not consider that the patient safety element of public protection was engaged particularly given the risk of repetition being negligible. The Tribunal did, however, consider that both the public confidence and upholding professional standards limbs of public protection were engaged in this case. The Tribunal was clear that, whilst it was a genuine mistake by Dr Ghias, it was a mistake that he should not have made - it is not acceptable for a doctor to be ignorant of their responsibilities under GMP. The public would rightly be concerned about a doctor failing to make a report required of him, and public confidence in the profession would be undermined by a finding of no impairment, despite Dr Ghias’ subsequent reflection on how he should have acted.*

105. *The Tribunal has found that Dr Ghias has learned, remediated and complied properly since the matter was raised with him but his failure to disclose when there was a positive duty upon him to do so, did harm public confidence in the profession and had an impact on upholding professional standards given the importance of disclosing such matters to the regulator.’*

35. 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(c) 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:*

....

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.’*

36. The Tribunal also had regard to paragraph 47 of the MPTS Guidance which state:

‘47. *A short suspension may be appropriate in cases where: the doctor’s behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current*

*and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards. It might also be appropriate in relation to a very small number of clinical cases where a doctor's performance was such that although unlikely to recur, the nature of the allegation was so serious as to undermine the public's trust in the profession.'*

37. The Tribunal was mindful that paragraph 47 refers to cases where the behaviour fell at the higher end of the spectrum of seriousness. However, the Tribunal has found in its initial assessment that Dr Ghias' conviction fell in the mid-range of the spectrum of seriousness for the reasons set out in its determination on impairment. It took the view that the principle outlined in paragraph 47 does apply to the facts of this case despite the difference in starting point.

38. In the circumstances, taking into account Dr Ghias' conviction in a court of law for violent behaviour towards a minor and his misconduct in failing to make reports to the GMC, the Tribunal determined that suspension is the appropriate sanction in this case. Suspension is necessary to promote and maintain public confidence in the profession and to uphold and maintain professional standards.

39. 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. Having concluded that conditions of practice are not appropriate in this case, the Tribunal noted both the "violent or abusive behaviour" and "conviction..." lines of the table at paragraph 62 of the guidance indicate a sanction of "Suspension up to 3 months".

40. The Tribunal accepted Ms Hennessy's submission that public confidence and the upholding of professional standards would not be advanced further by imposing a longer suspension within the zero to three months range. Those limbs of public protection are promoted and maintained by the imposition of a short suspension, making clear the seriousness of the conviction and misconduct in this case, and acting as a deterrent.

41. Having reached the conclusions it has, the Tribunal was of the view that erasure would be a disproportionate sanction.

42. In all the circumstances, the Tribunal has determined that a period of suspension for one month is appropriate in this case. It therefore determined to suspend Dr Ghias' registration for one month.

### **Review Hearing**

43. In view of its determination to suspend Dr Ghias' registration for a period of one month, the Tribunal considered whether a review would be required. In view of its findings at the impairment stage in relation to Dr Ghias' remediation, it was the Tribunal's view that no review is necessary.

### Determination on Immediate Order - 22/05/2026

1. Having determined to suspend Dr Ghias' registration for a period of one month, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

#### Submissions

##### On behalf of the GMC

2. Ms Thomas submitted that there is no evidence to suggest Dr Ghias poses an immediate risk to the public such that an immediate order is required.

##### On behalf of Dr Ghias

3. Ms Hennessy concurred with Ms Thomas' submissions.

#### 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 (suspension in this case) if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

5. In reaching its decision, the Tribunal took into account the submissions made by both parties. 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 all the evidence adduced in this case, including its findings on impairment and sanction, noting that Dr Ghias made full admissions to paragraphs 1 and 2 of the Allegation at the facts stage. It took into account that there are no concerns regarding patient safety, and the risks identified to public protection have been assessed as low. The

Tribunal considered that immediate action is not needed to uphold professional standards or maintain public confidence in the medical profession. The Tribunal therefore determined that, in all the circumstances of this case, an immediate order was not necessary.

7. This means that Dr Ghias' registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Ghias does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

8. The interim order of conditions on Dr Ghias' registration is revoked with immediate effect.

9. That concludes the case.