PUBLIC RECORD

Dates: 19/08/2026 – 20/08/2026

Doctor:	Dr Walid AHMED
GMC reference number:	7051555
Primary medical qualification:	MB BCh 1996 Ain Shams University

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Registrant Tribunal Member:	Dr Fatima Ali
Registrant Tribunal Member:	Dr Louis Savage

Tribunal Clerk:	Alexander Currie

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Terence Rigby, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts – 19/08/2026

1. Dr Ahmed qualified with a MB BCh in 1996 at Ain Shamas University. He worked in Bournemouth as a General Practitioner 'GP', most recently as a locum.

2. The allegations that have led to Dr Ahmed's hearing relate to a conviction he received. It is alleged by the General Medical Council (GMC) that on 9 October 2025 at Bournemouth Crown Court Dr Ahmed was convicted of engaging in controlling coercive behaviour against Ms A, the offending having occurred between XXX and that on the same day he was sentenced, in his absence, to 2 years and 8 months in prison and made subject to a restraining order for 10 years.

3. The initial concerns were raised with the GMC on 22 November 2020 by Dr Ahmed who made a self-referral, having been arrested and interviewed by the Police on 16 November 2020 and having been suspended from the Performers' List on 21 November 2020.

The outcome of applications made during the facts stage

4. At the outset of the hearing, the Tribunal granted an application made by Mr Terence Rigby, Counsel, on behalf of the GMC, that the Notice of the Hearing had been served on Dr Ahmed in accordance with Rule 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal granted Mr Rigby's application, made pursuant to Rule 31 of the Rules, that the Tribunal should proceed to hear the case in Dr Ahmed's absence. The Tribunal's written decision is included at Annex A.

The Allegation and the doctor's response

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

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

1. On 9 October 2025 at Bournemouth Crown Court you were convicted of engaging in controlling coercive behaviour against Ms A, the offending having occurred between [XXX]. To be determined

2. On 9 October 2025 you were:

a. sentenced to 2 years and 8 months prison; To be determined

b. made subject to a restraining order prohibiting you from contacting Ms A directly or indirectly for 10 years. To be determined

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

6. As Dr Ahmed is not present nor represented no admissions were made.

Documentary evidence

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

- Notice of criminal charge, dated 27 April 2022
- A copy of the indictment, undated
- Sentencing remarks, dated 9 October 2025
- Certificate of Conviction, dated 9 October 2025
- Employer Liaison Advisor GMC South of England referral to the GMC including Police report, dated 22 November 2020
- Dr Ahmed's self-referral to the GMC, including search warrant, charge sheet and completed GMC referral form, dated 22 November 2020

The Tribunal's approach

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

9. The Tribunal took into account Rules 34(3) and (5) of the Rules which provide:

> *34(3) '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.'*
> and
>
> *"(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract."*

10. The Tribunal noted that Rule 34 of the Rules do provide for a rebuttal of a conviction but those are only in circumstances where the practitioner has produced evidence to establish that they are not the person referred to in the certificate. The Tribunal noted that no such evidence has been produced in this case. The Tribunal found that there has been no suggestion that Dr Ahmed is not the person referred to in the certificate of conviction.

The Tribunal's analysis of the evidence and findings

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

12. The background to the conviction is set out in a Dorset Police Report dated 19 November 2020 and the Judge's sentencing remarks. At the time of his conviction Dr Ahmed was 50 years of age and of previous good character. The sentencing Judge set out the facts of the offence in brief as:

"Between [XXX]*, Dr Ahmed was involved in a relationship with Ms A* [XXX]*. Quickly after the relationship developed, he began to control and coerce* Ms A *over prolonged period of nearly*

a year and in a number of different horrific ways. He controlled what she would wear in terms of clothes, make up and perfume. He isolated her from her family and friends, deleting her social media apps from her phone and contact details of males on her phone. He had a ridiculous paranoia that Ms A *was cheating on him, which manifested itself in him trying to control every aspect of* [Ms A's] *life. If they were not together, he would insist on her messaging, on some occasions every 15 minutes to check in with him, and if he was suspicious, he would require FaceTime calls or photographs to prove who she was with. Location tracking services were installed on* Ms A*'s phone so he could track her movements.* [XXX]*, the Defendant made her* [XXX] *that got her into serious trouble when discovered"*

13. The sentencing Judge set out that Dr Ahmed had pleaded not guilty to the charge, meaning that a trial was necessary, but had then left the country causing a number of delays to the trial. In sentencing Dr Ahmed, the Judge set out that in their judgment the case fell into category A for culpability because the conduct had persisted over a prolonged period, nearly a year, and because Dr Ahmed had used multiple methods of controlling and coercive behaviour towards Ms A.

14. As to harm, the sentencing Judge stated, *"As to harm, in my judgment, this case falls into category 1, given the very serious alarm and distress which was suffered by Ms A causing her substantial adverse effects and also causing her significant psychological harm, as was evidenced during the trial by Ms A herself, her family members, friends and former work colleagues".* The Judge considered an aggravating feature of the case to be the evidence of Dr Ahmed taking steps to prevent Ms A reporting his behaviour.

15. The Judge stated that they were satisfied that the custody threshold has been passed and that the lowest possible sentence that they could impose that was commensurate with Dr Ahmed's offending was one of 2 years and 8 months' imprisonment. The Judge also imposed a Restraining Order on Dr Ahmed for 10 years prohibiting any contact with Ms A.

16. The Tribunal noted that a Certificate of Conviction has been provided, confirming that Dr Ahmed was tried and convicted on 9 October 2025 of engaging in controlling and coercive behaviour. It also confirms that he was sentenced, in his absence, to a period of imprisonment of 2 years and 8 months. In addition, a restraining order was placed on Dr Ahmed for a period of 10 years. Pursuant to Rule 34(3) of the Rules the Certificate of Conviction is conclusive evidence of the offence committed. It also, as does the Judge's sentencing remarks confirms the sentence imposed on Dr Ahmed. The Tribunal noted that no evidence had been received by Dr Ahmed to prove that it was not him named in the

Certificate of Conviction. Based on the conclusive evidence before it the Tribunal is satisfied that paragraphs 1 and 2 of the Allegation are made out.

17. The Tribunal has therefore found both paragraphs 1 and 2 proved.

The Tribunal's overall determination on the facts

18. The Tribunal has determined the facts as follows:

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

1. On 9 October 2025 at Bournemouth Crown Court you were convicted of engaging in controlling coercive behaviour against Ms A, the offending having occurred between [XXX]. **Determined and found proved**

2. On 9 October 2025 you were:

   a. sentenced to 2 years and 8 months prison; **Determined and found proved**

   b. made subject to a restraining order prohibiting you from contacting Ms A directly or indirectly for 10 years. **Determined and found proved**

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

Determination on Impairment – 19/08/2026

Submissions

1. On behalf of the GMC Mr Rigby, Counsel, submitted that Dr Ahmed's fitness to practise is impaired by reason of his conviction.

2. Mr Rigby reminded the Tribunal that there is no statutory definition of impairment and no strict burden or standard of proof at this stage. The decision as to impairment is a matter for the Tribunal's independent judgement alone.

3. Mr Rigby reminded the Tribunal that they must have regard to the statutory overarching objective of the GMC which is to protect the public and involves the following 3 elements:

- *To protect, promote and maintain the health, safety and well-being of the public;*
- *To promote and maintain public confidence in the medical profession;*
- *To promote and maintain proper professional standards of conduct in the medical profession.*

4. Mr Rigby referred to the *MPTS Guidance for Tribunals* (the Guidance) *(MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e))* throughout his submissions. Mr Rigby noted that a criminal conviction or other court sanction resulting in a custodial sentence, whether immediate or suspended, is identified as an allegation likely to fall at the higher end of the spectrum of seriousness.

5. Mr Rigby referred to paragraphs 101 and 105 of the *MPTS Guidance Introduction* and submitted that the behaviour underlying the conviction is separately identified as violent or abusive behaviour, which the Guidance defines to include coercive and controlling behaviour and which may be directed at a partner outside a doctor's working life. Mr Rigby submitted that where such behaviour arises outside a doctor's professional role, the Tribunal must decide where on the spectrum of seriousness it sits. Mr Rigby noted that the lower end is reserved for behaviour which is limited in nature and had limited impact.

6. Mr Rigby submitted that Dr Ahmed's behaviour had persisted over a prolonged period of nearly a year, employed multiple methods of control and surveillance, and caused Ms A significant psychological harm. Mr Rigby submitted that its seriousness is further increased by the persistence of the behaviour and its premeditated nature. Mr Rigby therefore submitted that the starting point for assessing current and ongoing risk to public protection is accordingly high and, there being no relevant context capable of decreasing risk and no evidence of insight or remediation, Mr Rigby submitted that the level of current and ongoing risk is high and engages all three elements of the overarching objective.

7. Mr Rigby submitted that the Tribunal must determine whether Dr Ahmed's fitness to practise is impaired today, taking into account the conduct at the time of the events and any relevant factors since. Mr Rigby referred to *Cohen v GMC [2008] EWHC 581 (Admin)* and *General Medical Council v Sawati [2022] EWHC 283 (Admin)* as relevant case law within his submission.

8. Mr Rigby submitted it is highly relevant to impairment whether the conduct which led to the charge is easily remediable, whether it has been remedied, and whether it is highly

unlikely to be repeated. Mr Rigby submitted that none of these three factors identified in *Cohen* are satisfied in Dr Ahmed's case.

9. Mr Rigby submitted Dr Ahmed had not admitted the offence and was found guilty after a trial in his absence. Mr Rigby submitted that Dr Ahmed to date has not engaged with these proceedings and has provided no evidence of remorse, insight or remediation. Mr Rigby submitted that Dr Ahmed denied the behaviour in police interview, absented himself from the criminal trial, likely remains outside the United Kingdom and has served no part of the sentence imposed upon him. Mr Rigby submitted that Dr Ahmed has not practised in the United Kingdom since December 2020, and there is no evidence as to whether he has kept his knowledge and skills up to date.

10. Mr Rigby submitted that Dr Ahmed's criminal conviction represents a significant departure from Good medical practice 2024 ('GMP') in particular paragraph 56 which provides that doctors must not abuse, discriminate against, bully or harass anyone, and paragraph 81 which requires a medical professional to make sure that their conduct justifies patients' trust in them and the public's trust in their profession. Mr Rigby submitted that patients' trust and the public's trust in the profession has been seriously damaged by Dr Ahmed's conduct.

11. Mr Rigby referred to the test for impairment as set out in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)* and submitted that limbs b. and c. are engaged:

> *b. Has Dr Ahmed in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. Has Dr Ahmed in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession.*

12. Mr Rigby submitted that the Tribunal must not lose sight of the wider public interest considerations: the need to protect the public, to declare and uphold proper standards of conduct and whether public confidence in the profession would be undermined if a finding of current impairment were not made.

13. Mr Rigby submitted that a well-informed member of the public would find Dr Ahmed's actions abhorrent and that their actions would undermine public confidence in the medical profession and have breached fundamental tenets of the profession pursuant to section 1(1B) of the Medical Act 1983.

14. Mr Rigby submitted that Dr Ahmed's conviction is serious and violates such fundamental principles of the profession that a finding of impairment of their fitness to practise is necessary to maintain standards of conduct and confidence in the profession.

15. As Dr Ahmed is neither present nor represented, no submissions were made on Dr Ahmed's behalf.

The relevant legal principles

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

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

The Tribunal's determination on impairment

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

18. The Tribunal had regard to both Case Type 3: Violent or abusive behaviour and Case Type 8: Criminal convictions within the *Introduction Guidance*, as well as the *MPTS Guidance for Tribunals (the MPTS Guidance) (MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e))* to assist their decision making.

19. The Tribunal noted paragraphs 9 and 10 from the Guidance in deciding whether there was a legal basis for considering impairment in Dr Ahmed's case:

> *'9. An MPT must be satisfied that there is a legal basis for considering whether a doctor's fitness to practise is impaired, meaning that there is a current and ongoing*

risk to public protection. The table below explains the grounds of impairment that apply to Medical Practitioners Tribunal taking regulatory action in respect of doctors.

10. A finding of impairment can only be made by an MPT where the facts found proved engage at least one of these grounds of impairment and the doctor is assessed to pose a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.'

20. The Tribunal had regard to the description of the ground of impairment for convictions in the Guidance:

'A conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence can indicate that a doctor poses a current and ongoing risk to public protection.'

21. In this case the Tribunal had found proved that Dr Ahmed received a conviction from the Crown Court sitting at Bournemouth on 9 October 2025. The Tribunal therefore found that there was a legal basis for considering impairment in Dr Ahmed's case.

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

22. The Tribunal reviewed their findings of fact to assist in their determination on where on the spectrum of seriousness the allegations against Dr Ahmed lie.

23. The Tribunal noted paragraph 31 of the Guidance which states:

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

…

- [XXX]
- *a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended) … '*

24. Two of the factors listed within the Guidance as suggesting a higher level of seriousness are therefore present in this case: Dr Ahmed was convicted of coercive and controlling behaviour arising out of a relationship that he had with Ms A who XXX and was significantly younger than him, and he received a custodial sentence.

25. Paragraph 109 of the Guidance introduction content section on Case Type 3: violent or abusive behaviour states that:

'Whilst a range of behaviour can be seen, the nature of the departure from the standards expected may mean that a concern or allegation of violence or abusive behaviour falls at the high end of the spectrum of seriousness.'

26. The Tribunal notes that the sentencing Judge remarked that:
'Quickly after the relationship developed, he began to control and coerce [Ms A] *over prolonged period of nearly a year and in a number of different horrific ways.'*

27. The Judge also noted that:
'*He ruined Ms A's life over the period to the extent that she became a shell of her former self, withdrawing from friends and family becoming unemployed and having no freedom in her life.'*
And
'*Dr Ahmed used multiple methods of controlling and coercive behaviour.*'

28. Taking everything into account the Tribunal was therefore of the view that Dr Ahmed's conduct was at the higher end of the spectrum of seriousness.

29. The Tribunal then referred to paragraph 34 of the Guidance in assessing if there were any features which may increase the seriousness of the allegations:

'*34. In all cases, there may be specific features about the allegation and departure from the professional standards which may increase its seriousness. These features may be seen in any type of case and where present may increase where on the spectrum of seriousness the allegation lies.'*

30. The Tribunal considered the extent of the coercive activity by Dr Ahmed against Ms A. The Tribunal in particular noted that the coercive behaviour was to such an extent that XXX leading to her complaint to the police.

31. The Tribunal considered the following factors increased the level of seriousness
(i) Dr Ahmed's coercive behaviour took place for a prolonged period of time of over a year between XXX.
(ii) There was an existing power imbalance in the relationship between Dr Ahmed and Ms A. Ms A being significantly younger than Dr Ahmed and XXX.

(iii) Dr Ahmed's behaviour was premeditated. It involved XXX. He controlled what she would wear in terms of clothes, make up and perfume.
Dr Ahmed also installed location tracking services on Ms A's phone to track her movements.
(iv) Dr Ahmed's behaviour was predatory. It involved him isolating Ms A from her family and friends, deleting her social media apps from her phone and the contact details of any males on her phone. The sentencing Judge described Dr Ahmed as having '*a ridiculous paranoia that Ms A was cheating on him, which manifested itself in him trying to control every aspect of Ms A's life*'. If they were not together, Dr Ahmed would insist on her messaging, on some occasions every 15 minutes to check in with him, and if he was suspicious, he would require FaceTime calls or photographs to prove who she was with.
(v) Dr Ahmed's conduct involved an abuse of his professional position in that it involved the manipulation of an individual or a situation, by using his title and / or status to take advantage of Ms A. Ms A and Dr Ahmed had met at a time when XXX, where there was a significant power imbalance between her and Dr Ahmed.
(vi) Dr Ahmed put his own interests before those of patients – the Tribunal noted that at times when he was working as a GP, Dr Ahmed required Ms A to wait XXX and to contact him in order to be able to go to the bathroom or for a drink. Dr Ahmed would monitor Ms A remotely and the Tribunal considered that Dr Ahmed's conduct could have compromised his judgment, decisions or actions when seeing patients if he was concerned in the monitoring of Ms A whilst he was working as a GP.

32. In the light of these factors the Tribunal considered the seriousness of the allegation found proved against Dr Ahmed to be at the highest end of the spectrum. The starting point for assessing current and ongoing risk to public protection was therefore high.

Step 2c: What is the impact of any relevant context known about Dr Ahmed and/or their working environment?

33. Paragraph 45 of the MPTS Guidance (MPT Hearings > Part B: Stage two - Impairment) states that there are three types of relevant context: working environment, role and experience, and personal context. The impact that evidence of relevant context has on the assessment of risk to public protection will depend on the nature of the allegation and individual circumstances of the case. The Tribunal reminded itself that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

34. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by a doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address.

35. The Tribunal noted that, prior to the matters giving rise to these proceedings, Dr Ahmed had an otherwise unblemished career. However, he had not engaged with the GMC investigation nor the MPTS proceedings at all. He did not provide any evidence to assist the Tribunal, that might have assisted it in determining whether there were any relevant contextual factors operating at the time of the events.

36. The Tribunal found that there was no relevant context that the Tribunal could take into account in this case.

37. As the Tribunal had no evidence before it as to any relevant context, it considered that its assessment of risk was unaffected and that the current and ongoing risk posed by Dr Ahmed remained high.

38. The Tribunal therefore found that the level of risk to public protection remained at the high end at this stage.

Stage 2d: How has Dr Ahmed responded to the allegations?

39. The Tribunal then moved on to consider how Dr Ahmed has responded to the allegations. The Tribunal noted that there had been no involvement in these proceedings by Dr Ahmed. The Tribunal further noted that Dr Ahmed had similarly not participated in the criminal trial beyond putting forward a not guilty plea. The Tribunal acknowledged that Dr Ahmed had a right to do this, however the Tribunal found that as a result there was no evidence provided of any insight, remediation or keeping knowledge and skills up to date that the Tribunal could consider.

40. The Tribunal noted that as there was no evidence of any reflection, remediation, or any steps taken by Dr Ahmed to address his conviction or to reduce the risk of similar behaviour recurring the Tribunal was unable to conclude that the risk of repetition had been adequately addressed. It therefore considered that there remained a high risk of repetition.

41. Having considered all of the evidence, the Tribunal concluded that the conviction has not been remedied. In the absence of evidence of insight, remediation, or steps taken to reduce the risk of repetition, the Tribunal determined that there remains a significant risk of repetition and, consequently, a continuing high risk to public protection.

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

42. The Tribunal then moved to assess whether Dr Ahmed poses any current or ongoing risk to public protection based on their findings in the previous stages of this determination.

43. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Ahmed's conviction, which involved coercive behaviour towards Ms A resulting in a custodial sentence, lies at the high end of the spectrum of seriousness.

44. The Tribunal reminded themselves of Mr Rigby's submissions as to all three elements of public protection being engaged in this case. The Tribunal agreed with Mr Rigby's submission on this point.

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)

45. As to the first limb, the Tribunal considered whether there was a current risk of harm to patients. It acknowledged that there was no evidence of any actual harm to patients arising from Dr Ahmed's clinical practice. However, the Tribunal considered that this did not, in itself, address the risk arising from the conviction.

46. The Tribunal notes that Dr Ahmed's coercive and controlling behaviour towards Ms A caused lasting harm to Ms A's emotional wellbeing and mental health. His behaviour caused her to XXX.

47. Further, the conviction created a risk to patient safety in that there is evidence that Dr Ahmed's behaviour was occurring whilst he was working as a doctor, for example requiring Ms A to XXX whilst he worked and contacting him should Ms A need the toilet or a drink. XXX.

48. The Tribunal took into account that there is no evidence that Dr Ahmed has ever behaved in a similar way toward patients. However, it is concerned by the use of concealed

monitoring devices that Dr Ahmed used, XXX. In the absence of any meaningful insight by Dr Ahmed into his behaviour or steps taken to remedy it, the Tribunal was not reassured that he would be highly unlikely to act in a similar way in future, therefore potentially putting patients at unwarranted risk of harm.

49. The Tribunal considered that the risk was not limited to individuals that Dr Ahmed might be in a relationship with but extended to patients and to the wider public, particularly given the extensive and extreme nature of the coercive and controlling behaviour he used and the disregard he had for its impact on others. The Tribunal took into account XXX.

50. Given the extreme behaviour exhibited by Dr Ahmed, and the high risk of repetition, the Tribunal considered that there remained a significant risk that, if Dr Ahmed were permitted to return to unrestricted practice, patients and colleagues could be exposed to harm.

51. Accordingly, the Tribunal concluded that the high risk of repetition gave rise to a significant risk of harm to patients and that this was relevant to its assessment of the need to maintain public protection.

Promoting and maintaining public confidence in the profession (public confidence)

52. As to the second aspect of public protection, namely public confidence in the profession, the Tribunal was in no doubt that Dr Ahmed's conviction brought the medical profession into disrepute. By his criminal conduct Dr Ahmed breached fundamental tenets of the medical profession, including the requirements to act within the law and to not abuse his position. The Tribunal considered that the public would be justifiably appalled by a doctor being convicted of this offence and by the conduct underlying it, namely that of a doctor using coercive and controlling behaviour, which included restricting his partner from showering or using the toilet without his permission. The Tribunal noted the sentencing Judge described the controlling and coercive behaviour towards Ms A as being '*in a number of different horrific ways*.'

53. The Tribunal noted that Dr Ahmed's behaviour had meant that Ms A's *'mental health continues to be affected in certain aspects, exacerbated by the delay in proceedings.'* A delay brought about by Dr Ahmed having absconded from the criminal trial. The Tribunal had no doubt that Dr Ahmed's conviction was of such a serious nature that a finding of impairment was necessary to maintain public confidence in the profession.

Promoting and maintaining professional standards and conduct (upholding professional standards)

54. As to the third aspect of public protection, namely upholding professional standards, the Tribunal was satisfied that Dr Ahmed's conviction for serious criminal offences represented a significant departure from the standards of conduct expected of medical practitioners. The Tribunal considered that a finding of impairment was therefore required to send a clear signal to Dr Ahmed, the profession, and the public that his offending behaviour was unacceptable.

55. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Ahmed to public protection was high and that a finding of impairment was necessary, by reference to all three aspects of public protection.

56. The Tribunal therefore determined that Dr Ahmed's fitness to practise was impaired by reason of his conviction.

Determination on Sanction - 20/08/2026

1. The Tribunal reviewed its findings at the facts and impairment stages and took into account evidence received during the earlier stages of the hearing where it was relevant to reaching a decision on sanction.

Submissions

2. On behalf of the GMC, Mr Rigby submitted that whilst the determination on sanction is for the judgment of the Tribunal, Mr Rigby submitted that the only proportionate response for the Tribunal is erasure.

3. Mr Rigby submitted that bearing in mind the seriousness of Dr Ahmed's conduct, the circumstances of him likely living outside the UK and being subject to two years and eight-month sentence of imprisonment if he returns, the Tribunal may consider that conditions are neither realistic nor practicable. Mr Rigby referred the Tribunal to the sanction bandings at paragraph 62 of the Guidance and submitted that it indicates that suspension or erasure would be the likely proportionate outcome.

4. Mr Rigby submitted that when considering whether to impose a sanction of suspension the Tribunal will no doubt bear in mind that Dr Ahmed is likely to be out of the

jurisdiction and would be unable to practise for a significant period were he to return due to his outstanding prison sentence. In addition, he invited the Tribunal to have regard to its findings as to Dr Ahmed's lack of insight and remediation and the absence of any evidence that he has kept his knowledge and skills up to date.

5. Mr Rigby submitted that a suspension up to 12 months, particularly in a serious case, is intended to allow for a Tribunal to review and assess if the doctor has been able to gain insight, remediated and kept their knowledge and skills up to date. Mr Rigby submitted none of this would be possible in Dr Ahmed's case considering he would be serving a sentence of imprisonment should he be found in the United Kingdom. Mr Rigby submitted that not only are the circumstances of Dr Ahmed's case too serious for a suspension but it would not, in any event, serve the intended purpose.

6. Mr Rigby drew the Tribunal's attention to paragraph 57 of the Guidance relating to when erasure would be the only proportionate response:

> *57 'Erasure may be the proportionate response where:*
>
> *(a) conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> *(b) the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> *(c) the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
> *(d) the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

7. Mr Rigby concluded his submissions by suggesting that all factors in paragraph 57 are clearly present in this particular case and submitted that erasure is the only proportionate response.

8. As Dr Ahmed is not present nor represented, no submissions were made on his behalf.

The Tribunal's determination on sanction

9. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding(s) for Violent or abusive behaviour and Conviction or caution as set out in Part C of the Guidance for MPT hearings. It has referred to the general guidance on Outcomes available to the MPT at the sanction stage as set out in Part C of the Guidance for MPT hearings. It has also considered the impact of any specific sanction type, where applicable, and any references or testimonials provided.

10. The Tribunal reminded itself of the need to consider the level of current and ongoing risk which it found at the impairment stage and to carefully assess which, if any, sanction was proportionate to protect the public interest. The Tribunal had regard to the overarching objective and asked itself what was required but no more than necessary to achieve public protection. In making its determination the Tribunal considered the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity.

11. The Tribunal's decision as to the appropriate sanction, if any, was a matter for the Tribunal's own independent judgment. Whilst the Tribunal was required to consider the interests of the doctor, case law has made it clear that the need to protect the public always outweighs the interests of any individual medical professional and while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect.

12. The Tribunal reminded itself of the serious nature of Dr Ahmed's conviction, its findings that his conduct was at the high end on the spectrum of seriousness and that the risk he poses to public protection was high. It also reminded itself that all three limbs of public protection were engaged in this case.

13. The Tribunal bore in mind that the sanction banding in the Guidance identifies a sanction in the range from suspension for 12 months to erasure as being appropriate where there is a higher level of risk to public protection in violent or abusive behaviour and/or conviction cases.

14. The Tribunal considered all the available sanctions, beginning with the least restrictive. Throughout its deliberations it had regard to the relevant paragraphs of the

Guidance.

No action

15. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action. It reminded itself that the findings against Dr Ahmed relate to his criminal conviction for controlling and coercive behaviour against Ms A which took place over a prolonged period. Dr Ahmed, having absconded, still has his prison sentence outstanding. The Tribunal considered that taking no action would neither be an appropriate nor proportionate response and would fail to maintain public safety, public confidence or uphold professional standards.

Conditions

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

17. The Tribunal considered that the sanctions banding for this case type did not indicate that conditions would be sufficient to meet the level of risk to public protection.

18. In any event, the Tribunal was of the view that there were no conditions which could be implemented that would be sufficient to protect the public when considering all three limbs of public protection. Dr Ahmed's whereabouts are unknown. The Tribunal considered that conditions would be neither workable nor measurable, especially as if Dr Ahmed is out of the UK and returns, he would have to serve his prison sentence. The Tribunal noted that Dr Ahmed's behaviour of absconding from his criminal trial indicates that it is unlikely that conditions would be complied with.

19. In all the circumstances, the Tribunal concluded that an order of conditions would not be proportionate nor appropriate to address the seriousness of Dr Ahmed's offending, and would not satisfy the public interest.

Suspension

20. The Tribunal then went on to consider whether imposing a period of suspension on Dr Ahmed's registration would be appropriate and proportionate. It noted that the sanction

banding suggested that a sanction of 12 months' suspension may be an appropriate outcome (albeit towards the lower end of the possible range of sanctions).

21. The Tribunal noted paragraph 45 of the relevant section of the Guidance, which states:

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

22. The Tribunal reminded itself that the objective of imposing a period of suspension would be to manage the current and ongoing risk to public protection with the ultimate aim of Dr Ahmed being able to safely return to unrestricted practice in the future.

23. The Tribunal took into account that at the impairment stage it had identified a high starting point for risk to public protection, with factors that only served to keep the level of risk at the high level. In the Tribunal's view this meant that a period of suspension would not be sufficient to mark the level of seriousness of Dr Ahmed's conduct.

24. The Tribunal was also mindful that it had no evidence before it demonstrating that Dr Ahmed had insight or had completed any remediation. The Tribunal also took into account its finding at the impairment stage that there was a high risk of repetition in this case. Overall, the Tribunal was not satisfied that Dr Ahmed would, following a period of suspension, be able to safely return to unrestricted practice in the future.

25. The Tribunal further reminded itself that there were serious concerns in this case about the behaviour of Dr Ahmed towards Ms A which had a significant impact upon her. It noted that the sentencing Judge referred to Dr Ahmed's behaviour as 'horrific'. The Tribunal agrees with that assessment. The Tribunal have no confidence that such behaviour would be

unlikely to be repeated, especially in the light of the Tribunal's conclusions on impairment. The Tribunal noted that the behaviour was such that it would be very difficult for Dr Ahmed to remediate and demonstrate the necessary attitudinal change. It was therefore satisfied that a period of suspension would not provide adequate protection to the public.

26. In the light of the seriousness of the matters proved the Tribunal was also satisfied that a period of suspension would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards.

27. The Tribunal therefore found that suspension would not be a proportionate or appropriate sanction in Dr Ahmed's case, taking into account the seriousness of the offending and Dr Ahmed's behaviour.

Erasure

28. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

29. The Tribunal noted paragraph 57 of the relevant section of the Guidance as referenced by Mr Rigby in his submissions, which provide:

> *57 'Erasure may be the proportionate response where:*
>
> *(a) conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> *(b) the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> *(c) the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
> *(d) the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

30. The Tribunal agreed with the submission made by Mr Rigby that all of paragraph 57 is applicable to Dr Ahmed's case. The Tribunal reminded itself that there was no evidence of insight, remediation or of Dr Ahmed keeping his knowledge and skills up to date. The Tribunal took into account that Dr Ahmed absconded from the criminal process and has avoided serving his prison sentence.

31. As described by the sentencing Judge Dr Ahmed's behaviour '*…ruined Ms A's life over the period to the extent that she became a shell of her former self, withdrawing from friends and family becoming unemployed and having no freedom in her life*' and resulted in '*very serious alarm and distress which was suffered by Ms A causing her substantial adverse effects and also causing her significant psychological harm, as was evidenced during the trial*'. The sentencing Judge also noted there was evidence of Dr Ahmed having taking steps to prevent Ms A reporting his behaviour, which the sentencing Judge considered to be an aggravating factor.

32. The Tribunal found that the seriousness of the facts found proved was such that allowing Dr Ahmed to remain on the register, even with a lengthy suspension, would present a high risk to public protection and would seriously undermine patient safety, public confidence in the profession and the maintenance of proper professional standards. Further, it was of the view that a reasonable member of the public, fully informed of the facts of this case, would be outraged if Dr Ahmed was allowed to remain on the medical register. His conduct was fundamentally incompatible with his continued registration.

33. The Tribunal therefore concluded that only erasure proportionally deals with the seriousness of the case.

34. Dr Ahmed will therefore be erased from the medical register. In the Tribunal's view, no lesser sanction was sufficient to protect the public.

Determination on Immediate Order – 20/08/2026

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

Submissions

2. On behalf of the GMC, Mr Rigby submitted that an immediate order is proportionate and appropriate in this particular case. Mr Rigby submitted that the seriousness and nature of the offending by the doctor are relevant factors. Mr Rigby submitted that either Dr Ahmed is absenting himself from a prison sentence and probably outside the United Kingdom or if he chooses to surrender to that sentence, would actually be in prison. Mr Rigby submitted that in neither of those events would it be appropriate for him, even for so short a time as 28 days, to be in a position to act as a registered practitioner.

3. Mr Rigby referred the Tribunal to paragraphs 78 and 79 from the Guidance within his submissions:

> *78. 'A sanction imposed by an medical practitioners tribunal (MPT) only takes effect at the end of the 28-day appeal period. Therefore, where the MPT imposes a sanction, it must consider if an immediate order is needed and/or if any action is required in respect of any existing interim order that may be in place.'*
>
> *79. 'The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.'*

4. Mr Rigby submitted that whilst clearly a matter for the discretion of the Tribunal, the submission from the GMC is that the only proportionate and appropriate way of dealing with Dr Ahmed's case will be to make an immediate order. Mr Rigby submitted that if an immediate order is made by the Tribunal, the interim order of suspension currently in place on Dr Ahmed's registration should be revoked.

5. As Dr Ahmed is neither present nor represented, no submissions were made on his behalf.

The Tribunal's determination

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

79 *'The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.'*

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.'

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

8. The Tribunal considered, given the conclusions it reached earlier in this determination, that as Dr Ahmed presented a high risk to public protection and a high risk of repetition, it would be inconsistent with those previous findings to not impose an immediate order. If Dr Ahmed were allowed to return to unrestricted practice, even on an interim basis, there would be a risk of damage to public confidence and professional standards.

9. The Tribunal therefore determined that an immediate order was necessary to protect the public and maintain confidence in the profession pending the outcome of any appeal.

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

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

12. That concludes this case.

ANNEX A – Service and proceeding in absence - 19/08/2026

1. Dr Ahmed is neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal must therefore consider firstly whether service had been properly effected, as required by the General Medical Council (Fitness to Practise) Rules 2004 as amended ('The Rules') and the Medical Act 1983 ('The Act'). If it determines that service has been effected in accordance with the Rules, it will then need to consider whether to proceed in Dr Ahmed's absence. In reaching its decision it has taken into account all the information before it, including a 'Proof of Service Bundle' and the submissions of Mr Terence Rigby, Counsel, on behalf of the General Medical Council ('GMC'). It accepted the advice of the LQC who referred to the relevant Rules and caselaw.

Evidence

2. The Tribunal had before it documentary evidence which included, but was not limited to, a screenshot from the GMC's internal computer system 'Siebel' showing Dr Ahmed's registered home address and email address. It also had an email to Dr Ahmed from the GMC attaching Notice of the Allegation dated 10 July 2026, a letter to Dr Ahmed from the GMC enclosing Notice of the Allegation with proof of delivery sent 14 July 2026, emails from the MPTS enclosing the Notice of Hearing dated 15 July 2026 and a letter enclosing the Notice of Hearing dated 17 July 2026. Proof of postage and the returned special delivery envelope have also been provided. There is also further evidence with tracking of other attempts to deliver the notice of hearing, including on 29 July 2026. There is also evidence before the Tribunal of attempted telephone contact by the GMC on 27 July 2026 and further proof of delivery of the Notice of Allegation dated 3 August 2026.

Submissions on Service

3. Mr Rigby submitted that every manner of communication has been attempted with Dr Ahmed having been written to by both the GMC and the MPTS via letters, email and also attempts made to contact him by telephone. Mr Rigby submitted that there is evidence before the Tribunal that both the GMC and MPTS have tried everything they reasonably can to serve Dr Ahmed in accordance with the Rules and in accordance with Dr Ahmed's registered address, email and phone number without a response.

4. Mr Rigby therefore invited the Tribunal to conclude that there had been proper service in accordance with the Rules.

Service

5. Given the evidence as set out above, the Tribunal was satisfied that the notice of today's hearing had been properly served upon Dr Ahmed in accordance with Rule 40 of the Rules.

Submissions on proceeding in Dr Ahmed's absence

6. Mr Rigby provided some background information for the Tribunal regarding Dr Ahmed and the application to continue in his absence. Mr Rigby submitted that Dr Ahmed was convicted and sentenced in his absence and has made no attempt to surrender to prison or contact the GMC or MPTS about these proceedings. Mr Rigby submitted Dr Ahmed has voluntarily absented himself from proceedings without any intention of cooperating with the GMC or MPTS. Mr Rigby submitted it would be proportionate and in the public interest that the case proceeds without Dr Ahmed.

Tribunal's Decision on proceeding in the absence of Dr Ahmed

7. Having determined that service had been effected, the Tribunal went on to consider whether to proceed in Dr Ahmed's absence, pursuant to Rule 31 of the Rules. Rule 31 states:

"31. Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules."

16. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

17. The Tribunal was satisfied that the evidence before it demonstrated that Dr Ahmed has voluntarily absented himself from the proceedings. The Tribunal noted that Dr Ahmed having self-referred himself to the GMC, subsequently absconded from the criminal proceedings, causing his criminal hearing to proceed in his absence. Dr Ahmed has not responded to any communications to indicate that he wishes to be involved in these proceedings.

18. The Tribunal concluded that it was in the public interest to proceed and deal with these matters and that there was no evidence to suggest that Dr Ahmed was unable to attend, wished to attend, or would attend at any later date should the hearing adjourn. As such, the Tribunal considered an adjournment of the proceedings today would serve no useful purpose.

19. Accordingly, the Tribunal determined that it was fair and proper to proceed with the scheduled hearing in Dr Ahmed's absence.