PUBLIC RECORD

Dates: 10/08/2022 - 17/08/2022

Medical Practitioner's name:	**Dr Wequar AHMAD**
GMC reference number:	5195979
Primary medical qualification:	MB BS 1997 Karnatak

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Richard Wood
Medical Tribunal Members:	Dr Shehleen Khan, Dr Susan O'Connor

Tribunal Clerk:	Mr Mark Hibbert

Attendance and Representation:

Medical Practitioner:	Present and not represented
GMC Representative:	Mr Alan Taylor, 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.

Overarching Objective

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

Determination on Facts - 11/08/2022

1. This determination will be handed down in private. However, as this case concerns Dr Ahmad's misconduct a redacted version will be published at the close of the hearing XXX.

Background

2. Dr Ahmad qualified in 1997 from Jawaharlal Nehru Medical College, Karnataka, India. From December 2012 until the events which are the subject of the hearing Dr Ahmad was working in general practice in Alberta, Canada.

3. The allegation that has led to Dr Ahmad's hearing can be summarised as follows: it is alleged that in January 2018, Dr Ahmad was notified by the College of Physicians and Surgeons of Alberta ('CPSA') in Canada, that an allegation had been made against him by a patient and that he agreed to withdraw from practising medicine whilst an investigation took place. It is alleged that between March and July 2020, Dr Ahmad completed three application forms to enable him to practise in the UK and that he failed to declare that he was subject to an ongoing investigation or that he had withdrawn from practising in Alberta. It is alleged that Dr Ahmad's actions in this regard were dishonest. It is further Alleged that in April 2021, the CPSA found that the allegations made against Dr Ahmad amounted to unprofessional conduct.

4. The initial concerns were raised with the GMC in June 2020.

The Outcome of Applications Made during the Facts Stage

5. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, the Allegation be amended by the insertion of an additional paragraph. The Tribunal's full decision on the application is included at Annex A.

6. At the outset of proceedings, the Tribunal were aware that Dr Ahmad wished to make admissions to the Allegation. The Tribunal noted that part of the Allegation concerned dishonest behaviour and was of the opinion that it would be helpful to Dr Ahmad, given

he is unrepresented, to hear the GMC's opening comments before making admissions, in that it would assist in fully understanding the context in which the alleged dishonesty occurred.

7. The Tribunal, whilst acknowledging that the normal order of proceedings is to hear admissions first, decided to proceed with the GMC's opening and then to hear Dr Ahmad's admissions.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Ahmad is as follows:

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

1. Between 20 December 2012 and 6 February 2018 you held one or more professional roles in general practice, in Alberta, Canada. **Admitted and found proved.**

2. On 23 January 2018 you were notified by the College of Physicians and Surgeons of Alberta ('CPSA') that an allegation had been made against you, the details of which are set out in Schedule 1. **Admitted and found proved.**

3. On 29 January 2018 you agreed to the CPSA's request to withdraw from practising medicine whilst the allegation as referred to at Schedule 1, was investigated. **Admitted and found proved.**

4. On 20 March 2020 you completed a GP Induction and Refresher Scheme Application form ('the I & R Application') and you:

   a. stated that you had no performance restrictions or investigations pending in the UK or elsewhere; **Admitted and found proved.**

   b. declared that the information in the I & R Application was accurate to the best of your knowledge and belief. **Admitted and found proved.**

5. On 20 April 2020 you completed a Fast Track COVID-19 Application Form ('the Fast Track Application') for inclusion on the National Medical Performers List (England) and you:

   a. failed to confirm when asked that you had undertaken a professional role in Alberta, Canada during the last five years; **Admitted and found proved.**

   b. declared that the question 'are you currently the subject of any investigation by any regulatory or other body' was not applicable ('N/A') to you; **Admitted and found proved.**

c. declared that the information you provided in the Fast Track Application was true and complete. **Admitted and found proved.**

6. On 18 July 2020 you completed the NPL1: National Performers Lists Application Form ('NPL1') and you:

   a. failed to confirm when asked that you had had undertaken a professional role in Alberta, Canada; **Admitted and found proved.**

   b. responded no to the question 'have you ever been refused admission, conditionally included in, suspended from, removed or contingently removed from any primary care list or equivalent list'; **Admitted and found proved.**

   c. declared no to the question 'are you currently subject of any investigation by any regulatory body'; **Admitted and found proved.**

   d. declared that the information you provided in the NPL1 was true and complete. **Admitted and found proved.**

7. You knew at the time of completing the application forms referred to at paragraphs 4, 5 and 6 that you:

   a. had held professional roles in Alberta, Canada; **Admitted and found proved.**

   b. were subject to an ongoing CPSA investigation; **Admitted and found proved.**

   c. had been withdrawn from active practice whilst the CPSA investigation was ongoing. **Admitted and found proved.**

8. Your actions at paragraphs 4, 5 and 6 were dishonest by reason of paragraph 7. **To be determined.**

9. On 27 April 2021, the Hearing Tribunal of the CPSA determined that the allegations against you amounted to unprofessional conduct. **Admitted and found proved.**

10. <u>On 7 April 2022, the Hearing Tribunal of the CPSA determined to cancel your registration and practice permit because of your unprofessional conduct as referred to at paragraph 9</u>. **Amended in accordance with Rule 17(6). Admitted and found proved**

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

a. your misconduct, in relation to paragraphs 4-8; **To be determined.**

b. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 9-10. **Amended in accordance with Rule 17(6). To be determined**

The Admitted Facts

9. At the outset of these proceedings, Dr Ahmad made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (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 and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

10. In light of Dr Ahmad's response to the Allegation made against him, the Tribunal is required to determine whether Dr Ahmad's actions in completing the three forms, knowing that the information was incorrect, was dishonest.

Witness Evidence

11. 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. Their evidence was not disputed by Dr Ahmad.

- Mr A, Assistant Registrar for Registration and formerly Complaints Director at the CPSA, dated 5 February 2021;
- Ms B, Project Manager/Account Manager at NHS England and NHS Improvement, dated 2 February 2021.

12. Dr Ahmad provided his own witness statement and also gave oral evidence at the hearing.

Documentary Evidence

13. The Tribunal had regard to the documentary evidence provided by both parties. This evidence included but was not limited to:

- Copy of the GP Induction and Refresher scheme application form;
- Copy of the GP Induction and Refresher scheme interview form;
- Copy of the Fast Track COVID-19 application form for inclusion on National Medical Performers list;
- Copy of the National Performers List application form;

- Determinations of the Tribunal from the CPSA hearing;
- Reference letters from Dr C, Dr D and Dr E, GPs at Southend-on-Sea;
- Letter from Mr F, XXX, Alberta;
- Report from Dr G, XXX, Alberta;
- Dr Ahmad's GMC Patient Satisfaction Questionnaire documents;
- Dr Ahmad's GMC Multi-Source Feedback documents;
- Dr Ahmad's Active Professional Development documents;
- Dr Ahmad's notice of appeal of CPSA sanction decision.

The Tribunal's Approach

14. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Ahmad does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

15. The Tribunal also had regard to the case of *Ivey v Genting Casinos [2017] UKSC 67* which sets out the test for dishonesty as follows:

    "When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."

The Tribunal's Analysis of the Evidence and Findings

16. The Tribunal has considered the outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its decision as to whether Dr Ahmad acted dishonestly.

17. The Tribunal noted that, in his written statement, Dr Ahmad appeared initially to admit the entirety of the Allegation against him. However, when given the legal definition of dishonesty and taken to the test set out in of *Ivey v Genting Casinos*, during the hearing, he demurred and did not admit the dishonesty.

18. The Tribunal noted that when being cross-examined by Mr Taylor, Dr Ahmad stated several times that he had given inaccurate information on the three forms and accepted that his actions were dishonest.

19. In his oral evidence, Dr Ahmad stated that he had felt desperate due to his personal circumstances at the time, and stated that after completing the first form, "one event led to another, and I had to keep the information consistent."

20. The Tribunal looked closely at the forms in question and the information provided on them by Dr Ahmad. It noted that he had consistently stated that he had been working in India from 2015 and made no mention of working in Alberta, Canada. It also noted that he repeatedly confirmed that he had no ongoing investigations or restrictions on his practice.

21. The Tribunal noted that Dr Ahmad had admitted paragraph 7 of the Allegation as he knew that he had worked in Canada, that he was subject to an ongoing investigation by the CPSA, and that he had been withdrawn from active practice.

22. The Tribunal noted the submission made by Mr Taylor, that the admissions made to paragraphs 4-7 of the Allegation, in and of themselves satisfy the first part of the test set out in *Ivey v Genting Casinos*. The Tribunal accepted that this was the case. Dr Ahmad admitted that the matters in paragraphs 4-7 of the Allegation were inaccurate and knowingly untruthful, and having admitted that this constituted dishonesty, the Tribunal found that Dr Ahmad's conduct was dishonest by the objective standards of ordinary decent people.

23. Having noted the subsequent acceptance of his dishonesty during his oral evidence, the Tribunal concluded that Dr Ahmad had admitted his actions in withholding information and giving false information on the three application forms, were dishonest.

24. The Tribunal was mindful that Dr Ahmad had appeared to admit the whole of the Allegation within his written statement. It was the Tribunal's impression that he only seemed to demur from this position when the Tribunal advised him of the legal definition of dishonesty. The Tribunal found that this was the result of a genuine and temporary confusion on the part of a non-represented doctor. The Tribunal therefore draws no adverse inferences from what otherwise might have been interpreted as a delay in admitting his dishonesty.

25. The Tribunal has found that Dr Ahmad's actions at paragraphs 4, 5 and 6 above were dishonest. The Tribunal has therefore found Paragraph 8 proved.

The Tribunal's Overall Determination on the Facts

26. The Tribunal has determined the facts as follows:

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

1. Between 20 December 2012 and 6 February 2018 you held one or more professional roles in general practice, in Alberta, Canada. **Admitted and found proved.**

2. On 23 January 2018 you were notified by the College of Physicians and Surgeons of Alberta ('CPSA') that an allegation had been made against you, the details of which are set out in Schedule 1. **Admitted and found proved.**

3. On 29 January 2018 you agreed to the CPSA's request to withdraw from practising medicine whilst the allegation as referred to at Schedule 1, was investigated. **Admitted and found proved.**

4. On 20 March 2020 you completed a GP Induction and Refresher Scheme Application form ('the I & R Application') and you:

    a. stated that you had no performance restrictions or investigations pending in the UK or elsewhere; **Admitted and found proved.**

    b. declared that the information in the I & R Application was accurate to the best of your knowledge and belief. **Admitted and found proved.**

5. On 20 April 2020 you completed a Fast Track COVID-19 Application Form ('the Fast Track Application') for inclusion on the National Medical Performers List (England) and you:

    a. failed to confirm when asked that you had undertaken a professional role in Alberta, Canada during the last five years; **Admitted and found proved.**

    b. declared that the question 'are you currently the subject of any investigation by any regulatory or other body' was not applicable ('N/A') to you; **Admitted and found proved.**

    c. declared that the information you provided in the Fast Track Application was true and complete. **Admitted and found proved.**

6. On 18 July 2020 you completed the NPL1: National Performers Lists Application Form ('NPL1') and you:

    a. failed to confirm when asked that you had had undertaken a professional role in Alberta, Canada; **Admitted and found proved.**

    b. responded no to the question 'have you ever been refused admission, conditionally included in, suspended from, removed or contingently removed from any primary care list or equivalent list'; **Admitted and found proved.**

c. declared no to the question 'are you currently subject of any investigation by any regulatory body'; **Admitted and found proved.**

d. declared that the information you provided in the NPL1 was true and complete. **Admitted and found proved.**

7. You knew at the time of completing the application forms referred to at paragraphs 4, 5 and 6 that you:

a. had held professional roles in Alberta, Canada; **Admitted and found proved.**

b. were subject to an ongoing CPSA investigation; **Admitted and found proved.**

c. had been withdrawn from active practice whilst the CPSA investigation was ongoing. **Admitted and found proved.**

8. Your actions at paragraphs 4, 5 and 6 were dishonest by reason of paragraph 7. **Determined and found proved.**

9. On 27 April 2021, the Hearing Tribunal of the CPSA determined that the allegations against you amounted to unprofessional conduct. **Admitted and found proved.**

10. On 7 April 2022, the Hearing Tribunal of the CPSA determined to cancel your registration and practice permit because of your unprofessional conduct as referred to at paragraph 9. **Amended in accordance with Rule 17(6). Admitted and found proved**

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

a. your misconduct, in relation to paragraphs 4-8; **To be determined.**

b. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 9-10. **Amended in accordance with Rule 17(6). To be determined**

Determination on Impairment - 15/08/2022

27. This determination will be handed down in private. However, as this case concerns Dr Ahmad's misconduct a redacted version will be published at the close of the hearing XXX.

28. 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 Ahmad's fitness to practise is impaired by reason of misconduct, and/or a determination by another regulator.

The Evidence

3. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, Dr Ahmad gave further oral evidence to the Tribunal which is summarised below.

4. Dr Ahmad stated that he had been XXX for the past 11 months and discussed the support he has from his family and those around him. He stated that he has used his time wisely, XXX, ensuring he did regular CPD to keep his medical knowledge up to date.

5. XXX.

6. Dr Ahmad stated that he has re-engaged with activities that he enjoys such as gardening and going to the gym, XXX.

7. Dr Ahmad stated that he is not working at the moment and that whilst he has considered it, he does not feel like he can do anything other than medicine.

8. In response to a question from Mr Taylor, Dr Ahmad stated that he found the boundaries course in 2014 helpful, but that the relationship he had with a patient in 2017 was nothing to do with the matter in 2014. He stated that the matter in 2014 related to a single, isolated and unrelated event and that the 2017 relationship was much more serious. Dr Ahmad accepted that he should have abided by the undertakings he entered into with the CPSA.

9. Dr Ahmad also confirmed that he had not told the CPSA that he worked in the UK in 2020 and that he had not told his employers in the UK about having worked in Canada. He repeated on a number of occasions that nothing like this would ever happen again.

10. The Tribunal asked a number of questions of Dr Ahmad.

11. Dr Ahmad stated that the 2014 matter consisted of accepting an invitation for lunch with a patient so as not to offend her. He stated that there was no relationship. He stated that in 2017, after his house fire, he was seeking sympathy and support which led to the relationship with a patient. He stated that he slipped into it and then felt like he couldn't get out. He stated that he has apologised to the patients involved in both incidents.

12. The Tribunal asked Dr Ahmad whether his actions in applying for a position in the UK fitted with his claim of having an avoidant personality. Dr Ahmad stated that he had been scared and had not known what to do. He acknowledged his fault and stated that

he would never put himself into a similar situation again. However, when later asked by Mr Taylor what he was scared of, Dr Ahmad stated that he was scared his application wouldn't be accepted if he told the truth.

13. When asked whether there had been a risk to patients, Dr Ahmad replied "maybe" but pointed out that the Patient Satisfaction Questionnaires show that his medical performance was not compromised. He also stated that he always used a chaperone when examining a female patient during his three-month placement in the UK.

14. Dr Ahmad confirmed that the doctors who provided the reference letters from the practice he worked at in the UK, were not aware of the proceedings against him in Canada and were not aware that he had dishonestly gained a post within the NHS.

Submissions

Submissions on behalf of the GMC

15. On behalf of the GMC, Mr Taylor submitted that all three limbs of the overarching objective were engaged in this case. He stated that patients were at risk because Dr Ahmad had undertaken independent consultations, whilst colleagues were under the impression that he had recently been practicing in India, when in fact he had actually been suspended for two years in Canada where he had been found to have had an inappropriate relationship with a vulnerable patient.

16. Mr Taylor reminded the Tribunal of the case of *Cheatle v GMC [2009] EWHC 645 (Admin)*, which states:

    "Whatever the meaning of impairment of fitness to practise, it is clear from the design of section 35C that a panel must engage in a two-step process. First, it must decide whether there has been misconduct, deficient professional performance or whether the other circumstances set out in the section are present. Then it must go on to determine whether, as a result, fitness to practise is impaired. Thus it may be that despite a doctor having been guilty of misconduct, for example, a Fitness to Practise Panel may decide that his or her fitness to practise is not impaired."

17. Mr Taylor stated that there are two aspects in this case; misconduct in terms of the dishonesty, and the determination made by an overseas body, the CPSA. He submitted that the Tribunal need spend little time in deciding whether there had been a determination as it had the outcomes included in the documentary evidence.

18. Turning to the matter of misconduct, Mr Taylor reminded the Tribunal of the case of *Roylance v General Medical Council (No.2) [2000] 1 A.C. 311*, which states:

    "Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be

followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious."

19. Mr Taylor also drew attention to the case of *Meadow v General Medical Council [2006] EWCA Civ 1390* in which Auld LJ quoted Collins J approvingly in the case of *Nandi v General Medical Council [2004] EWHC 2317 (Admin)* where he said that serious misconduct would be "*conduct which would be regarded as deplorable by fellow practitioners."*

20. Mr Taylor quoted the case of *Remedy UK Ltd v GMC [2010] EWHC 1245 (Admin)* which states:

    "(1) Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.

    (2) Misconduct falling within the first limb need not arise in the context of a doctor exercising his clinical practice, but it must be in the exercise of the doctor's medical calling. There is no single or simple test for defining when that condition is satisfied. […]

    (6) Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skills."

21. Mr Taylor submitted that both types of misconduct, defined above, were present in this case.

22. Mr Taylor submitted that this was a very serious case with serious aggravating factors. He stated that Dr Ahmad's dishonesty was deliberate, repetitive and sustained and that Dr Ahmad had intended to practise medicine "by dint of lying."

23. Mr Taylor submitted that Dr Ahmad's dishonesty in the UK has to be seen against the background of the dishonesty committed in Canada; Dr Ahmad lied while renewing his CPSA license, falsified records to make out that a patient was mentally unstable and falsely recorded that chaperones were present when they had not been.

24. Mr Taylor submitted that a further aggravating factor was the attempt by Dr Ahmad to cover up the investigation in Alberta. He stated that this cover up was sustained and that Dr Ahmad did not stop until he was stopped, and his license was removed on 1 October 2020.

25. Mr Taylor drew the Tribunal's attention to the determinations made by the CPSA. He stated that the aggravating factors identified were that Dr Ahmad had an inappropriate sexual relationship with a vulnerable patient which continued for six months. He stated that Dr Ahmad also altered the patient's records to make it look like she was mentally unstable. Mr Taylor reminded the Tribunal of the potential this had to adversely impact the patient.

26. Mr Taylor stated that further aggravating this matter is that the relationship occurred following a boundary violation in 2014 after which Dr Ahmad agreed to undertakings.

27. Mr Taylor submitted that there can be no doubt that Dr Ahmad's actions amount to serious professional misconduct.

28. Mr Taylor stated that the Tribunal must then consider whether the serious misconduct and/or the determination by the CPSA amount to Dr Ahmad's fitness to practise being impaired.

29. Mr Taylor drew the Tribunal's attention to the case of *Meadow v General Medical Council [2006] EWCA Civ 1390*, which states:

    "the purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The Fitness to Practise Panel thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past."

30. Mr Taylor also reminded the Tribunal of the case of *CHRE v NMC & Grant [2011] EWHC 927 (Admin)* in which Cox J. upheld Silber J. in *R (Cohen) v GMC [2008] EWHC 581 (Admin)* who stated:

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

31. Mr Taylor submitted that remedial actions may be relevant when arising from clinical concerns or errors of judgement, but that there are some types of conduct where public confidence in the profession would be undermined if a finding of impairment were not made.

32. Mr Taylor reminded the Tribunal of the case of *Yeong v GMC [2009] EWHC 1923* which states:

    "Where a FTPP considers that the case is one where the misconduct consists of violating such a fundamental rule of the professional relationship between medical practitioner and patient and thereby undermining public confidence in the medical profession, a finding of impairment of fitness to practise may be justified on the grounds that it is necessary to reaffirm clear standards of professional conduct so as to maintain public confidence in the practitioner and in the profession. In such a case, the efforts made by the medical practitioner in question to address his behaviour for the future may carry much less weight than in a case where the misconduct consists of clinical errors or incompetence."

33. Mr Taylor submitted that Dr Ahmad's case was a "Yeong type" case and not a "Cohen type" case and that any efforts made to address his behaviour may carry considerably less weight.

34. Mr Taylor returned to the case of *CHRE v NMC & Grant [2011] EWHC 927 (Admin)* which states:

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

35. Mr Taylor noted the "protestations" made by Dr Ahmad in stating that he would not behave in such a way again and that he had seen the errors of his ways. However, Mr Taylor invited the Tribunal to approach them with caution based on Dr Ahmad's history. He submitted that Dr Ahmad had undertaken a boundaries course and signed undertakings in 2014 but still went on to have an inappropriate relationship in 2017. Similarly, he stated that findings of repeated dishonesty by the CPSA in 2018 led to a withdrawal from practise, but that it did not prevent Dr Ahmad going on to be dishonest in his applications to practise in the UK. Mr Taylor submitted that "actions speak louder than words and history speaks for itself."

36. Mr Taylor submitted that Dr Ahmad had demonstrated limited insight and that there was a risk of repetition due to the history.

37. Mr Taylor submitted that Dr Ahmad had breached a number of principles set out in *Good Medical Practice* (GMP), namely:

    "(1) Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish

and maintain good relationships with patients and colleagues,1 are honest and trustworthy, and act with integrity and within the law […]

(53) You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them […]

(65) You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession […]

(71) You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

> *(a) You must take reasonable steps to check the information is correct.*
>
> *(b) You must not deliberately leave out relevant information."*

38. Mr Taylor drew the Tribunal's attention again to the case of *CHRE v NMC & Grant [2011] EWHC 927 (Admin)* where it states at paragraph 76:

"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

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

39. Mr Taylor submitted that all of the limbs, set out above, are relevant in this case and invited the Tribunal to find Dr Ahmad's fitness to practise impaired because of his misconduct and the determination by the CPSA.

Dr Ahmad's submissions

40. Dr Ahmad stated that after considering the questions raised by the Tribunal, he had reflected and recognised its concerns about the risk to patients whilst he was working in

Southend. He stated that initially he was thinking about his clinical ability in treating the patients, but now realised that XXX would have put patients at risk.

41. Dr Ahmad stated that he was mindful of not putting patients at risk and that, whilst working in Southend, he used a chaperone whenever examining a female patient. He stated that he had realised that chaperones protected both the patients and him.

42. Dr Ahmad stated that he was willing to abide by any sanctions imposed by the Tribunal, even if that meant he was required to work under supervision or be monitored. He stated that he will attempt to prove that this behaviour will not be repeated again and that he will never cause harm to any patients. He stated that he had learned the hard way.

43. Dr Ahmad stated that he had read the GMC guidelines several times and that he had developed an understanding and insight as to what is expected of a doctor.

44. Dr Ahmad stated that he was determined to return home to live in the UK with his wife and his children who provide him with support. He stated that this support was a protective barrier.

45. Dr Ahmad XXX stated that every day for the last four years he has reflected and thought about his actions and how they have affected him, his family, his patients, the medical profession and the wider society.

46. The Tribunal asked Dr Ahmad what he thought the public would perceive the risk to be. Dr Ahmad stated that what he did was wrong and that he has taken full responsibility for his actions. He stated that he is determined to be a hardworking and truthful doctor and that he has addressed the factors that led him to behave in this way.

The Relevant Legal Principles

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

48. The Tribunal noted that there were two heads of impairment to consider in this case, misconduct and the determination by another regulatory body (in this case the CPSA). It must reach a decision on impairment for each separately.

49. 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 serious misconduct, and then whether that serious misconduct should lead to a finding of impairment.

50. The Tribunal had regard to the evidence it had received, the relevant legal principles set out by Mr Taylor and the principles set out in GMP.

51. The Tribunal reminded itself that it should consider how Dr Ahmad has responded to the concerns raised i.e., his insight, and what practical steps he has taken to reduce the level of risk.

The Tribunal's Determination on Impairment

Insight, remediation and risk of repetition

52. XXX

53. XXX

54. The Tribunal noted that Dr G was not aware of the matters relating to the dishonest applications made in the UK and had not been asked to address matters relating to Dr Ahmad's dishonesty at all; rather, he focused on the inappropriate relationship with the patient. The Tribunal found therefore, that it could give little weight to Dr G's assessment that the risk of repetition was low. In the Tribunal's judgment, it was a significant under-estimation of risk, both in relation to the dishonesty element of this case, and the likelihood of further inappropriate conduct with patients. The Tribunal had more comprehensive information to appreciate both risks.

55. The Tribunal considered whether Dr Ahmad had demonstrated sufficient insight into his actions. It noted that he did not seem to fully appreciate how a doctor that had been repeatedly dishonest and had broken patient boundaries, posed a risk. It was of the opinion that Dr Ahmad lacked a full understanding of the harm he had caused to the patient in 2017 and had not acknowledged the power imbalance in a doctor/patient relationship. The Tribunal concluded that Dr Ahmad had only partial insight into his actions.

56. XXX. However, in the Tribunal's judgment, Dr Ahmad was in the early stages of his XXX journey, and there was insufficient evidence that he had adequately addressed all the factors which culminated in him committing the acts which form the subject of this case. Further, the Tribunal found that Dr Ahmad had done an impressive amount of work to keep his knowledge and skills up to date. However, the Tribunal took the view that evidence of professional development was of very limited value when assessing the extent to which Dr Ahmad had sufficiently demonstrated insight, or adequate remediation, in respect of the issues of dishonesty and/or inappropriate conduct with patients.

Misconduct

57. The Tribunal reminded itself that it had found Dr Ahmad to have dishonestly completed three forms, in an effort to gain registration in the UK. The Tribunal found that these

actions were deliberate, repetitive and elaborate in the way that Dr Ahmad sought to cover up any trace of his working in Canada and the regulatory proceedings against him.

58. The Tribunal also concluded that, when considered against the background of his dishonesty found by the CPSA, Dr Ahmad's dishonest behaviour was sustained.

59. The Tribunal found that Dr Ahmad's dishonesty was motivated out of clear self-interest, with very limited regard for the potential risk he may pose to patients.

60. The Tribunal noted the four paragraphs of GMP submitted by Mr Taylor. It accepted that Dr Ahmad's actions represented a serious breach of them all. It was of the opinion that fellow practitioners would consider Dr Ahmad's actions to be deplorable.

61. The Tribunal therefore concluded that Dr Ahmad's conduct fell so far short of the standards reasonably to be expected of a doctor as to amount to serious misconduct.

62. The Tribunal having found that the facts found proved amounted to serious misconduct, went on to consider whether Dr Ahmad's fitness to practise is currently impaired.

63. The Tribunal had regard to the four tests for impairment set out in the case of *CHRE v NMC & Grant [2011] EWHC 927 (Admin).* The Tribunal considered the submission made by Mr Taylor that all four limbs were engaged in this case. The Tribunal accepted his submission.

64. The Tribunal concluded that Dr Ahmad, having covered up the proceedings in Canada, and having misrepresented his lack of recent medical practice, had put patients at risk of harm. The Tribunal found that Dr Ahmad had breached paragraphs 1, 53, 65, and 71 set out in GMP and had acted dishonestly. In doing so he had brought the medical profession into disrepute.

65. The Tribunal considered that in order to satisfy its responsibility in all three limbs of the overarching objective, a finding of impairment was necessary.

66. The Tribunal has therefore determined that Dr Ahmad's fitness to practise is impaired by reason of his misconduct

<u>Determination by a Regulatory Body</u>

67. Having read the determination made by the CPSA and noting its findings, the Tribunal considered whether the determination made led to Dr Ahmad's fitness to practise being impaired.

68. The Tribunal noted the large number of allegations found proved against Dr Ahmad in the determination and the serious sanction imposed as a result of his "unprofessional conduct".

69. The Tribunal considered the six-month sexual relationship with the patient to be a very serious matter. It noted that the patient was considered vulnerable, and that Dr Ahmad had demonstrated no understanding of the significant imbalance of power that existed between them. It also considered the subsequent alteration of her medical records to represent completely unacceptable behaviour. Dr Ahmad had sought to portray the patient as mentally unwell in order to cover up the relationship he had been having with her. He had at no point considered the disastrous impact this may have had on her life with regard to custody of her children and her finances.

70. The Tribunal also noted the repeated instances of dishonesty found proved and that the CPSA had found 15 breaches of the undertakings that Dr Ahmad had agreed to. It noted that, similar to the UK matters, Dr Ahmad did not cease his dishonesty until he was stopped, and asked to withdraw from active practice by the CPSA.

71. The Tribunal concluded that the determination made by the CPSA meets all four limbs of the test for impairment as set out in *CHRE v NMC & Grant [2011] EWHC 927 (Admin).*

72. The Tribunal considered that in order to satisfy its responsibility in all three limbs of the overarching objective, a finding of impairment was necessary.

73. The Tribunal has therefore determined that Dr Ahmad's fitness to practise is impaired by reason of a determination by another regulator (the CPSA).

Determination on Sanction - 17/08/2022

29. This determination will be handed down in private. However, as this case concerns Dr Ahmad's misconduct a redacted version will be published at the close of the hearing with those matters relating to his health removed.

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

The Evidence

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

Submissions

Submissions on behalf of the GMC

32. On behalf of the GMC, Mr Taylor submitted that the appropriate sanction to impose in this case was one of erasure from the medical register.

33. Mr Taylor submitted that the decision as to what sanction, if any to impose, is one for the Tribunal alone, exercising its own independent judgement. The submissions are made only to assist it with the decision-making process.

34. Mr Taylor drew the Tribunal's attention to the GMC Sanctions Guidance ('SG') and the paragraphs that set out the approach it should take in its decision making. He reminded the Tribunal that, in its determination on impairment, it had found all three limbs of the overarching objective to be engaged in this case.

35. Mr Taylor reminded the Tribunal that it should look at mitigating and aggravating factors of the case. He submitted that mitigating factors which could be considered in this case were that Dr Ahmad had effectively made full admissions to the Allegation and that there was evidence of relevant personal matters which Dr Ahmad may wish to discuss further.

36. Mr Taylor cited the case of *Bolton v Law Society [1994] 1 WLR 512* in which Lord Bingham stated:

    "*It often happens that a solicitor appearing before the Tribunal can adduce a wealth of glowing tributes from his professional brethren. He can often show that for him and his family the consequences of striking off or suspension would be little short of tragic. Often he will say, convincingly, that he has learned his lesson and will not offend again… All these matters are relevant and should be considered. But none of them touches the essential issue, which is the need to maintain among members of the public a well-founded confidence that any solicitor whom they instruct will be a person of unquestionable integrity, probity and trustworthiness."*

    This was confirmed in the case of *Bakare v General Medical Council [2021] EWHC 3278 (Admin)* which stated:

    "Furthermore, in such a case personal mitigation should be given limited weight, as the reputation of the profession is more important than the fortunes of an individual member."

37. Mr Taylor referred to paragraph 32 of the SG which states:

    "However, there are some cases where a doctor's failings are irremediable. This is because they are so serious or persistent that, despite steps subsequently taken, action is needed to maintain public confidence. This might include where a doctor

knew, or ought to have known, they were causing harm to patients, and should have taken steps earlier to prevent this."

38. Mr Taylor reminded the Tribunal of its own observations about remediation, stated in its determination on impairment. He submitted that Dr Ahmad's actions were so serious and persistent given the background of previous regulatory history, that they were irremediable.

39. Mr Taylor noted that there had been some references given by colleagues with whom he had worked at the surgery in Southend in 2020. However, he invited the Tribunal to attach very little weight if any to them as the authors did not know the truth about Dr Ahmad's previous work in Canada and the regulatory proceedings there.

40. Mr Taylor submitted that the Tribunal should ask itself whether Dr Ahmad's expressions of regret and remorse were genuine or based on the perilous position he had found himself in. He submitted that Dr Ahmad had talked a lot about the impact on him and his family but little about the impact on victims, his colleagues and the public confidence in the profession.

41. Mr Taylor reminded the Tribunal of its previous finding with regard to Dr Ahmad's insight, referring to paragraph 55 of its determination on impairment:

    "It was of the opinion that Dr Ahmad lacked a full understanding of the harm he had caused to the patient in 2017 and had not acknowledged the power imbalance in a doctor/patient relationship. The Tribunal concluded that Dr Ahmad had only partial insight into his actions."

42. Mr Taylor submitted that there were several noteworthy, significant and seriously aggravating factors present in this case. Referring to the SG, Mr Taylor submitted that the following were present:

    "(54) Where the GMC, or another regulator, has previously made findings of impaired fitness to practise and imposed a sanction on the doctor's registration, the tribunal may wish to consider this as an aggravating factor in relation to the case before it.

    (55) (d) abuse of professional position particularly where this involves:

    (i) vulnerable patients

    (ii) predatory behaviour

    (56) (a) issues relating to probity – i.e., being honest and trustworthy and acting with integrity

    (c) inappropriate behaviour towards children or vulnerable adults (see paragraphs."

43. Mr Taylor reminded the Tribunal of the sanctions available to it and that it should start by considering the least restrictive and work up in terms of severity until it finds a sanction that is appropriate and proportionate.

44. Mr Taylor submitted that to take no action may only be appropriate in cases where there are exceptional circumstances. He submitted that this plainly wasn't one of those cases and that taking no action would be wholly inadequate and disproportionate.

45. Mr Taylor submitted that this was not a case where conditions could be considered appropriate or proportionate since the facts were far too serious. He submitted that the dishonesty, misconduct and the overseas determination meant that this was not a "conditions case".

46. Mr Taylor noted that a sanction of suspension can have a deterrent effect and can send out a signal to the wider profession. However, he submitted that that Dr Ahmad's conduct was so grave that a suspension was insufficient.

47. Mr Taylor drew the Tribunal's attention to paragraph 92 of the SG which states:

    "Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (i.e., for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession)."

48. Mr Taylor stated that Dr Ahmad had engaged in deliberate and repeated dishonesty sustained over several years. In addition, he had had a sexually inappropriate relationship with a vulnerable patient. Mr Taylor submitted that Dr Ahmad's actions were fundamentally incompatible with continued registration.

49. Mr Taylor submitted that the only means of protecting the public was to erase Dr Ahmed's name from the medical register.

50. Mr Taylor drew the Tribunal's attention to paragraph 109 of the SG that sets out examples where erasure may be the appropriate sanction. He submitted that clearly only one of these needed to be engaged, but that in this case there were five that were relevant:

    "Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

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

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

(d) Abuse of position/trust.

(h) Dishonesty, especially where persistent and/or covered up.

(i) Putting their own interests before those of their patients."

51. Turning to the matter of the determination made by the CPSA, Mr Taylor drew the Tribunal's attention to paragraphs 116 and 117 of the SG. He submitted that the purpose of this Tribunal is not to punish Dr Ahmad a second time, but to protect the public. Any previous sanction imposed should not be considered a definitive guide as to the seriousness of the offence.

52. Mr Taylor refereed to the SG paragraphs 120-128 which deal with dishonesty. He drew particular attention to paragraph 128 which states:

    "Dishonesty, if persistent and/or covered up, is likely to result in erasure"

53. Mr Taylor reminded the Tribunal of its determination on impairment at paragraph 57 where it stated:

    "The Tribunal found that these actions were deliberate, repetitive and elaborate in the way that Dr Ahmad sought to cover up any trace of his working in Canada and the regulatory proceedings against him."

54. Mr Taylor referred to the case of *Khan v General Medical Council [2015] EWHC 301 (Admin)* which states:

    "The decisions from this court have demonstrated that a very strict line has been taken in relation to findings of dishonesty. This court and its predecessor, the Privy Council, has repeatedly recognised that for all professional men and women, a finding of dishonesty lies at the top end of the spectrum of gravity of misconduct; …

    Dishonesty will be particularly serious where it occurs in the performance by a doctor of his or her duties and/or involves a breach of trust placed in the doctor by the community. Both elements are serious and aggravating features …

In cases of proven dishonesty, the balance can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the doctor concerned. See Nicholas-Pillai v GMC [2009] EWHC 1048 (Admin) per Mitting J at [27] where he stated:

> *"That sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty.""*

55. Mr Taylor referred the Tribunal to paragraphs 142-148 of the SG which specifically address matters of abuse of professional position.

56. Mr Taylor submitted that taking all of the factors into mind and applying the guidance leads inexorably to the conclusion that the only means of protecting the public and upholding standards and public confidence in the profession, is to impose a sanction of erasure.

<u>Dr Ahmad's Submissions</u>

57. Dr Ahmad stated to the Tribunal that he would be willing to work under strict supervision and engage with a monitoring programme. He stated that it had been almost two years since he had had an assessment of his skills and that he would be willing to be reassessed.

58. Dr Ahmad stated that he had now been prevented from working in Canada for 55 months and in the UK for almost two years.

59. Dr Ahmad stated that it "would be wise" for him to do an ethics course, adding that there was "no such subject" as ethics when he was a student.

60. Dr Ahmad invited the Tribunal to consider that erasure would take away his livelihood for at least five years and that he would become deskilled in that time. He asked the Tribunal not to punish him a second time.

61. Dr Ahmad stated that he would comply with whatever the Tribunal think is appropriate and would engage in whatever remedial actions it decides are necessary.

62. Dr Ahmad stated that it had been a substantial period of time since these events happened and that it had been hard on him and had had a detrimental effect on him.

63. Dr Ahmad was asked to comment on what sanction he thought was appropriate. He stated that his behaviour was not right but that he could not undo what had happened. He stated that going forward it would not be repeated as he is more mindful, knows how to seek help, and has better control over his thoughts and feelings.

64. Dr Ahmad invited the Tribunal to impose a sanction of conditions whereby he can be supervised and monitored, or a suspension to allow for a further assessment XXX.

The Tribunal's Determination on Sanction

65. The Tribunal reminded itself of the general principles to be applied in approaching its decision on sanction, as set out in the SG and referred to by Mr Taylor.

66. The Tribunal was mindful that a sanction is not intended to punish Dr Ahmad but to uphold the overarching objective and protect the public. In doing so a sanction may have a punitive effect.

67. The Tribunal reminded itself that it should start with the least restrictive sanction and work up the options in order of severity until it finds a sanction that is necessary to protect the public, which it must then impose.

68. The Tribunal considered all the facts and evidence in this case and identified the aggravating and mitigating factors present, which were relevant to it determining an appropriate and proportionate sanction.

69. The Tribunal XXX noted that he had supplied an impressive amount of evidence of keeping his knowledge up to date.

70. The Tribunal noted the reference letters provided by GP colleagues at the practice in Southend, where Dr Ahmad worked for 3 months. It accepted that the letters attest to Dr Ahmed being a good clinician and that there were no concerns about his clinical abilities. However, the Tribunal determined that since the authors had not been made aware of Dr Ahmed's regulatory proceedings in Canada and were unaware that he had obtained a post in the NHS by deception, the references could carry very little weight.

71. The Tribunal accepted the submission by Mr Taylor that the aggravating factors set out at paragraphs 54, 55 (d)(i & ii) and 56 (a & b) were present in this case. In addition, the Tribunal had already determined that Dr Ahmad had only partial insight into his actions and was at an early stage of his journey towards remediation.

No action

72. The Tribunal had regard to the guidance in the SG that to take no action was only appropriate where there were exceptional circumstances. The Tribunal determined that there were no circumstances in this case that could be considered as such and that to take no action, given the seriousness Dr Ahmad's misconduct and the determination made by the CPSA, would be wholly inappropriate and insufficient to protect the public.

Conditions

73. The Tribunal considered Dr Ahmad's submission that conditions of supervision and monitoring may be appropriate. However, the Tribunal noted that conditions were most appropriate when addressing performance concerns, English language deficiencies or matters relating to a doctor's health. Conditions are less effective at addressing behavioural or attitudinal concerns.

74. The Tribunal concluded that since this case is one of serious misconduct and a determination by another regulator body, it was not possible to impose conditions that would satisfactorily address the concerns.

Suspension

75. The Tribunal had regard to the SG and the submissions made by both parties with regard to a sanction of suspension.

76. The Tribunal considered the examples set out in paragraph 97 of the SG, where suspension may be an appropriate sanction. The Tribunal found that none of those factors were present. In particular it noted:

    "(a) A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest.

    (f) No evidence of repetition of similar behaviour since incident.

    (g) The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour."

77. The Tribunal considered the multi-faceted nature of this case to be extremely serious. Dr Ahmad had practised for three months in the UK, having falsified application forms and having lied about his work in Canada and the proceedings against him. The Tribunal considered Dr Ahmad's dishonesty to be deliberate and comprised repeated acts of commission rather than omission. These acts were further aggravated when considered in the context of Dr Ahmad's previous history of dishonesty and the findings of the CPSA. Dr Ahmad had been dishonest previously in lying about an inappropriate sexual relationship with a patient, falsifying medical records and falsely recording the use of chaperones during examinations of female patients. The Tribunal determined that this was behaviour that could be considered "fundamentally incompatible" with being a doctor.

78. The Tribunal noted that the alleged dishonesty found proved related to forms completed in 2020. However, it was concerned that despite being aware of proceedings against him in the UK, Dr Ahmad failed to inform the CPSA. The Tribunal concluded that this demonstrated that Dr Ahmad continued to be untruthful and that he was still unable to be fully open and honest with regard to his behaviour and actions.

79. The Tribunal previously determined that Dr Ahmad had limited insight into his actions and did not fully understand the potential risk he posed to patients through his dishonesty.

80. For the reasons set out above, the Tribunal concluded that the factors given where suspension may be appropriate were not met. It determined that suspending Dr Ahmad's registration was not sufficient to satisfy the overarching objective and that members of the public would be appalled if he was allowed to return to practise after 12 months.

Erasure

81. The Tribunal had regard to the guidance provided in the SG and to the submissions made by parties with regards the sanction of erasure.

82. The Tribunal considered the submission by Mr Taylor that the examples given in paragraph 109 (a,b,d,h & i). The Tribunal accepted this submission. It also found that the example given at 109 (j):

> "(j) Persistent lack of insight into the seriousness of their actions or the consequences."

83. The Tribunal was not convinced by Dr Ahmad's suggestion that he understands the errors in his previous behaviour and that he will not behave in such a way again. The Tribunal found that the evidence of matters relating to Canada and the UK demonstrated a catalogue of repetitive, elaborate and deliberate dishonesty and lies. It found this to be a pattern of entrenched behaviour in which Dr Ahmad does not fully understand or seem to accept the harm he has caused to others and the risk he poses by acting dishonestly.

84. The Tribunal considered the findings made in the CPSA determinations to be extremely serious. Besides the dishonesty, Dr Ahmad had abused his special position of Trust and engaged in a wholly inappropriate sexual relationship with a vulnerable patient. He then sought to make out that the patient was mentally ill by altering their medical records, thereby showing a complete disregard to the harm this may have caused to the individual. The Tribunal determined that Dr Ahmad had acted to protect his own interests and put his needs before those of his patient.

85. The Tribunal determined that the extremely serious nature of both Dr Ahmad's misconduct and the determination made by the CPSA requires a serious sanction to be imposed. Fellow members of the profession and members of the public would be appalled if Dr Ahmad was allowed to remain on the register with so many extremely serious findings against him and having demonstrated limited insight and understanding of the concerns.

86. The Tribunal determined that erasure was the only sanction that would satisfy the overarching objective and thereby protect the public, maintain public confidence in the profession and uphold proper standards and conduct.

87. The Tribunal determined to erase Dr Ahmad's name from the medical register.

Determination on Immediate Order - 17/08/2022

88. Having determined that Dr Ahmad's name should be erased from the medical register 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

89. On behalf of the GMC, Mr Taylor submitted an immediate order of suspension is appropriate in this case.

90. Mr Taylor referred the Tribunal to paragraphs 172 – 178 of the SG. He stated that the test to be applied is one of necessity as set out in paragraph 172:

> *"The tribunal may impose an immediate order if it determines that 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."*

91. Mr Taylor submitted that an immediate order is necessary to protect members of the public and is otherwise in the public interest.

92. Mr Taylor submitted that Dr Ahmad poses a risk to patient safety and reminded the Tribunal that it had found this to be the case in its previous determinations on impairment and sanction.

93. Mr Taylor submitted that Dr Ahmad had abused a special position of trust in relation to the patient in Canada and that immediate action should be taken to protect the public given the extremely serious findings in this case.

94. Mr Taylor invited the Tribunal to consider the seriousness of the facts found proved and whether Dr Ahmad should be allowed to continue in unrestricted practise pending an appeal. He noted that if Dr Ahmad chose to appeal the Tribunal's decision, it could be a significant period of time before the erasure took effect.

95. Dr Ahmad submitted that he does not intend to practise and does not oppose an immediate order being imposed.

The Tribunal's Determination

96. The Tribunal reminded itself that the decision whether to make an immediate order or otherwise is a matter for it alone.

97. The Tribunal had regard to the guidance provided in paragraphs 172-178 of the SG.

98. The Tribunal was mindful that it had found Dr Ahmad's misconduct and the determination by the CPSA to be so serious, that erasure from the medical register was the only sanction that would sufficiently satisfy the three limbs of the overarching objective.

99. The Tribunal concluded that given the gravity of the findings and the continuing risk to the patients posed by Dr Ahmad, an immediate order was necessary to protect the public until the sanction of erasure takes effect.

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

101. There is no interim order to revoke.

ANNEX A – 11/08/2022

Application to amend the Allegation

102.Mr Alan Taylor, counsel, on behalf of the GMC, made an application to amend the Allegation, by adding an additional paragraph:

> *10. On 7 April 2022, the Hearing Tribunal of the CPSA determined to cancel your registration and practice permit because of your unprofessional conduct as referred to at paragraph 9.*

and by amending the final sentence as follows:

> *And that by reason of the matters set out above your fitness to practise is impaired because of:*
>
> *a. your misconduct, in relation to paragraphs 4-8;*
>
> *b. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 9-10.*

103.This application was made in accordance with Rule 17(6) of the Rules:

> *"Where, at any time, it appears to the Medical Practitioners Tribunal that—*
> *(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*
> *(b) the amendment can be made without injustice,*
> *it may, after hearing the parties, amend the allegation in appropriate terms."*

104.Dr Ahmad did not oppose the suggested amendment.

The Relevant Legal Principles

105.The Tribunal reminded itself that it may amend the Allegation in accordance with Rule 17(6) and that it should consider whether doing so would cause any injustice to Dr Ahmad.

The Tribunal's Decision

106.The Tribunal noted that Dr Ahmad stated that he understood the suggested amendment and that he did not oppose the application made by the GMC.

107.The Tribunal noted that the amendment was in relation to the sanction imposed by the CPSA following its earlier findings of unprofessional conduct. It noted that evidence of

this sanction being imposed was already contained within the documents before it. It concluded that the additional paragraph did not materially change the overall Allegation against Dr Ahmad.

108. The Tribunal was of the opinion that the addition could be made without injustice to Dr Ahmad.

109. The Tribunal determined to grant Mr Taylor's application to amend the Allegation as suggested.

SCHEDULE 1

Complaint from a patient regarding an alleged inappropriate sexual relationship with them.