PUBLIC RECORD

Dates: 11/09/2025 - 16/09/2025

Doctor:	Mr Suhail ANJUM
GMC reference number:	7098389
Primary medical qualification:	MB BS 2003 University of Health Sciences Lahore

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Mrs Becky Miller
Registrant Tribunal Member:	Dr Obadah Ghannam Dr Adekoyejo Odutoye

Tribunal Clerk:	Ms Fiona Johnston

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Fiona Horlick KC, instructed by Keystone Law
GMC Representative:	Mr Andrew Molloy, 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.

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 Impairment - 15/09/2025

Background

1. Dr Anjum qualified with an MBBS from the University of Health Sciences, Pakistan in 2004.

2. Dr Anjum moved to the United Kingdom in 2011 and from July 2011 to October 2013, he worked as a Specialist Registrar at Bristol Royal Infirmary NHS Foundation Trust. Dr Anjum then moved to Milton Keynes Hospital NHS Foundation Trust and continued as a Specialist Registrar. He became a Fellow of the Royal College of Anaesthetists in 2013 and commenced a post as a Locum Consultant Anaesthetist at Darent Valley Hospital, Dartford and Gravesham NHS Trust, until May 2015.

3. In July 2015, Dr Anjum was appointed as a Consultant Anaesthetist at Tameside and Glossop NHS Foundation Trust ('the Trust') until he was dismissed in February 2024 following an internal investigation that has led to this MPTS hearing.

4. The allegation that has led to Dr Anjum's hearing is, that on 16 September 2023, Mr Anjum was the consultant anaesthetist providing cover for Patient A who was undergoing an operation. It is alleged that Mr Anjum asked Nurse B, an anaesthetic nurse, to monitor Patient A for him so he could take a comfort break.

5. It is further alleged that, while absent from the operating theatre, Mr Anjum engaged in sexual activity with Nurse C in another theatre and that his conduct had the potential to put Patient A at risk.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Anjum is as follows:

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

1. On or around 16 September 2023, you were the consultant anaesthetist providing cover for Patient A who was undergoing a laparoscopic cholecystectomy ('the Procedure'). Admitted and found proved

2. During the Procedure, whilst Patient A was under general anaesthetic:
   a. you asked Nurse B, anaesthetic nurse, to monitor Patient A for you so that you could go to the bathroom; Admitted and found proved
   b. you left the operating theatre knowing Nurse C was likely to be nearby; Admitted and found proved
   c. whilst absent from the operating theatre, you engaged in sexual activity with Nurse C in another theatre. Admitted and found proved

3. Your actions set out at paragraphs 2 had the potential to put Patient A at risk. Admitted and found proved

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

The Admitted Facts

7. At the outset of these proceedings, through his counsel, Ms Fiona Horlick, Dr Anjum made admissions to all the paragraphs and sub-paragraphs of the amended 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.

Determination on Impairment

8. The Tribunal went on to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Anjum's fitness to practise is impaired by reason of a misconduct.

Documentary Evidence

9. The Tribunal has taken into account all the evidence provided. This included: witness statements ands exhibits; appraisals; colleague feedback reports; course certificates and testimonials.

Witness Evidence

10. Dr Anjum provided his own written statement dated 18 July 2025, and a reflective statement dated 10 September 2025. Dr Anjum also gave oral evidence at the hearing.

11. Dr Anjum told the Tribunal that he joined the Trust in 2015 and, at that time, the Trust was under special measures. However, he accepted the job as there were so many opportunities at the hospital and he hoped to contribute to its improvement. His main job was as the anaesthetic lead for colorectal cancer surgery. Dr Anjum said he always planned to be involved in cancer surgery as it was challenging and he wanted to push himself.

12. Dr Anjum told the Tribunal that he worked helping and supporting general doctor trainees to return to work after long absences. He said that he also taught at Manchester Medical University, his job there was to make sure the medical students would be prepared to go into a hospital for their placement. After he was suspended from the Trust he said he went to work in Liverpool University Hospital from April 2024 to October 2024, but now he is currently working as a doctor in Pakistan.

13. XXX

14. XXX. He told the Tribunal that he wants to move back to the UK with his family. XXX. Dr Anjum said that he also wants to resume his career in the UK, which has taken a hit. XXX

15. Dr Anjum said that he has been practising anaesthetics since 2005. Before this complaint, he never had any other incidents or issues raised against him in the UK or Pakistan. He said that the incident on the 16 September 2023 was a unique incident in his career which he feels very ashamed of.

16. He said it was a very difficult time for him XXX He said it was very overwhelming for himself and XXX. But living in the UK the family had no support and were alone.

17. Dr Anjum said that XXX. He said that he had to take on a lot of responsibility. He was working full time as well as looking after XXX. He said he found it tiring and was breaking but did not realise at the time. He said he would find himself very irritable, easily offended and exhausted. He told the Tribunal he fell out with a couple of people at work and his close friend as well. Dr Anjum said that he knew this friend for 25 years who supported him personally and emotionally and he completely fell out with him. Dr Anjum said these factors were in the context of the months leading up to the incident. XXX.

18. Dr Anjum said that as part of his reflection, if he found himself in a similar position, he would now share his problems and seek and accept help. He now has a strong circle of friends from whom he would also seek help.

19. With regards to the incident at the Trust, Dr Anjum confirmed it was normal practice in the hospital to leave the theatre during procedures if they required a break once the patient was stable and there was an anaesthetic nurse present to monitor the patient. Doctors would take a break to go and have a coffee or to take a toilet break but always had to take a mobile phone with them. If there was something wrong, it would take 10 seconds to come back to the theatre room.

20. In this case, he said that he met Nurse C in theatre 8 which is used as something of a cut through. Dr Anjum said that on reflection he should have not left the patient unattended, unless there was an emergency situation as stated in the guidance from the Royal Collage of Anaesthetics and Association of Anaesthetics. He said that he has reflected on his actions and now sticks to the guidance religiously.

21. He said that in the Trust, the local procedure was that the on-call consultant would work from home and are called into site only if they are needed. The practice was

that the trainees or registrars, whoever is on call, will look after the work, so the consultant is not on site but available on the telephone.

22. Dr Anjum confirmed that on the 16 December 2023, there were five procedures that day. He said that some of the theatre staff will get a break, but for an anaesthetist they have other duties to carry out, so it is very hard to take breaks during procedures.

23. Dr Anjum said that at Liverpool University Hospital NHS Trust it was different, they had floating anaesthetists. If you needed a break, you would flag it up and the floating anaesthetists or someone senior or qualified enough would come and take over.

24. In Pakistan, Dr Anjum said they did not have any of these policies, so he introduced a morning huddle to discuss the workload for the day and was working very well.

25. Dr Anjum said that he now has a better understanding of how important systems are and that communication with colleagues and the team is essential. He will always ensure that there is adequate cover and does not hesitate to call for help if required when undertaking clinical tasks in between procedures.

26. Dr Anjum stated that he now has a good circle of friends who offer support, and he has a mentor. Dr Anjum said he can identify when he is feeling stressed and will ask for help. He is now able to seek help and support and knows that it is not a weakness to do so.

27. With regards to the incident Dr Anjum said he is embarrassed, and that he let his patient, his colleagues and the Trust down. He also put the nurse who reported the matter (Nurse F) in a very, very awkward position, but is grateful she flagged up his misconduct. It was very brave of her and very courageous and very professional. Dr Anjum accepted that he also put Nurse B in a difficult situation by leaving the theatre but, more importantly, he did not inform the patient that he would be leaving him whilst he was sedated.

28. Dr Anjum told the Tribunal that he has very high standards and fully recognises the seriousness of his behaviour and the potential risks that were involved.

Submissions

29. Mr Molloy submitted that Dr Anjum's misconduct on the 16 September 2023 was clearly serious professional misconduct. In terms of seriousness, it would be regarded as deplorable by fellow practitioners.

30. He submitted that the Tribunal have received the evidence in this case by way of statements from Nurse F, Dr Anjum and the associated exhibits. He said that the allegations were admitted and subsequently found proved.

31. He submitted that whether Dr Anjum's fitness to practise is impaired was a matter for the Tribunal exercising its own independent judgement. However, he submitted that the Tribunal must consider whether Dr Anjum's fitness to practise is currently impaired.

32. Mr Molloy referred the Tribunal to the relevant caselaw and the overarching objective.

> *"(a) to protect, promote and maintain the health, safety and well-being of the public,*
> *(b) to promote and maintain public confidence in the medical profession, and*
> *(c) to promote and maintain proper professional standards and conduct for members of that profession."*

33. He submitted that the Tribunal must determine whether Dr Anjum's fitness to practise is impaired today, taking into account the doctor's misconduct at the time of the events and other relevant factors.

34. He submitted that Dr Anjum has accepted that this behaviour fell below professional standards. He understands how and why it occurred and the consequences for those affected, and he has demonstrated that he has taken action to address that failure where possible, and to avoid any future repetition.

35. He submitted that it is the Tribunal's decision to consider whether the facts of this case are such that the level of insight and remediation shown by Dr Anjum are sufficient to outweigh the fact that the doctor engaged in sexual activity, or that his

patient was under his care in the operating theatre and whether that that would lead to a finding of current impairment in order to uphold public confidence in the profession and maintain standards.

36. He submitted that the Tribunal must determine, taking into account all of the relevant factors, whether the finding of impairment in this case is justified.

On behalf of Dr Anjum

37. Ms Horlick submitted that this was a single one-off incident in a genuinely exemplary career. Dr Anjum, having qualified in 2004 clearly has a passion for anaesthetics.

38. She submitted that the Tribunal have a number of testimonials which attest to his clinical skills, that he is highly professional and that he is dedicated to patient care.

39. She submitted that it was common practice at the Trust that anaesthetists would leave the theatre in the middle of procedures when patients were stable. She said that they would take a break to use the lavatory or have a coffee, or to pray, and that it was accepted.

40. She submitted that it is the decision of the Tribunal whether this is conduct that would be regarded as deplorable by fellow practitioners. She submitted that, given the nature and commonality of the practice, it was not regarded as deplorable because it was commonplace at the Trust.

41. Ms Horlick submitted that Dr Anjum was only absent for eight minutes, he was contactable and could have been back in the theatre within literally seconds. She submitted that it was a low-risk patient, low risk surgery, the patient was stable, and it was mid-procedure when it is just a question of monitoring. The patient was left with a very experienced anaesthetic nurse who was monitoring the patient and came to no harm.

42. She submitted that the potential to put patients at risk is theoretical only and in reality, the potential is very low. She said in reality 90% of the anaesthetists at the Trust left patients during procedures for short periods of time and it is being absent that carries the theoretical potential.

43. She submitted that theatre eight was a cut through theatre that was frequently used by other people, because it was the shortest route to various places. Clearly it would not be the kind of location that was deliberately chosen to meet up for sexual activity.

44. Turning to current impairment she submitted that Dr Anjum would never repeat his misconduct for the following reasons:

- it was a unique situation that led to the incident;
- it was a one-off momentary error of judgement occurring in circumstances that will never reoccur;
- it was entirely out of character;
- Dr Anjum has demonstrated he has full insight and completed remediation.

45. She submitted that Dr Anjum has an exemplary record over a long period of time, and this is demonstrated by the highly supportive testimonials. Dr Anjum's appraisals are entirely positive, they attest to his professionalism, patient focus and that he is a team player and supportive of staff. She said that he is someone who takes on and welcomes extra responsibilities and someone who is constantly striving to improve and who seeks out opportunities to do so.

46. She submitted that it was very out of character, there were very personal circumstances that were appertained in the months leading up to the 16 September 2023. She submitted that they are not put forward as an excuse, but they are very important factors.

47. Ms Horlick submitted Dr Anjum closed his mind off from his own needs and from the advice of friends and colleagues because he felt that he had to continue to offer unwavering support for his family, colleagues, patients and for his trust.

48. She submitted that on the 16 September 2023 he had 5 cases and unlike the rest of the theatre staff, had professional duties between the patients which did not allow him to go off and do whatever personal things people might do in-between patients.

49. She submitted that he is deeply ashamed, and it has been very difficult for him to reconcile with his family life and his sense of himself. She submitted that he has an exemplary career, and this was undoubtedly a momentary lapse of judgement that caused no harm.

50. She submitted that Dr Anjum has apologised for putting Nurse F in such a difficult and embarrassing situation. He has taken full responsibility and has looked at what happened and has identified what went wrong and he has embraced remediation.

51. She submitted that he can now identify when he is stressed and is willing to seek help and continues to actively seek help from a variety of sources. She said that he has now made immediate changes to his practice, so he never leaves theatre during a procedure. Dr Anjum has instituted changes that have actively enhanced patient safety in the hospitals that he has worked in since.

52. She submitted that Dr Anjum has made immediate and lasting changes to his practice, he has been on the appropriate courses and has learned from them. He now has a mentor and continues to seek help. Dr Anjum has a true passion for anaesthetics and the wider profession. He is a consultant striving for improvement to benefit others and lastly, he made full admissions to all of the charges in this case.

53. With regards to public interest, she submitted that it has been served by the remediation and the doctor's response to those circumstances in the investigation of this case and this hearing. She submitted that Dr Anjum has paid a very heavy price for what happened. Dr Anjum has lost his long standing position at the Trust he was working where he took on extra duties both for patients and for trainees.

54. She submitted that if a properly informed, objective member of the public had full knowledge of the facts, and was aware of Dr Anjum's remediation and insight they would conclude that public interest would not be served by a finding of current impairment.

55. She submitted that even if fitness to practise is not found to be impaired, the Tribunal can impose a warning.

The Relevant Legal Principles

56. 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.

57. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and then whether the finding of that misconduct led to a finding of impairment.

58. The Tribunal reminded itself that it must determine whether Dr Anjum's fitness to practise is impaired today, taking into account Dr Anjum's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remediated and any likelihood of repetition

59. The Tribunal were mindful of the test for impairment, which is Dame Janet Smith's test in The Fifth Shipman Report, cited and approved in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)*

> *'a) Whether the registrant 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;*
> *b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
> *c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*
> *d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.*
>
> *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.'*

60. The Tribunal applied the overriding objective in its considerations on impairment namely: Section 1(1A) Medical Act 1983 sets out the over-arching objective of the General Council in exercising their functions is the protection of the public. The pursuit the over-arching objective involves the pursuit of the following objectives (s1(1B):

'(a) to protect, promote and maintain the health, safety and well-being of the public,

(b) to promote and maintain public confidence in the medical profession, and

(c) to promote and maintain proper professional standards and conduct for members of that profession.'

The Tribunal's Determination on Misconduct

61. In determining whether Dr Anjum's fitness to practise is impaired by reason of misconduct the Tribunal first considered whether the facts found proved amounted to misconduct.

62. The Tribunal noted that Dr Anjum had accepted the allegations from the outset and made full admissions at an early stage of these proceedings.

63. The Tribunal first dealt with paragraphs 1 and 2a of the Allegation.

> 1. On or around 16 September 2023, you were the consultant anaesthetist providing cover for Patient A who was undergoing a laparoscopic cholecystectomy ('the Procedure'). Admitted and found proved
>
> 2. During the Procedure, whilst Patient A was under general anaesthetic:
>
> a. you asked Nurse B, anaesthetic nurse, to monitor Patient A for you so that you could go to the bathroom; Admitted and found proved

The Tribunal reminded itself that it must assess whether each allegation found proved amounts to misconduct. In doing so, the Tribunal was careful not to aggregate matters which, taken individually, did not amount to serious professional misconduct. The Tribunal noted that the practice of anaesthesia of leaving patients unattended while under general anaesthesia goes against national guidance. It carries a potential risk to harm to patients and is also likely to be viewed negatively by the general public. The Tribunal noted that paragraphs 1 and 2a of the Allegation contributed to the overall inappropriate nature of Dr Anjum's conduct. However, the Tribunal determined that the actions set out at paragraphs 1 and 2a of the Allegation, when considered in isolation, did not amount to serious misconduct.

64. In relation to paragraphs 2b, 2c and 3 of the Allegation,

2b you left the operating theatre knowing Nurse C was likely to be nearby; Admitted and found proved

2c whilst absent from the operating theatre, you engaged in sexual activity with Nurse C in another theatre. Admitted and found proved

3.Your actions set out at paragraphs 2 had the potential to put Patient A at risk. Admitted and found proved

65. The Tribunal had regard to paragraphs 37 and 65 of GMP:

37 You must be aware of how your behaviour may influence others within and outside the team.

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

66. The Tribunal considered that the above paragraphs of GMP were engaged and had been breached by Dr Anjum. The Tribunal considered that there is a clear expectation that doctors must maintain appropriate professional relationships with colleagues. Doctors are expected to work collaboratively and respectfully, ensuring that their behaviour does not cause discomfort or distress to colleagues. The evidence demonstrated that Nurse F was distressed by the incident and that the impact of his inappropriate behaviour was long-lasting. There had been a significant departure from GMP.

67. The Tribunal noted that the Royal College of Anaesthetics and Association of Anaesthetics Guidelines for Anaesthetists state the doctor must remain with their patients while they are under anaesthesia or deep sedation to ensure safety as highlighted by the doctor himself. If an anaesthetist needs to leave, they must delegate care to another appropriately trained anaesthetist or, in rare, life-saving emergencies, a competent healthcare professional, after informing the surgeon. The anaesthetist remains responsible for the patient even when care is delegated and is not to leave his patient mid operation.

68. The Tribunal considered the facts and acknowledged that it was the local culture at the Trust that once a patient was stable, they could step out for a break if required.

Dr Anjum chose to take a break knowing Nurse C was around and he did meet up with her and engaged in sexual activity in the workplace, mid operation. The Tribunal determined that Dr Anjum had put his own interests before those of the patient and his colleagues.

69. The Tribunal found that, although no actual harm came to the patient, the incident involving Nurse C had the potential to distract Dr Anjum. The Tribunal considered that, having been confronted by Nurse F, Dr Anjum may not have been able to give his full attention to the patient's care.

70. The Tribunal noted that pre-planning for sexual activity was not established on the evidence; although on 16 September 2023, Dr Anjum was aware that Nurse C was working in the vicinity and hoped that he would see her. Dr Anjum took a break and left the theatre for 8 minutes and met Nurse C. During this period of time, Dr Anjum engaged in sexual activity in theatre 8 which was used as a storage / preparation room and a cut through for other theatres. Looking at the actions of Dr Anjum in the circumstances set out above, the Tribunal considered that his actions fell far below the standards expected of a doctor.

71. The Tribunal emphasised that even isolated incidents of this nature undermine professional integrity and public trust, warranting a finding that Dr Anjum's conduct breached GMP in a way that crossed the threshold of seriousness. Dr Anjum's actions, whilst they did not harm the patient's safety, were significant enough to amount to misconduct that was serious.

Impairment

72. Having found that the facts found proved amounted to misconduct which was serious, the Tribunal went on to consider whether, as a result, Dr Anjum's fitness to practise is currently impaired by reason of his misconduct.

73. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked at the evidence of insight, remediation and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective.

74. The Tribunal considered whether Dr Anjum's misconduct was remediable and concluded that it was. In terms of remediation, as set out in his statement of reflection dated 10 September 2025:

'Over the past two years, I have considered the events which took place on 16 September 2023 in detail. This has been the worst experience of my professional career, and I regret my behaviour every single
day. I fully acknowledge that my actions on that day fell seriously below the standards expected of me both professionally and ethically and I am truly sorry and ashamed. Every time I reflect on it, I cannot believe what happened, as I have always taken pride in my professionalism and the values that I set for judgement.'

75. The Tribunal noted that Dr Anjum has been open and honest about the complaint and investigation with his colleagues and family members. Dr Anjum has undertaken the following courses and read the appropriate guidance.

• AAGBI Guidelines: Recommendations for standard of monitoring during anaesthesia and recovery 2021
• Royal College of Anaesthetists Guidelines January 2023
• GMC's Good Medical Practice Guidance 2024
• Medical Professionalism and Ethics - review article, published in Journal of Pharmacology and Pharmacotherapeutics in July 2022
• On Being A Doctor: Redefining medical professionalism for better patient care, November 2004, by King's fund
• Professionalism in Healthcare Professionals - A study commissioned by the Health Professions Council (HPC) as part of a wider research programme exploring aspects of professional practice
• Professional Boundaries in Health and Social Care, online course, December 2023
• How to ensure a similar mistake or misconduct will not be repeated in the future, online course, January 2024
• Probity and Ethics Course, face to face course, January 2024
• Reflection workshop - Insight, Reflect, Remediate, face to face, one to one interactive workshop, January 2024
• Department of Anaesthesia and ICU, workshop on management of critically ill patients, 10 April 2025
• Pakistan Society of Anaesthesiologists, workshop on ultrasound beyond regional blocks, 2 May 2025

• Pakistan Society of Anaesthesiologists, 21st Annual Conference, 3-5 May 2025
• A Focused Counselling session for unsuccessful candidates in FCPS and MS Anaesthesiology exit examination, 10 July 2025

76. In his oral evidence, Dr Anjum demonstrated that he had internalised the lessons from these proceedings and had made changes to his practice since returning to work in Pakistan. He stated that he now recognises the importance of following guidance and adhering to policies. He made it clear that the needs of the patient must always be prioritised and any deviations from recommended practice must be communicated to them. He further emphasised the importance of maintaining clear and open communication with both colleagues and patients. It also noted that Dr Anjum recognised that his behaviour had been improper. He stated that he continues to reflect on his actions and behaviours through regular discussions with his mentor.

77. The Tribunal noted the evidence that since qualifying in 2005, Dr Anjum has worked without any issues or concerns towards patients or colleagues. The Tribunal had regard to the 13 professional character references in the defence bundle, all describe a doctor who is professional and supportive of staff and patients. There is no evidence of repetition of inappropriate behaviour.

> *'I have seen him working with his anaesthetic and surgical colleagues, nurses and support workers, both males and females, in a professional and respectable manner. I am not aware of any concerns raised in respect of his dignity, probity, honesty or any other aspect of his character. He is polite and friendly, as well as very committed and is someone who has the highest standards of care and decorum. He is a very likeable member of the team and enjoys a great amount of respect from everyone. The positive recent feedback from both his colleagues and patients demonstrates these qualities.*
> …….
> *Since commencing in April 2024, Dr Anjum has demonstrated total professionalism and the highest levels of skill with us, he is well liked by his patients and colleagues and there have been no adverse incidents involving him. I enjoy an excellent working relationship with him and he has kept to his word to keep me fully up to speed with the progress of the GMC investigation.*
> …….

I have found him to be professional, reliable and an advocate for the safety of his patients, which he proved by enthusiastically leading the NELA project and later on as a lead clinician for colorectal anaesthesia. I have always found him to be a good team member and a sound clinician. He is a good team player and is friendly and supportive towards his colleagues.

Dr Anjum has worked really hard since he joined the department. He has been an excellent addition to anaesthetic team, through his professional and ethical approach and his safety and patient care ideas. We have started many safety protocols and policies in line with standardised guidelines of AAGBI and RCoA. This has greatly helped the patients and their families, as well as reduce the stress and hassle of operations. We now have better patient care bundles and peri operative care plans, thanks to his tireless work for system development'

78. The Tribunal acknowledged Dr Anjam's previously unblemished record and noted that this was the first such investigation he had faced.

79. Dr Anjum gave oral evidence during Stage 2 about the changes in both his thinking and his conduct. He explained that he is now able to recognise when he is experiencing stress, that he has a close network of friends for support, and that he is willing to talk about difficulties and accept help when needed. He also stated that he receives support from his mentor and would seek advice and support from them to identify if he needed professional help.

80. On the issue of insight, Dr Anjum expressed genuine remorse. He offered an apology for his misconduct, both in his written reflections and during his oral evidence. His apology extended to the patient, Nurse F, his colleagues, the Trust and the wider public.

81. Regarding the risk of repetition, the Tribunal noted that Dr Anjum had acknowledged that his misconduct was unacceptable and that he had let his family, colleagues and patients down. The Tribunal also took account of the effect of the regulatory proceedings on him, and the stress they had caused. It further noted that there had been no concerns raised about his practice since the original misconduct. The Tribunal accepted that the courses completed by Dr Anjum were relevant and that there was evidence he had learned from them. The Tribunal was satisfied that Dr Anjum is determined not to repeat his past misconduct.

82. Additionally, Dr Anjum had returned to work, both in the UK and Pakistan, without any further issues and had taken steps to implement positive changes in the hospitals he has worked in. Taking into account the factors outlined above, the Tribunal considered the risk of repetition to be very low.

83. Given Dr Anjum's remediation, insight, and the negligible risk of repetition, the Tribunal concluded that there was no necessity to make a finding of impaired fitness to practise in order to protect the public. In relation to promoting and maintaining public confidence in the profession and upholding proper professional standards, the Tribunal found that Dr Anjum's inappropriate behaviour amounted to serious misconduct falling far below the expected standards of GMP and would be considered deplorable by professional practitioners. The Tribunal considered that members of the public and the profession would understand the high level of scrutiny to which Dr Anjum had been subjected, and that a finding of serious misconduct would weigh heavily upon him. The Tribunal was satisfied that this public finding of serious misconduct was sufficient to maintain public confidence in the profession and proper professional standards, and that there was not a necessity to make a finding of impaired fitness to practise for that purpose.

84. The Tribunal therefore determined, after careful consideration of the overarching objective, that Dr Anjum's current fitness to practise was not impaired.

Determination on Warning - 16/09/2025

1. As the Tribunal determined that Dr Anjum's fitness to practise was not impaired, it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions

<u>On behalf of the GMC</u>

2. Mr Molloy submitted it would be appropriate in the circumstances of this case for the Tribunal to issue a warning. He referred the Tribunal to paragraph 20 of GMC Guidance on Warnings (April 2024) ('GoW').

3. Mr Molloy submitted that there has been a clear and specific breach of GMP as set out in the impairment determination at paragraphs 66, 83 and 84. He submitted that the Tribunal observed that Dr Anjum's inappropriate behaviour amounted to serious misconduct, falling far below the expected standards of GMP and would be considered deplorable by professional practitioners.

4. He submitted that the Tribunal were satisfied that a finding of serious misconduct, that was public, was sufficient to maintain public confidence in the profession. It was also sufficient to maintain professional standards, and there was not a necessity to make a finding of impairment.

5. He submitted that a warning will be appropriate in circumstances where the evidence suggests that the practitioner's behaviour has fallen below the standards expected to a degree that warrants a formal response by the Tribunal.

6. Mr Molloy submitted that a failure to issue a warning, may have an effect on public confidence in the profession. In this case, the GMC submits that the evidence clearly shows that the doctor's behaviour fell far below the standards expected of the doctor and a warning is appropriate.

On behalf of Dr Anjum

7. Ms Horlick submitted that a warning was not necessary. She submitted that, in line with paragraphs 10, 11, 15, 20c & d, 30 and 32 of the GoW, the Tribunal should consider its findings about Dr Anjum's level of insight and the risk of the repetition as set out in the determination on impairment.

8. She submitted that the risk of repetition was not such as to require a finding of impairment, given Dr Anjum's remediation, insight and the negligible risk of repetition. She submitted that the Tribunal concluded there was no necessity to make a finding of impaired fitness to practise in order to protect the public.

9. Ms Horlick submitted that there is no necessity to issue a warning in this particular case with the risk of repetition being so low. She said that the main purpose of a warning, to avoid repetition, is simply not required.

10. As for public interest she submitted that there has been a public hearing, a full investigation and the fact that the Tribunal have made a determination of serious professional conduct satisfies the public interest criteria. She submitted that not only does that weigh heavily upon Dr Anjum, but the public finding of serious misconduct was sufficient to maintain or is sufficient to maintain public confidence in the profession and proper professional standards. Therefore, the secondary test for a warning is not satisfied.

11. She submitted that in this particular case, Dr Anjum has met all of the factors in paragraph 32 of the GoW;

'32 a the level of insight into the failings
b a genuine expression of regret/apology
c previous good history
d whether the incident was isolated or whether there has been any repetition
e any indicators as to the likelihood of the concerns being repeated.
f any rehabilitative/corrective steps taken
g relevant and appropriate references and testimonials.'

12. Taking all these factors above, Ms Horlick submitted that a warning is not required and would serve little purpose to Dr Anjum as a deterrent given his level of insight and remediation. She also submitted that a warning was not necessary to maintain public confidence in the profession.

The Relevant Legal Principles

13. The Tribunal reminded itself of the statutory overarching objective:

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

14. The decision whether or not to issue a warning is a matter for the Tribunal exercising its own judgment having taken into account all of the circumstances of this particular case, and having regard to the submissions of the parties. In deciding whether to

issue a warning the Tribunal considered the GoW and applied the principle of proportionality, weighing the interests of the public with those of Dr Anjum.

The Tribunal's Determination on Warning

15. The Tribunal took account of the circumstances of this case as set out in its determinations above and had regard to the submissions made by the GMC and on behalf of Dr Anjum. It also had regard to the GoW.

16. The Tribunal was mindful that paragraph 61 of the Sanctions Guidance (2024) provides that:

61 Where a tribunal finds a doctor's fitness to practise is not impaired, it cannot impose a sanction. However, it must consider, under rule 17(2)(n) whether to:

a take no action

b issue a warning if the doctor's conduct, behaviour or performance has significantly departed from the guidance in Good medical practice.

17. When considering whether it is appropriate in this case to issue a warning, the Tribunal considered paragraphs 10, 11, 12, 13, 14, 16, 20, 26 and 32 of GoW, as follows:

"10 The power to issue warnings, together with other powers available to the GMC and to MPTS tribunals, is central to their role of protecting the public which includes protecting patients, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.

11 Warnings allow … MPTS tribunals to indicate to a doctor that any given conduct, practice or behaviour represents a departure from the standards expected of members of the profession and should not be repeated. They are a formal response from… MPTS tribunals in the interests of maintaining good professional standards and public confidence in doctors.

12 The power to issue warnings, together with other powers available to the GMC and to MPTS tribunals, is central to their role of protecting the public which includes protecting patients, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.

13 Although warnings do not restrict a doctor's practice, they should nonetheless be viewed as a serious response, appropriate for those concerns that fall just below the threshold for a finding of impaired fitness to practise.

14 …… Warnings may also have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable.

16 A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:

- *there has been a significant departure from Good medical practice, or*
- *…*

The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.

20a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.

20b. The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.

20c. A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation…; the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect …. public confidence in the profession or the reputation of the profession…

20d. There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).

26 In deciding whether to issue a warning the decision maker should apply the principle of proportionality, weighing the interests of the public with those of the practitioner. It is important to bear in mind, of course, that warnings do not restrict the practitioner's practice and should only be considered once the decision maker is satisfied that the doctor's fitness to practise is not impaired.

32 If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:
a the level of insight into the failings
b a genuine expression of regret/apology
c previous good history
d whether the incident was isolated or whether there has been any repetition
e any indicators as to the likelihood of the concerns being repeated.
f any rehabilitative/corrective steps taken
g relevant and appropriate references and testimonials."

18. The Tribunal considered the factors set out in paragraph 32a-g and acknowledge that Dr Anjum has demonstrated genuine regret, insight and remediation as confirmed within the Determination on impairment.

19. However, the Tribunal determined that Dr Anjum's conduct represents a significant departure from GMP. The Tribunal noted that Dr Anjum engaged in sexual activity within a public workplace setting, whilst on duty, in the middle of an operation. In this context, his decision to engage in sexual activity represented a significant departure from GMP and it affected his patient, colleagues and the Trust, as well as the reputation of the wider profession.

20. The Tribunal also noted that he left a vulnerable patient unattended in the middle of an operation and placed his own interests before those of his patient and colleagues. His behaviour had the potential to cloud his clinical judgment when the patient was at their most vulnerable, and thus it fell far below the standards set out in GMP.

21. Dr Anjum was an experienced consultant Anaesthetist in a position of responsibility. His actions were a significant departure from the standards expected of a medical professional, made more serious by his seniority, leadership role within the Trust and level of expertise. The Tribunal notes that he ought to have exercised better judgment.

22. The Tribunal accepted that Dr Anjum's actions reflected a momentary lapse of judgment rather than a sustained pattern of behaviour. Dr Anjum has been honest since the incident, admitted the Allegations, shown genuine remorse, and reflected at length on the impact of his behaviour on those involved. The Tribunal also noted his remediation efforts and his expression of gratitude towards Nurse F for raising her concern about his behaviour.

23. Nonetheless, the Tribunal determined that the issuing of a warning is appropriate and proportionate in this case. The warning will serve both as a deterrent and as a reminder to Dr Anjum of the importance of maintaining professional standards at all times.

24. In particular, the Tribunal considered that the warning should reinforce to Dr Anjum the need to continue engaging with his mentor and to seek appropriate support, including professional support, when he is under stress. The Tribunal is satisfied that issuing a warning will remind Dr Anjum of the evidence he has provided in relation to his insight and remediation, and of the professional responsibilities placed upon him as a registered medical practitioner.

25. The Tribunal has considered the proportionality of issuing a warning and has weighed the interests of the public with those of the practitioner. The Tribunal was satisfied that there is a need to mark the serious misconduct in this case with a warning to ensure that public confidence is maintained in the profession and the regulatory system. The Tribunal also considered that a warning was necessary to uphold proper professional standards.

26. The Tribunal determined that the warning will act as a deterrent and a reminder to Dr Anjum and the profession as a whole that this conduct fell far below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise.

27. In all the circumstances, whilst Dr Anjum's misconduct did not warrant a finding that his fitness to practise is currently impaired, the Tribunal determined that it was appropriate to issue a warning for the purpose of maintaining public confidence in the medical profession, and to uphold proper standards in the profession.

28. The Tribunal determined that a warning should be given to Dr Anjum in the following terms:

'*Dr Anjum,*

On 16 September 2023, whilst employed as a consultant anaesthetist you left the operating theatre knowing Nurse C was likely to be nearby. Whilst absent from the operating theatre, in the middle of an operation, you engaged in sexual activity with Nurse C in another theatre. Your actions had the potential to put Patient A at risk.

This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good Medical Practice (2013) ('GMP') and associated guidance. Paragraphs 37 and 65 of the GMP which applied at the time are particularly relevant:

37 You must be aware of how your behaviour may influence others within and outside the team.

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

Whilst this misconduct in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning.

This Warning will be published on the List of Registered Medical Practitioners (LRMP) in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy'

29. That concludes this case.