

PUBLIC RECORD

Dates: 11/08/2025 - 15/08/2025
17/11/2025 – 18/11/2025

Doctor: Dr Ayesha KHAN

GMC reference number: 6066034

Primary medical qualification: MB BS 2002 University of Punjab (Pakistan)

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Amarjit Sagar - 11/08/2025 - 15/08/2025 Mr Duncan Toole 17/11/2025 – 18/11/2025
Registrant Tribunal Member:	Dr James Lucas
Registrant Tribunal Member:	Dr Matthew O'Meara
Tribunal Clerk:	Ms Maria Khan - 11/08/2025 – 14/08/2025 Mr Matt O'Reilly – 15/08/2025 and 17/11/2025-18/11/2025

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Charles Garside, KC

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 - 21/08/2025

Background

1. Dr Khan qualified in 2002 with an MBBS from the University of Punjab. She first commenced work in a medical post in the UK in 2005, with limited GMC registration. Due to personal reasons, she did not progress to full registration with the GMC during this time. She was convicted of driving offences in 2009. She contacted the GMC to reapply for registration and was granted pre-registration status in 2010.
2. Between 2010 and 2013 she worked in locum posts requiring full registration, which she did not have. This ultimately resulted in a GMC Warning, issued in 2014.
3. She applied to Bradford Teaching Hospitals ('the Bradford Trust') in 2016 in order to recommence her Foundation Year 1 ('F1') training programme and was appointed. For personal reasons, she took two years to complete the programme, having completed it by August 2018.
4. Towards the end of this placement, she applied for a Foundation Year 2 rotation ('F2') to Leeds Teaching Hospitals NHS Trust ('the Leeds Trust'). In June 2018, whilst completing

pre-employment checks for the Leeds Trust, Dr Khan completed a Model Declaration Form A ('The Form').

5. The conduct that has led to the Allegation involves Dr Khan's failure to disclose her GMC Warning and previous criminal convictions. On 22 June 2018, when Dr Khan submitted the Form to the Leeds Trust, she failed to disclose this information. It is alleged that her failure to disclose this information was dishonest.

6. It is further alleged that, on 28 October 2022, at West Yorkshire Magistrates Court, Leeds, Dr Khan was convicted of dishonestly making a false representation, namely producing prescriptions, using fictitious names, purporting to be authorised by another doctor with the intention of making a gain for herself as well as an offence of possession of a controlled drug of class C. Dr Khan was made subject to a 12-month community order with supervision, a curfew and programme requirements and was ordered to pay costs.

7. In addition, it is alleged that Dr Khan was dishonest in her submissions made to an Interim Orders Tribunal ('IOT') on 17 February 2022 when she referred to the police investigation about her acquiring a false prescription on 27 October 2021 as a one-off incident when she knew she had already committed similar offences on more than one occasion.

Failure to disclose previous warning and conviction

8. On 22 June 2018, Dr Khan submitted the Form to a new employer, the Leeds Trust, and answered 'no' to questions about convictions and warnings. On 8 February 2009, Dr Khan had received a conviction and on 22 May 2014, she was issued with a five-year Warning by the GMC.

9. The live Warning came to light during the Leeds Trust's pre-employment screening checks using the GMC's online register in July 2018. Details of the conviction emerged sometime after, in October 2018, when the Disclosure and Barring Service ('DBS') checks were completed. An investigation had previously been carried out at the Bradford Trust when Dr Khan had also failed to disclose these matters there. However, no disciplinary action was taken by the Bradford Trust and Dr Khan was able to progress with her training.

10. Dr Khan's completion of the Form led the Leeds Trust to instigate a formal investigation under the Trust Disciplinary and Capability Procedures for Medical and Dental Staff.

Criminal Conviction for Fraud

11. Dr Khan was first arrested for the offence of dishonestly making false representation on 27 October 2021. She made an admission to this offence in her police interview on the same date. The police brought the matter to the GMC on 25 January 2022, leading to an early review which was held on 18 February 2022. A further review was held on 4 May 2022. The IOT was only aware of this single incident.

12. On 10 October 2022, Dr Khan was further arrested for similar offences pre and postdating the October 2021 offence. Her home address was searched, during which various boxes of prescription drugs were found, including a controlled drug and prescription only medicine. Dr Khan was interviewed again and initially denied any instances of fraud prior to the 27 October 2021 offence. Dr Khan later admitted multiple instances of fraud between 2018 to 2022.

13. On 28 October 2022 Dr Khan pleaded guilty to a charge of dishonesty making false representations between 11 November 2018 and 3 October 2022. This related to Dr Khan producing a number of fraudulent prescriptions to obtain drugs for herself. The prescriptions were handwritten in the name of a fictitious patient and purporting to be authorised in the name of a doctor, who was not Dr Khan.

IOT submissions

14. On 17 February 2022, Dr Khan made written submissions to the IOT for her hearing on 18 February 2022 which she did not attend. She referred to a “*one-off incident*” several times in her submissions. However, it subsequently became clear, by virtue of her admissions to the police in October 2022, and her criminal conviction, that Dr Khan had fraudulently acquired prescription medication on a number of dates prior to 17 February 2022.

The Outcome of Applications Made during the Facts Stage

15. The Tribunal granted the GMC’s application, made pursuant to Rules 40 and 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), that Notice of Hearing had been properly served on Dr Khan and that it would be appropriate to proceed with the hearing in her absence. The Tribunal’s full decision on the application is included at Annex A.

16. The Tribunal also agreed, pursuant to Rule 41(3) that some parts of the hearing would be held in private session.

The Allegation and the Doctor's Response

17. The Allegation made against Dr Khan is as follows:

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

Failure to disclose previous warning and conviction

1. On 22 June 2018, you submitted a Model Declaration Form A ('the Form') to Leeds Teaching Hospitals NHS Trust, in which you answered 'no' to the following questions:
 - a. 'Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?'; **To be determined**
 - b. 'Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?'.
To be determined
2. You knew that your answer to the question as set out at paragraph:
 - a. 1a was untrue by reason of the information contained at Schedule 1;
To be determined
 - b. 1b was untrue by reason of the information contained at Schedule 2.
To be determined

Criminal conviction

3. On 28 October 2022, at West Yorkshire Magistrates Court, you were convicted of:
 - a. dishonestly making a false representation, namely producing prescriptions in the names of a fictitious patient and authorised in the name of a doctor who was not yourself, intending to make a gain, namely of prescriptions of XXX, XXX and XXX for yourself, contrary to Sections 1 and 2 of the Fraud Act 2006.
To be determined
 - b. possession of a quantity of XXX, a controlled drug of class C, contrary to Section 5(2) and Schedule 4 to the Misuse of Drugs Act 1971.
To be determined

4. On 22 November 2022, you were:
- a. made subject to a community order to:
 - i. be under a curfew for 12 weeks with electronic monitoring;
To be determined
 - ii. comply with any instructions of the responsible officer to attend appointments or to participate in any activity as required by them up to a maximum of 20 days; **To be determined**
 - b. ordered to forfeit the XXX in your possession. **To be determined**

IOT submissions

5. On 17 February 2022 you provided written submissions ('the Submissions') for the IOT hearing on 18 February 2022, in relation to a police investigation about you issuing a prescription in the name of a fictitious patient and authorised in the name of a doctor who was not yourself ('Fraudulent Prescription'). On three occasions in your submissions, you stated that this was a "one off incident" or words to that effect.
To be determined
6. At the time of providing the Submissions you knew that you had issued a Fraudulent Prescription on more than one occasion. **To be determined**
7. Your actions were dishonest at paragraph:
- a. 1a by reason of paragraph 2a; **To be determined**
 - b. 1b by reason of paragraph 2b; **To be determined**
 - c. 5 by reason of paragraph 6. **To be determined**

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

- 1. misconduct in respect of paragraphs 1, 2, 5, 6 and 7; **To be determined**
- 2. conviction in respect of paragraphs 3 and 4. **To be determined**

Witness Evidence

18. The Tribunal received evidence on behalf of the GMC from the following witnesses who were not required to give oral evidence at the hearing:

- Dr A, Regional Medical Director for Northeast and Yorkshire region of NHSE, Higher Level Responsible Officer, and Consultant Anaesthetist at Leeds Teaching Hospitals NHS Trust. Dr A provided a witness statement dated 14 March 2025;
- Mr B, Investigations Manager at the GMC. Mr B provided a witness statement dated 7 February 2025.

19. Dr Khan did not attend her hearing and did not provide any evidence in her defence.

Documentary Evidence

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

- Email from Dr Khan to the GMC enclosing IOT submissions, dated 17 February 2022;
- IOT determination, dated 18 February 2022;
- Email from Dr Khan to the GMC enclosing IOT submissions, dated 4 May 2022;
- Emails from Dr A to the GMC, various dates in March 2022;
- Case Manager Statement of Case, completed by Ms C, Associate Medical Director, Leeds Teaching Hospital NHS Trust;
- Leeds Teaching Hospital NHS Trust's investigation report and appendices, dated April 2019, which included the Model Declaration Form A and the letter written by Dr D, dated 17 October 2018;
- Certificate of conviction, dated 22 November 2022;
- Police report;
- Photographs of handwritten prescriptions, various dates from 18 February 2021 to 26 October 2021;
- Letter from West Yorkshire Police to the GMC, dated 25 January 2022;
- XXX.

The Tribunal's Approach

21. 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 Khan 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.

22. The Tribunal was advised that it should have regard to the whole of the evidence and form its own judgment about what evidence is reliable and what is not. The weight to be

apportioned to the evidence is a matter for the Tribunal. The Tribunal is entitled to draw proper inferences to come to common sense conclusions based upon the evidence which it accepts as reliable but it must not speculate. The Tribunal should only draw an inference if it could safely exclude other possibilities. *Soni v GMC (2015)* EWAC 0364 Admin.

23. The Tribunal was advised that it may consider Dr Khan's comments and responses to the MHPS investigation however, it could not take into account any findings of fact of that investigation as was held in the case of *Enemue v NMC 2015* EWHC 2081 Admin.

24. The Tribunal was also mindful of Rule 34 of the Rules in particular:

34...

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

....

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

25. The Tribunal had regard to the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Limited* [2017] UKSC 67, in which Lord Hughes set out the correct test for dishonesty, which is 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

26. The Tribunal bore in mind Mr Garside KC's opening and closing remarks.

27. The Tribunal considered each paragraph of the Allegation separately and evaluated the evidence in order to make its findings on the facts.

Paragraph 1a and 1b

28. The Tribunal took into account that during the Leeds Trust's formal investigation, Dr Khan had never denied completing the Form herself and accepted as a matter of fact that she had answered 'no' in boxes 1 and 8. The Tribunal noted that Dr Khan stated in the formal investigation meeting held on 7 March 2019 that she "*did not give due diligence*" to the form and '*did not read the form*'. She stated she had not filled in such forms before, claiming ignorance and stated this was an innocent mistake. The Tribunal inferred from this that Dr Khan accepted that she had ticked 'no' in box 1 of the Form on 22 June 2018 which asked, '*Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other Country?*'

29. The Tribunal also had regard to box 8 of the Form and was satisfied that Dr Khan also answered 'no' to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*'

30. The Tribunal noted the form had been electronically signed by Dr Khan on 22 June 2018.

31. Accordingly, the Tribunal found paragraph 1a and 1b of the Allegation to be proved.

Paragraph 2a

32. The Tribunal first had regard to the letter sent to Dr Khan following her informal meeting with Dr D, Associate Medical Director for Doctors in Training in Leeds, held on 16 October 2018. In this meeting, Dr Khan advised Dr D that she had not disclosed the 2009 driving convictions on the Form as her understanding was the question related only to

convictions within the last five years. She explained that as the convictions were from nine years ago, her belief was these did not need to be included. The Tribunal was not provided with any evidence to suggest that Dr Khan disputed the contents of this letter.

33. The Tribunal further noted that in this meeting, Dr Khan accepted that whilst working at the Bradford Trust in 2016, she had also failed to disclose this conviction and was subsequently contacted by the medical staffing department to ask why she had done so. Dr Khan explained that as there had been no repercussions for failing to disclose this information to the Bradford Trust, she felt it was 'ok' not to have disclosed this to the Leeds Trust.

34. The Tribunal noted that Dr D had specifically asked Dr Khan whether she had any convictions in the UK when he spoke with her on the phone in August 2018 to which she replied that it had not even entered her mind and she did not recognise that disclosure would be so important.

35. The Tribunal noted that Dr Khan had provided inconsistent explanations for her failure to disclose her convictions as the investigation progressed. The Tribunal concluded that Dr Khan's failure to disclose her GMC Warning to the Bradford Trust, which had resulted in a meeting with the Director of Education and Medical Staffing Manager in June 2016, would have focused her attention on the obligation to make truthful declarations to an employer. The Tribunal determined that Dr Khan knew that she was obliged to declare her criminal conviction on the form, and therefore that she knew her answer was untrue.

36. Accordingly, the Tribunal found paragraph 2a of the Allegation to be proved.

Paragraph 2b

37. The Tribunal had regards to the Case Note prepared as part of the investigation (Appendix I). This was the first meeting held on 16 July 2018 between Dr Khan and the representatives from the Leeds Trust about her failure to disclose her GMC Warning. Dr Khan explained she had declared the Warning on her Form R and on her registration documents sent to the GMC. This indicated to the Tribunal that Dr Khan felt there was no further need to disclose this. She later stated that she did not know what she had done wrong. She subsequently admitted that she had probably not read the form properly.

38. Again, the Tribunal bore in mind that Dr Khan had also failed to disclose her GMC Warning to the Bradford Trust and would therefore have been aware of the need to disclose this as part of the pre-employment process.

39. The Tribunal also considered that at the time that form was completed, Dr Khan's GMC Warning was still live, which Dr Khan would have been well aware of. The Tribunal therefore concluded that by ticking 'no' in relation to the GMC Warning, Dr Khan knew this response was untrue.

40. Accordingly, the Tribunal found paragraph 2b of the Allegation to be proved.

Paragraph 3a and 3b

41. The Tribunal had regard to the Memorandum of Conviction from Leeds Magistrates Court on 22 November 2022 and was satisfied this was a genuine memorandum/certificate of conviction.

42. The Tribunal noted that the copy of the certificate related to a 'Mrs Ayesha Khan' however, some information, including the date of birth, had been redacted. The Tribunal needed to satisfy itself that the certificate related to Dr Ayesha Khan. The GMC subsequently confirmed that the redacted information on the certificate matched Dr Khan's details contained in the Proof of Service documents. The GMC further confirmed that an unredacted version of the certificate had been sent to Dr Khan as part of these regulatory proceedings. The Tribunal was satisfied that this had provided Dr Khan with the opportunity to rebut the conviction under Rule 34(5) and she had not made any such rebuttals.

43. The Tribunal also took into account that Dr Khan had attended court and pleaded guilty to the offences on 28 October 2022 as stated on the memorandum. It also bore in mind the police report in which Dr Khan made admissions to the offences. Therefore, there was no doubt in the Tribunal's mind that the memorandum related to Dr Khan.

44. Accordingly, the Tribunal found paragraph 3a and b of the Allegation to be proved.

Paragraph 4

45. The Tribunal had regard to the Memorandum of Conviction which stipulated how the offences were dealt with by the court on 22 November 2022. The Tribunal noted that paragraph 4 of the Allegation accurately reflects the sentence imposed by the Magistrates

Court on that date. Therefore, for the same reasons as set out above, the Tribunal was in no doubt that this was the sentence imposed upon Dr Khan on 22 November 2022.

46. Accordingly, the Tribunal found paragraph 4 of the Allegation to be proved.

Paragraph 5

47. The Tribunal had regard to the submissions provided by Dr Khan via email on 17 February 2022 for her IOT hearing on 18 February 2022. In relation to the police investigation into the Fraudulent Prescription, Dr Khan stated to the IOT that *“this was a one off event”, “a one off incident”, and “... contributed to a one off emotional act of this prescription”*

48. The Tribunal concluded it could not be disputed that Dr Khan had referred to the issuing of the fraudulent prescription as a *“one off incident”* three times in her submissions.

49. Accordingly, the Tribunal found paragraph 5 of the Allegation to be proved.

Paragraph 6

50. When determining paragraph 6 of the Allegation, the Tribunal first looked at the vernacular used by Dr Khan. It first considered whether it might be possible that, by referring to the issuing of the Fraudulent Prescription as a *“one off incident”*, Dr Khan may have been referring to all the prescriptions she had issued before her arrest in October 2021.

51. However, on closer review of her submissions, the Tribunal noted that Dr Khan had referred to *“a prescription”*, that she had made *“a mistake”*, and that *“this was a one off event”*. The Tribunal concluded that these words all implied a single incident rather than multiple occasions.

52. The Tribunal then took into consideration the photographic evidence exhibited in the police report, showing several prescriptions predating the IOT hearing on 17 February 2022. These included prescriptions dated; 7 July 2021; 2 August 2021; 31 August 2021; 17 June 2021; 21 May 2021; 21 April 2021; 3 March 2021; 18 February 2021 and 26 October 2021.

53. The Tribunal took into account that at the time of submitting the IOT submissions, Dr Khan believed that West Yorkshire Police was investigating her for a single offence committed on 27 October 2021. However, despite this, the Tribunal concluded that Dr Khan

knew that she had issued at least nine fraudulent prescriptions prior to this date, for which she had used a fictitious name to obtain medication for herself.

54. Accordingly, the Tribunal was left with no doubt that by the time she made her submissions to the IOT, Dr Khan knew the comments about a “*one off event*” were untrue, and therefore found paragraph 6 of the Allegation to be proved.

Paragraph 7a, 7b and 7c

55. When determining paragraph 7 of the Allegation, the Tribunal bore in mind the two-stage test for dishonesty, as set out in *Ivey*.

56. In applying the subjective test, the Tribunal carefully considered all the evidence including the contents of the Form and Dr Khan’s conduct before and after the form was completed and any subsequent explanations she provided. This would assist in ascertaining what Dr Khan’s belief was in relation to the disclosure of the conviction, GMC Warning and her IOT submissions.

Conviction

57. The Tribunal was mindful that Dr Khan had failed to disclose her 2009 conviction to the Bradford Trust. The Tribunal gave consideration to Dr Khan’s later characterisation that failing to disclose this information was a ‘*non-issue*’. The Tribunal considered whether Dr Khan’s belief at that time may have been that she had done nothing wrong in failing to declare this. However, the Tribunal concluded that, as the Bradford Trust had spoken with Dr Khan about her failure to disclose the GMC Warning, this was sufficient to reiterate the importance of completing the relevant forms with care and honesty. The Tribunal therefore concluded that Dr Khan knew she needed to disclose the conviction on the Form in 2018.

58. The Tribunal went on to consider the wording of the Form which made it explicit to Dr Khan to read the Form carefully, together with a guidance document outlining the difference between spent and unspent cautions and convictions.

59. The Tribunal had regard to the notes on the Form, that made it clear:

2. *Before ticking yes or no, please ensure that you to read the explanatory notes which are provided underneath each of the questions. These notes are*

intended to guide you in determining what additional information you will be required to provide to support your answers.

...

5. You are not required to disclose information about parking offences.

60. In relation to point 5, the Tribunal formed the view that this reinforced that all other offences should be disclosed.

61. On page two of the Form, the Tribunal noted the wording in relation to spent and unspent convictions;

'It is important to be aware, that failure to disclose all spent and unspent convictions which you are legally obliged to declare (i.e. those that are not protected by Exceptions Order of the Rehabilitation of Offenders Act (as amended in England and Wales) could result in disciplinary proceedings or dismissal.'

62. The Tribunal also noted that the question relating to previous convictions appeared on the Form as follows:

'Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?'

63. The Tribunal had regard to the wording 'ever' and the underlining of 'convicted of any offence' and formed the view that anyone reading this would automatically be drawn to the emphasis of the words underlined. The Tribunal concluded that the clarity and emphasis of this wording, coupled with her previous experience at the Bradford Trust for omitting the same information, would have made it evident to Dr Khan that she was obliged to disclose information about her 2009 conviction.

64. The Tribunal further considered the various explanations Dr Khan had provided during the course of the investigation as to what her understanding was when she completed the form.

65. The Tribunal had regard to the meeting on 16 October 2018 between Dr Khan and Dr D, at which Dr Khan stated she believed she did not need to disclose the conviction as this was more than five years old.

66. The Tribunal had regards to the Case Note prepared as part of the investigation (Appendix I) containing a summary of the meeting held with Dr Khan on 25 October 2018. It noted that Dr Khan again stated that she was under the impression that the conviction only lasted five years and as such there was no need to disclose it.

67. However, by 7 March 2019, during the formal investigation meeting, the Tribunal noted that Dr Khan stated that she did not give the form due diligence and that she did not believe she needed to disclose this as she had already completed a pre-employment check for the Bradford Trust. She stated:

‘I hardly looked at the forms and was ignorant of everything as I was starting new when moving from Bradford to Leeds.’ ‘I failed to understand who was actually my employer’.

68. In the same meeting she later stated:

‘It took me 2 minutes to complete for 9 questions. I did not give due diligence to the Model Declaration form or on boarding forms.....I had not filled in such forms..’

69. The Tribunal formed the view that Dr Khan’s explanation for non-disclosure had changed over time. It noted Dr Khan had initially relied on her understanding that this was a spent conviction to a belief that she had already disclosed this to the Bradford Trust and as such there was no need to disclose this on the form. Latterly, she explained that this was result of her inexperience in completing forms. The Tribunal concluded that it could not rely on any of Dr Khan’s changing explanations to ascertain her genuine belief at the time she completed the Form.

70. The Tribunal did not find her explanation about the 5-year conviction to be credible particularly as the Form made it clear that all spent and unspent convictions should be disclosed save for those protected by the Exceptions Order, which by her own admission, Dr Khan did not check.

71. The Tribunal determined that Dr Khan was not inexperienced when it came to completing forms. Although she had not been in continuous employment since graduating from medical school in 2002, the Tribunal considered that she would have been familiar with completing forms, such as for the PLAB examinations, GMC registration and also when applying for locum positions. The Tribunal did not therefore accept ignorance or naivety as an

explanation for Dr Khan's actions or that this was the first time she was completing a form similar to this.

72. The Tribunal also noted that the Case Note forming part of the investigation (Appendix I) referenced that Dr Khan had three opportunities to declare the conviction to the Leeds Trust but failed to do so. The first opportunity was during the completion of the Form, followed by another opportunity during a meeting on 16 July 2018 in which the GMC Warning was discussed and Dr Khan did not volunteer this information. There was a further opportunity at a Risk Assessment meeting when a decision was made for Dr Khan to be supervised at work until the DBS disclosure was received. The Tribunal formed the view that these missed opportunities indicated a desire by Dr Khan to conceal her convictions.

73. The Tribunal concluded that it was implausible for Dr Khan to believe she did not need to disclose her convictions in view of her previous experience at the Bradford Trust, her experience of completing forms in general and the specific wording of the Form. The Tribunal therefore concluded that Dr Khan's honest belief was that she knew she should have declared the conviction but nevertheless intentionally ticked 'no' on the form.

GMC Warning

74. The Tribunal then went on to consider the Warning. This must have arisen from a Fitness to Practise investigation, which it concluded, would have been a significant professional event in Dr Khan's career. The Tribunal formed the view that Dr Khan would have clearly been aware of the nature of the Warning, how long it would remain live, and that it was live at the time she completed the form.

75. The Tribunal was in no doubt of the clarity of the relevant question on the Form:

'Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?'

76. The Tribunal bore in mind Dr Khan's explanations for not ticking 'yes' in this box. Dr Khan again relied on her ignorance in completing such forms and also that there had been no consequence from her failure to disclose this to the Bradford Trust. The Tribunal also considered the explanation Dr Khan had provided in the investigative meeting held on 7 March 2019. She stated that the GMC Warning was not discussed at a meeting with the Bradford Trust on 10 June 2016 and therefore she did not raise it. This was contradicted in

the transcript of an interview with the Medical Staffing Manager at the Bradford Trust, who stated that she met with Dr Khan on 10 June 2016 specifically regarding the GMC Warning.

77. The Tribunal therefore concluded that Dr Khan was already aware of the need to disclose this on the form when she completed it. It formed the view that, having avoided disciplinary consequences for her failure to declare the Warning at the Bradford Trust, Dr Khan failed to declare the Warning to Leeds Trust in the belief that same outcome would follow.

78. The Tribunal found it inconceivable that there could be any doubt or ambiguity in relation to the wording on the Form. It was implausible that ignorance was the root of her failure to disclose. This was further compounded by the fact that Dr Khan had attended a meeting on 10 June 2016 at the Bradford Trust, specifically to address her failure to declare the Warning to the Bradford Trust. Less than two years later Dr Khan again failed to declare the same matter to the Leeds Trust. This led the Tribunal to conclude that Dr Khan knew she was subject to the GMC Warning but had again made an intentional decision to answer ‘no’ to the question.

IOT submissions

79. The Tribunal next considered the IOT submissions. It had previously determined that singular words such as “*mistake*”, “*prescription*” and “*this mistake*” all inferred a reference to a single occasion on 27 October 2021 and not the multiple offences she had already committed.

80. The Tribunal took into account that by the time Dr Khan was arrested on 27 October 2021, Dr Khan knew she had already been fraudulently obtaining medication for three years prior to her arrest. She knowingly used a fictitious name and attributed it to a doctor who later confirmed they had never prescribed that medication to the patient named on the prescription. Dr Khan made an admission to a single offence of fraud in 2021. She later admitted producing further fraudulent prescriptions in her second police interview on 2 October 2022. The Tribunal formed the view that it was therefore clear that, in her submissions to the IOT asking for leniency, Dr Khan misrepresented and minimised her wrongdoing when she knew she had engaged in this dishonest conduct on more than one occasion.

81. The Tribunal noted that when Dr Khan made admissions to the police in her 2021 interview, she had also referred to this as a “*one-off*” incident. She also denied any

involvement in previous instances of fraud when this was put to her by the police in 2021. However, Dr Khan clearly knew about the other prescriptions she had written and that they were fraudulent but failed to be honest about this to the IOT in February 2022.

82. According to the police evidence, Dr Khan had procured medication by fraudulent means on at least nine occasions prior to her arrest on 27 October 2021. It noted medications had been fraudulently acquired in 2018 and 2020. On each of these occasions, Dr Khan had made an intentional effort to obtain medication by dishonest means however still referred her actions on 27 October 2021 as a “one-off” incident.

83. The Tribunal further noted that in her submissions for an IOT review hearing held on 4 May 2022, Dr Khan had another chance to mention further instances of fraudulent prescribing. She did not do so. This supported Dr Khan’s intention to continue to mislead the Tribunal into believing that there was only one incident where she had behaved in this way.

84. Having ascertained Dr Khan’s actual state of mind at the time of the events, namely that she knew she had fraudulently acquired medication on many occasions, the Tribunal was satisfied that Dr Khan knew she was concealing the extent of her actions from the IOT.

85. The Tribunal then proceeded to consider the objective test, whether Dr Khan’s conduct would be regarded as dishonest by the standards of ordinary and decent people. The Tribunal concluded that Dr Khan’s conduct met that threshold. In coming to its conclusion, the Tribunal bore in mind that ordinary and decent people would be aware of the obligations to be honest, to carefully check and accurately complete forms. It concluded that Dr Khan’s varied explanations as to why she did not disclose the information would lead a reasonable person to conclude that she was not being honest. The public would also be aware of Dr Khan’s repeated efforts of failing to be candid with colleagues, employers and the regulator, demonstrating a pattern of concealing important information prior to its subsequent discovery.

86. The Tribunal determined that ordinary and decent people, being aware that Dr Khan had previously received a GMC Warning, which emphasised the importance of being honest and trustworthy, and having gone through similar issues with a previous trust, would think that she must have been aware of the duty to complete forms accurately and honestly.

87. Ordinary and decent people would also expect Dr Khan to be open and honest in her submissions to the IOT. Being aware that Dr Khan had previously acquired fraudulent

prescriptions, they would conclude that her submissions were intended to mislead the IOT and were deliberately dishonest. Therefore, the Tribunal found that dishonesty was proved.

88. Accordingly, paragraph 7a, 7b and 7c of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

89. The Tribunal has determined the facts as follows:

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

Failure to disclose previous warning and conviction

1. On 22 June 2018, you submitted a Model Declaration Form A ('the Form') to Leeds Teaching Hospitals NHS Trust, in which you answered 'no' to the following questions:
 - a. 'Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?';
Determined and found proved
 - b. 'Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?'.
Determined and found proved
2. You knew that your answer to the question as set out at paragraph:
 - a. 1a was untrue by reason of the information contained at Schedule 1;
Determined and found proved
 - b. 1b was untrue by reason of the information contained at Schedule 2.
Determined and found proved

Criminal conviction

3. On 28 October 2022, at West Yorkshire Magistrates Court, you were convicted of:
 - a. dishonestly making a false representation, namely producing prescriptions in the names of a fictitious patient and authorised in the name of a doctor who was not yourself, intending to make a gain, namely of prescriptions of XXX, XXX and XXX for yourself, contrary to Sections 1 and 2 of the Fraud Act 2006.
Determined and found proved

- b. possession of a quantity of XXX, a controlled drug of class C, contrary to Section 5(2) and Schedule 4 to the Misuse of Drugs Act 1971.

Determined and found proved

- 4. On 22 November 2022, you were:

- a. made subject to a community order to:

- i. be under a curfew for 12 weeks with electronic monitoring;

Determined and found proved

- ii. comply with any instructions of the responsible officer to attend appointments or to participate in any activity as required by them up to a maximum of 20 days; **Determined and found proved**

- b. ordered to forfeit the XXX in your possession.

Determined and found proved

IOT submissions

- 5. On 17 February 2022 you provided written submissions ('the Submissions') for the IOT hearing on 18 February 2022, in relation to a police investigation about you issuing a prescription in the name of a fictitious patient and authorised in the name of a doctor who was not yourself ('Fraudulent Prescription'). On three occasions in your submissions, you stated that this was a "one off incident" or words to that effect.

Determined and found proved

- 6. At the time of providing the Submissions you knew that you had issued a Fraudulent Prescription on more than one occasion. **Determined and found proved**

- 7. Your actions were dishonest at paragraph:

- a. 1a by reason of paragraph 2a;

Determined and found proved

- b. 1b by reason of paragraph 2b;

Determined and found proved

- c. 5 by reason of paragraph 6.

Determined and found proved

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

- 1. misconduct in respect of paragraphs 1, 2, 5, 6 and 7; **To be determined**
- 2. conviction in respect of paragraphs 3 and 4. **To be determined**

Determination on Impairment - 15/08/2025

90. 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, Dr Khan's fitness to practise is currently impaired by reason of her misconduct and /or conviction.

The Evidence

91. The Tribunal has taken into account all the evidence received during the facts stage of the hearing. No further evidence was submitted at this stage of the hearing.

Submissions

92. On behalf of the GMC, Mr Garside KC, submitted that *Good Medical Practice (2013)* ('GMP 2013'), sets out that doctor's must be honest and open and act with integrity. He also referred the Tribunal to paragraphs 71 and 72 of GMP 2013, which he said were engaged in this case:

"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.

72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.

a. You must take reasonable steps to check the information.

b. You must not deliberately leave out relevant information."

93. Mr Garside also referred the Tribunal to the relevant paragraphs of *Good Medical Practice (2024)* ('GMP 2024'). He submitted that whilst the words may differ from GMP 2013, the philosophy was the same. He said that GMP 2024 was relevant when considering impairment insofar as the Tribunal needed to look to the future.

94. Mr Garside submitted that misconduct and impairment could be dealt with in three parts. He said that allegations 1, 2, 7a and 7b dealt with the making of false statements in the

Model Declaration Form A ('the Form'), which the Tribunal found to be dishonest. Mr Garside referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (5 February 2024), where it related to dishonesty as an aggravating feature, and that dishonesty, if persistent and/or covered up, was likely to result in erasure. Mr Garside referred to this to indicate that any conduct likely to result in erasure was bound to amount misconduct and was not so trivial that this Tribunal ought not to take any action. He submitted that the making of a false declaration, as found proved, clearly fell within the category of falsehood that was dishonest and required action, or at least consideration of action by the Tribunal.

95. Mr Garside submitted that paragraphs 1 to 2 of the Allegation and 7a and b were undoubtedly misconduct. He reminded the Tribunal that paragraphs 3 and 4 did not call for a consideration of misconduct because they related to Dr Khan's conviction, as proved, and that the Tribunal only need consider this when determining current impairment.

96. Mr Garside submitted that paragraphs 5, 6 and 7c related to the submissions Dr Khan made to the IOT. He stated that GMP sets out that doctors are expected to cooperate with their regulator and provide truthful evidence and representations to that regulator. He said that in this case, the Tribunal had found a dishonest attempt by Dr Khan to deceive the IOT that was considering her case. Mr Garside submitted that it would be astonishing if anybody thought that such behaviour should be left without consideration of action and therefore submitted that this clearly fell within the realm of serious misconduct.

97. When considering whether Dr Khan's misconduct and/or conviction impaired her fitness to practise, Mr Garside submitted that the Tribunal's findings were clearly of a nature which would likely lead to a finding of current impairment, except in very exceptional circumstances. He said there were clear breaches of GMP and a clear risk of repetition of dishonest behaviour. In respect of the conviction, Mr Garside submitted that this represents a period of dishonesty over a number of years. He submitted that in respect of the prescriptions, this was aggravated by the fact that the doctor's name used on the prescription was not Dr Khan's and the name of the patient was someone who was not going to be given the drugs. He stated that this was not a case of two boxes of pills being obtained, but rather, the self-prescribing was part of a scheme which, although not massively sophisticated, had to be carried out with determination and dishonesty throughout. He said that there were attempts by Dr Khan to cover up her actions and in particular, an attempt to deceive the IOT.

98. Mr Garside submitted that there was no mitigation to be found for any of these events and the evidence shows that Dr Khan continued to commit acts of dishonesty and try

and excuse them. He stated Dr Khan did not appear to have taken any action or gained any insight. Further, she has demonstrated a fundamental disregard for the obligations and behaviours which all doctors are bound by, as the Tribunal has found. Mr Garside submitted that based on the Tribunal's findings, misconduct has been proved, and the conviction has certainly been proved. He invited the Tribunal to conclude, when considering all the facts found proved, that current impairment is present in this case. Mr Garside submitted that whilst unusually the Tribunal was made aware of an interim order being made in this case, this would not be relevant to the Tribunal's determination at this stage.

The Relevant Legal Principles

99. 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.

100. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task of the panel, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and
- whether the misconduct is likely to be repeated.

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

102. The Tribunal bore in mind that whilst there is no statutory definition of impairment, it is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

- 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 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.'*

103. The Tribunal was mindful of the need to take into account the overarching objective which is to protect the public and which includes to:

- a protect and promote the health, safety and wellbeing of the public;*
- b promote and maintain public confidence in the medical profession;*
- c promote and maintain proper professional standards and conduct for the members of the profession.*

The Tribunal's Determination on Impairment

104. The Tribunal reminded itself of its findings at the Facts stage of the hearing. The Tribunal had found that Dr Khan had intentionally answered 'no' to the relevant questions on the Form and had minimised the extent of her actions in her submissions to the IOT. The Tribunal concluded that in so doing Dr Khan's actions were dishonest.

105. Dr Khan was subsequently convicted of dishonestly making a false representation, namely producing prescriptions, using fictitious names, purporting to be authorised by another doctor as well as an offence of possession of a controlled drug of class C.

Misconduct

106. In reaching its determination on whether Dr Khan's actions amounted to misconduct, in respect of making a false declaration on the Form, and in respect of her submissions to the IOT, the Tribunal bore in mind the duties of a doctor set out in the GMP 2013 which include those aspects which are fundamental tenets of the profession, including the duty to "*be honest and open and act with integrity*", in order to maintain trust. The Tribunal was also satisfied that paragraphs 65, 68, 71b, 72b of GMP 2013 were engaged in this case.

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

"68. You must be honest and trustworthy in all your communication with patients and colleagues..."

“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.

...

b. You must not deliberately leave out relevant information.

72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.

...

b. You must not deliberately leave out relevant information.”

107. The Tribunal noted that paragraphs 65 and 68 of GMP 2013 were specifically included in the Warning and were a reminder of the standards expected of her. It was the Tribunal’s view Dr Khan could not have been in any doubt as to her professional obligations. By failing to declare the Warning and the driving convictions on the Form completed for the Leeds Trust, and in making dishonest submissions to the IOT, she had clearly breached both of these paragraphs of GMP.

108. In respect of paragraph 71b of GMP 2013, the Tribunal found that Dr Khan intentionally ticked ‘no’ on the Form which she had electronically signed. The Tribunal has already found that Dr Khan was aware of this same issue when it arose with her previous employer, the Bradford Trust. She was therefore fully aware of the need to disclose all the relevant information on the Form as the Leeds Trust would need to carry out similar checks. Having found that Dr Khan’s actions in failing to disclose this information were deliberate, it was satisfied that Dr Khan breached paragraph 71b of GMP 2013.

109. In respect of paragraph 72b of GMP 2013, the Tribunal has found that Dr Khan deliberately minimised the scale of her fraudulent actions as a ‘one-off incident’ when she knew that she had issued fraudulent prescriptions on many previous occasions. It was therefore satisfied that Dr Khan breached paragraph 72b of GMP 2013.

110. The Tribunal considered that the purpose of the Form was directed to assisting the Leeds Trust in discharging its obligations towards public protection. The Tribunal determined that by attempting to subvert that process, by making false declarations, Dr Khan seriously undermined the trust placed in doctors by the public. The Tribunal was of the view that Dr Khan’s conduct was particularly egregious due to its persistent nature and because of her dishonesty to both her employer and her regulator.

111. The Tribunal concluded that Dr Khan's actions were morally culpable, disgraceful and reprehensible. The nature of Dr Khan's persistent dishonest behaviour demonstrated a willingness to deceive and cover up her actions for personal gain. Her lack of honesty led to a prolonged investigation by the Trust and damaged the trust placed in her by colleagues and the NHS.

112. The Tribunal was therefore satisfied that Dr Khan's conduct in respect of her failure to declare the GMC warning and convictions on the Form, and the submissions to the IOT was a serious departure from the standards as set out in GMP. It determined that her conduct breached fundamental tenets of the profession and fellow members of the medical profession would consider Dr Khan's conduct to be deplorable.

113. The Tribunal therefore determined that Dr Khan's conduct in this regard amounted to serious misconduct.

Impairment by reason of Misconduct

114. The Tribunal went on to consider whether Dr Khan's fitness to practise was impaired by reason of her misconduct and/or her convictions.

115. The Tribunal first considered whether Dr Khan's misconduct was remediable, whether it has been remedied, and the risk of repetition.

116. The Tribunal bore in mind that dishonesty in and of itself was difficult to remediate. It considered that Dr Khan's dishonest behaviour was repeated when she came to apply for a post at the Leeds Trust. Further, her dishonesty was compounded in her written submissions to the IOT and her subsequent conviction in the criminal courts. In light of these circumstances, the Tribunal was of the view that Dr Khan's dishonest conduct would be especially difficult to remediate.

117. The Tribunal noted that Dr Khan has not engaged with this regulatory process and chose to voluntarily absent herself. It had before it no evidence of any insight, genuine expression of apology, evidence of any remediation, steps taken to address her conduct or how she would do things differently in the future.

118. The Tribunal noted that there was an order relating to her registration currently in place. However, this formed no part of the Tribunal's decision making.

119. The Tribunal considered that in order to determine the risk of repetition, it would have to weigh Dr Khan's level of insight into her conduct. It therefore had regard to the submissions Dr Khan had submitted to the IOT on 17 February 2022, in which she stated:

"I accept the responsibility of a prescription"

"...I assure that this will never be repeated again..."

"... I earnestly give my word that foolish mistakes like this prescription will never be repeated. I shall abide by rules and regulations set out by the GMC in good medical practice section. I am trying best and will endeavour to prove that I am worthy of the trust which this profession and public places in me..."

120. The Tribunal was of the view that rather than demonstrating insight into her conduct, her submissions to the IOT did the opposite as Dr Khan went on to repeat her dishonest behaviour after February 2022 in that she acquired further fraudulent prescriptions. Hence it attached no weight to these submissions.

121. The Tribunal was of the view that Dr Khan's lack of insight was also demonstrated by the fact that when she had opportunities to be open with the Leeds Trust, she repeatedly failed to provide necessary and relevant information, which resulted in a protracted investigation.

122. The Tribunal also acknowledged Dr Khan's broader personal circumstances included in her submission to the IOT in February 2022, including that she lived alone, was XXX, that she was unable to see her family during the COVID Pandemic for 3 years, that her family live in Pakistan and that they were not able to visit her. She stated that this all contributed to her feeling of isolation.

123. The Tribunal considered however that Dr Khan had described this to be her situation in February 2022, and that whilst Dr Khan was neither present nor represented during these proceedings, it had no evidence before it as to her situation today. It was therefore not assisted by these submissions.

124. The Tribunal was satisfied that the submissions did not provide any reliable evidence of Dr Khan's insight. Given the lack of any insight and a lack of any evidence of steps taken to remediate her conduct, the Tribunal was of the view that there remained a high risk of repetition of both the misconduct, and of those actions which led to her conviction.

125. The Tribunal was satisfied that limbs b, c and d of Dame Janet Smith’s test as set out in the case of *Grant*, were engaged in this case. Namely, that Dr Khan’s misconduct:

- “b. Has in the past 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.”*

126. The Tribunal was satisfied that there were no patient safety concerns in this case.

127. The Tribunal considered that, in light of the seriousness of Dr Khan’s misconduct, and its findings as set out above, limbs two and three of the statutory overarching objective would be undermined were a finding of impairment not made in this case. Namely, the need to promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for the members of the profession.

128. The Tribunal considered that a well-informed member of the public would be appalled were a finding of impairment not made in this case, and this would significantly undermine confidence in the profession and the regulator.

129. The Tribunal has therefore determined that Dr Khan’s fitness to practise is currently impaired by reason of her misconduct.

Impairment by reason of Conviction

130. The Tribunal went on to determine whether Dr Khan’s fitness to practise was impaired as a result of her conviction.

131. The Tribunal referred to Section 35C(2)(c) of the Medical Act 1983 which states:

“(2) A person’s fitness to practise shall be regarded as “impaired” for the purposes of this Act by reason only of...

(c) a conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence...”

132. In respect of the conviction, the Tribunal again had no evidence as to any steps taken by Dr Khan to remediate her conduct. Whilst she been sentenced in the criminal court to a period of supervision by probation, it had received no evidence of any steps taken by Dr Khan to remediate her conviction or reflect on her dishonesty.

133. The Tribunal reminded itself that in her police interview, dated 10 October 2022, which was the most recent account of Dr Khan’s explanation, it was recorded that Dr Khan had said:

“36:40 – When asked if she would like to make any comment on boxes of [XX] issued to in OCTOBER 2022, she replied “I HAVE NOT DONE IT, I REFRAIN MY RIGHT TO NOT COMMENT UPON IT AT THIS TIME”.

...

“01:19:30 – When asked if there was any mitigation, defence or matter of record she wished to raise, KHAN replied “... AND WHY HAVE I DONE IT? HAVE I MISUSED MY POSITION OR NOT? NOT AT ALL. IT IS JUST THAT I HAVE DONE IT OUT OF AN EXTREMELY FOOLISH ACT OF MINE, YES...”

134. The Tribunal concluded that these comments clearly demonstrated Dr Khan’s lack of understanding of and a flagrant disregard to her obligations as a doctor and to her profession at that time. The Tribunal has received no evidence to suggest that Dr Khan now understands and appreciates the extent and gravity of her actions.

135. Further, the Tribunal had regard to the lack of insight demonstrated during the criminal investigation by Dr Khan’s failure to admit the extent of her dishonest conduct. The Tribunal was therefore satisfied that Dr Khan completely lacked insight into her conduct.

136. The Tribunal considered that this conviction, a dishonesty conviction, fell squarely in line with limbs b and d of the test set out in *Grant* in that Dr Khan had acted dishonestly in the past and over a considerable length of time and had undoubtedly brought the profession into disrepute.

137. The Tribunal considered that, in light of the seriousness of Dr Khan’s conviction, and its findings as set out above, limbs two and three of the statutory overarching objective would be undermined were a finding of impairment not made in this case. Namely, the need to promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for the members of the profession.

138. The Tribunal has therefore determined that Dr Khan's fitness to practise is currently impaired by reason of her conviction.

Determination on Sanction - 18/11/2025

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

Applications at this Stage of the hearing

140. On the morning of the reconvened hearing, the Legally Qualified Chair was unable to attend due to unavoidable circumstances. The Tribunal therefore considered whether it was fair and in the interests of justice to substitute the Legally Qualified Chair at this stage of the proceedings. It determined that it was fair and proportionate to do so. The Tribunal's written determination can be found at Annex B.

141. The Tribunal also further considered whether it would be appropriate to proceed in Dr Khan's continued absence from these proceedings. The Tribunal determined that it was fair to continue to proceed in Dr Khan's absence. The Tribunal's written determination can be found at Annex C.

The Evidence

142. The Tribunal took into account the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

143. In addition, the Tribunal received email and letter correspondence sent by the MPTS to Dr Khan on 1 and 2 September 2025, informing her of the reconvened hearing dates. Further details are contained in Annex C.

144. There was no further evidence adduced at the sanction stage by either party.

Submissions on behalf of the GMC

145. Mr Garside reminded the Tribunal that the main purpose of sanctions is not to punish the doctor but to protect the public, in accordance with the overarching objective. Mr

Garside referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (2024) ('the SG') when determining sanction and the approach it should take.

146. Mr Garside submitted that there were no mitigating factors in this case. He said that Dr Khan began behaving dishonestly at the latest in 2018, and continued to behave dishonestly until 2022, when she was finally arrested for the larger body of forged prescriptions. He said that Dr Khan's dishonesty took various forms. Mr Garside submitted that there was no evidence of any attempt at remediation, or any medical evidence to act as mitigation.

147. In respect of aggravating factors, Mr Garside submitted that Dr Khan lacks insight. In addition, he said that Dr Khan applied for, and obtained posts, for which she was not qualified. She had previously received a warning from the GMC in respect of this.

148. When considering the appropriate sanction, Mr Garside submitted that there was no sanction short of erasure appropriate in the circumstances of this case, which involved a prolonged course of dishonesty, combined with attempts to cover it up. He submitted that all three limbs of the overarching objective were engaged. He said that forging prescriptions is seriously likely to interfere with the health and well-being of the public. Mr Garside submitted that where a doctor has been convicted of an offence involving multiple forged prescriptions, a severe sanction is needed to maintain public confidence. He said such behaviour involved a complete disregard of the provisions of Good Medical Practice. Mr Garside said that apart from the dishonesty that led to her conviction, Dr Khan was also dishonest in dealing with potential employers and dealing with the Interim Orders Tribunal of the MPTS.

149. Mr Garside submitted that paragraphs 109 a, b, d, h and j of the SG were engaged in this case (as set out below). He submitted that each of the prescription forgeries on their own would be a serious act of dishonesty, and a series of them made the misconduct all the more serious. He said that there was a real risk of repetition and invited the Tribunal to conclude that it could not dismiss that risk.

150. Mr Garside referred the Tribunal to paragraph 97f of the SG which sets out that suspension may be appropriate where there was "*No evidence of repetition of similar behaviour since incident.*" He submitted that in this case, there was evidence of a repetition of dishonest behaviour of one kind or another, time after time.

151. Mr Garside also referred the Tribunal to the relevant paragraphs of the SG in respect of dishonesty. In particular, he said that paragraphs 124 and 125d and e were engaged in this case:

“124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor’s clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.”

“125 Examples of dishonesty in professional practice could include:

...

d inaccurate or misleading information on a CV...

e failing to take reasonable steps to make sure that statements made in formal documents are accurate.”

152. In respect of paragraphs 125d and e, Mr Garside said that the Dr Khan’s actions in failing to declare convictions on forms, were akin to providing misleading information on a CV. He said the statements Dr Khan made were inaccurate and deliberately dishonest.

153. Mr Garside also referred to paragraph 128 of the SG, which states that: *“Dishonesty, if persistent and / or covered up is likely to result in erasure”*. Mr Garside said that this paragraph summed up his submission in one sentence. He concluded by saying that erasure was the only sanction appropriate in all the circumstances of this case, in particular, the repeated nature of the dishonesty.

The Tribunal’s Approach

154. The Tribunal was reminded that the decision as to the appropriate sanction, if any, was a matter for the Tribunal exercising its own independent judgement.

155. The Tribunal was advised to have regard to the Sanctions Guidance, and to give cogent reasons if it departed from that guidance.

156. The Tribunal also bore in mind that the purpose of a sanction is not to be punitive, albeit that a sanction may have a punitive effect.

157. It reminded itself that, in determining whether to impose a sanction, the Tribunal should have regard to the principle of proportionality and should consider the available sanctions in ascending order, i.e. start by considering the least restrictive option.

158. When deciding what the appropriate sanction should be, the Tribunal would have regard to the statutory overarching objective in section 1 of the Medical Act 1983.

The Tribunal's Determination on Sanction

Mitigating Factors

159. The Tribunal considered whether there were any mitigating factors in this case. It noted that Dr Khan had made reference (including in written submissions to the IOT in February 2022) to broader personal XXX circumstances and social isolation due to the COVID Pandemic. However, the Tribunal had extremely limited evidence before it in respect of these circumstances and the impact they may have had on her misconduct.

160. The Tribunal concluded that there were no mitigating factors in this case.

Aggravating Factors

161. In respect of aggravating factors in this case, the Tribunal identified the following:

- Dr Khan's dishonesty was persistent and occurred in different formats over a lengthy period of time between 2018 and 2022. Dr Khan had been dishonest to employers and the regulator. She had made attempts to cover up her dishonesty and had continued to commit criminal offences after her initial arrest in October 2021. These dishonest acts occurred despite the fact that Dr Khan had already received a warning from the GMC earlier in her career for applying for and undertaking roles for which she was not qualified to undertake. The Tribunal was of the view that the overall nature and persistence of the dishonesty in different scenarios, aggravated the misconduct.
- The Tribunal reminded itself of its findings at Stage 2 in respect of Dr Khan's insight. Namely, rather than demonstrating insight into her conduct, her dishonest submissions to the IOT did the opposite. Dr Khan also went on to repeat her dishonest

behaviour after the IOT hearing in February 2022, in that she acquired further fraudulent prescriptions. Her lack of insight was also demonstrated by the fact that when she had opportunities to be open with the Leeds Trust, she repeatedly failed to provide necessary and relevant information, which resulted in a protracted investigation. Dr Khan also initially failed to admit the extent of her fraudulent prescriptions during her police interview in October 2022. The Tribunal concluded that Dr Khan's lack of insight into her conduct was an aggravating factor.

No action

162. The Tribunal first considered whether it would be appropriate to conclude this case by taking no action.

163. The Tribunal determined that there were no exceptional circumstances in this case which would justify taking no action.

164. It considered that the taking of no action would not be sufficient, proportionate, or in the public interest and would not uphold professional standards, given the seriousness of its findings.

Conditions

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

166. The Tribunal had regard to paragraphs 81 and 82 of the SG:

- "81 Conditions might be most appropriate in cases:*
 - a involving the doctor's health*
 - b involving issues around the doctor's performance*
 - c where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
 - d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*
- 82 Conditions are likely to be workable where:*
 - a the doctor has insight*

- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c the tribunal is satisfied the doctor will comply with them*
- d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.”*

167. The Tribunal determined that none of the factors set out in paragraphs 81 or 82 of the SG were engaged in this case. It found that Dr Khan does not currently have any insight into her misconduct, she has failed to engage with her regulator since January 2025, and it was not satisfied that Dr Khan would comply with conditions (even if workable conditions could be formulated). It also has no evidence of any remediation or retraining and could not be satisfied that Dr Khan would respond positively to it. It was therefore of the view that this was not a case where conditions would be appropriate.

168. The Tribunal determined that no workable or measurable conditions could be devised to address the seriousness of Dr Khan’s misconduct and criminal conviction.

169. The Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction to satisfy the public interest or to uphold standards for the profession.

Suspension

170. The Tribunal considered whether suspension was an appropriate and proportionate sanction in this case. It had particular regard to paragraphs 91, 92 and 97a, e, f and g of the SG:

“91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

92 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 (ie 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).”

“97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

e No evidence that demonstrates remediation is unlikely to be successful, e.g. because of previous unsuccessful attempts or a doctor’s unwillingness to engage.

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.”

171. The Tribunal had already concluded at Stage 2, that there had been a serious departure from GMP, namely paragraphs 65, 68, 71b and 72b:

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

“68. You must be honest and trustworthy in all your communication with patients and colleagues...”

“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.

...

b. You must not deliberately leave out relevant information.

72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.

...

b. You must not deliberately leave out relevant information.”

172. When considering the factors in paragraph 97 of the SG, the Tribunal considered that Dr Khan’s persistent dishonest conduct would be especially difficult to remediate. The Tribunal had no evidence before it of any steps to remediate her conduct, or to demonstrate genuine remorse. The Tribunal had found that Dr Khan lacked insight into her actions and

that there was a high risk of repetition of her conduct. Dr Khan has also had previous regulatory findings against her and a criminal conviction. She had repeated her dishonesty in different formats over a number of years. Her dishonesty continued after a police arrest and during IOT proceedings involving her regulator.

173. The Tribunal considered that suspension could act as a deterrent and would send out a message to Dr Khan, the profession and the wider public, that such conduct is not acceptable for a medical professional.

174. However, having considered the factors outlined in paragraph 97, the Tribunal formed the view that suspension would not be sufficient to maintain public confidence in the profession and went on to consider the relevant paragraphs in the SG which related to erasure.

Erasure

175. The Tribunal had regard to various paragraphs in the SG, including paragraphs 108, 109 a, b, d, h and j, 120, 125d and e, and 128:

“108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate...

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

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

...

d Abuse of position/trust (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).

...

h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

...

j Persistent lack of insight into the seriousness of their actions or the consequences...”

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

“125 Examples of dishonesty in professional practice could include:

...

d inaccurate or misleading information on a CV

e failing to take reasonable steps to make sure that statements made in formal documents are accurate.”

“128 Dishonesty, if persistent and/or covered up, is likely to result in erasure...”

176. In respect of paragraph 125d and e, the Tribunal was satisfied that Dr Khan had provided inaccurate or misleading information on application forms (akin to a CV), namely by not declaring her conviction and GMC warning. This undermined public confidence in the profession and proper professional standards of the medical profession.

177. The Tribunal reminded itself of its earlier conclusions at Stage 2, namely that Dr Khan’s actions had demonstrated a blatant disregard to her obligations as a doctor and to her profession. Her conduct constituted serious departures from GMP and she had breached fundamental tenets of the profession, in particular the need to make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession. Dr Khan’s dishonesty had been persistent and she had made attempts to cover it up at various stages. In addition, she had demonstrated a persistent lack of insight into her actions. The Tribunal was satisfied that all of the above paragraphs of the SG above were engaged in this case and that her conduct was fundamentally incompatible with being a registered medical professional.

178. The Tribunal determined that any sanction less than erasure would undermine the need to promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for the members of the profession.

179. The Tribunal determined therefore that erasure was the only appropriate sanction in this case. It determined to erase Dr Khan’s name from the Medical Register.

Determination on Immediate Order - 18/11/2025

180. Having determined to erase Dr Khan's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Khan's registration should be subject to an immediate order.

Submissions on behalf of the GMC

181. Mr Garside referred the Tribunal to the relevant paragraphs of the SG when considering an immediate order. He submitted that an immediate order of suspension is necessary to protect members of the public and given the Tribunal's findings that the risk of repetition of the dishonest behaviour was high. Mr Garside submitted that an immediate order of suspension was in the public interest.

The Tribunal's Determination

182. In reaching its decision, the Tribunal has exercised its own judgement, taking into account all the circumstances. The Tribunal has borne in mind the guidance given in paragraphs 172, 173 and 178 of the SG, in particular:

"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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

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

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive

direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.”

183. The Tribunal determined that due to the seriousness of Dr Khan’s conduct, an immediate order of suspension was necessary in the public interest. The Tribunal decided that the seriousness of the matter means that an order is necessary to protect public confidence in the medical profession.

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

185. The current order of suspension already in place is hereby revoked.

186. That concludes this case.

ANNEX A – 14/08/2025

Service and proceeding in absence

187. Dr Khan was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in her absence.

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

Submissions

189. Mr Garside, KC, on behalf of the GMC, first drew the Tribunal's attention to Rule 31 of the Rules which states:

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

190. Mr Garside then referred the Tribunal to Rule 40 of the Rules as well as paragraph 8 of Schedule 4 to the Medical Act 1983, which highlights the different ways in which the Notice of Hearing ('NoH') may be served on a registrant.

191. The Tribunal was provided with a copy of a Service bundle from the GMC. This included:

- Screenshots of the contact information held for Dr Khan by the GMC, namely her registered postal address and her email address;
- GMC Rule 34(9) Letter, sent via email, Special Delivery and Royal Mail First Class Post on 6 May 2025;
- Email delivery receipt for Rule 34(9) Letter dated 6 May 2025 and Royal Mail delivery receipt dated 8 May 2025 signed for by the name 'Khan';
- GMC Notice of Allegation, sent via email, Special Delivery and Royal Mail First Class Post on 25 June 2025;
- Email delivery receipt for Notice of Allegation, dated 25 June 2025;
- Royal Mail receipt for Notice of Allegation, dated 18 July 2025, 'Returned to sender';
- MPTS NoH letter sent via email and Special Delivery, dated 1 July 2025;

- Royal Mail delivery receipt for NoH, delivered on 3 July 2025, signed for by ‘Khan’;
- XXX.

192. Mr Garside submitted that the documents as a whole demonstrated beyond any doubt that notice of this hearing had been served on Dr Khan in accordance with the Rules.

193. Mr Garside referred the Tribunal to the case of *GMC v Adeogba* [2016] EWCA Civ 162 and the test for Tribunals to proceed in absence. He submitted that in this case, the Tribunal should begin by asking if there was any apparent reason why Dr Khan has not attended this hearing. Mr Garside told the Tribunal there was no apparent reason and the GMC correspondence has been met with silence from Dr Khan. Mr Garside further submitted that this is not a case where Dr Khan has been in a car accident and is still in hospital, or a case where she is receiving treatment, making it undesirable or impossible to attend. He submitted that no reason has been provided for why Dr Khan could not join the virtual hearing link, and there is nothing to explain why Dr Khan has not attended.

194. Mr Garside submitted that Dr Khan has not attended previous hearings and it seems that Dr Khan has *“just given up on the process”*. Mr Garside invited the Tribunal to consider the allegations of failure to be candid with the Interim Orders Tribunal, and the subsequent discovery by the police of further offences of obtaining a large number of separate prescriptions by fraudulent means. He suggested that it is possible that Dr Khan has realised that there is nothing she can say or do, so could *“not be bothered”* to attend. Mr Garside submitted that it was important that these proceedings go ahead. He submitted that the case ought not be adjourned as there is no way of knowing whether Dr Khan would ever attend. Mr Garside submitted that this was supported by the fact that Dr Khan has not attended previous hearings, XXX.

195. Mr Garside submitted that there was no reason why Dr Khan’s failure to attend the hearing should allow these important proceedings to be further delayed. The Tribunal should exercise its discretion to continue in her absence, while taking proper steps to safeguard her interests.

The Tribunal’s Decision

Service

196. The Tribunal first considered whether the relevant documents had been served in accordance with Rules 15 and 40 and paragraph 8 of Schedule 4 to the Medical Act 1983.

197. The Tribunal had regard to the email sent from the GMC to Dr Khan's registered email address on 6 May 2025, attaching the Rule 34(9) letter and draft hearing bundle. An email delivery receipt dated 6 May 2025 was included in the proof of service bundle, however there was no read receipt. Royal Mail tracking showed that the letter had been signed for by someone in the name of 'Khan' on 8 May 2025.

198. The Tribunal also noted that on 1 July 2025 the MPTS sent its NoH to Dr Khan via email to her email address as well as to her registered postal address via Special Delivery.

199. The Tribunal found that all reasonable efforts had been made to serve Dr Khan with notice of the hearing scheduled for today. Accordingly, the Tribunal was satisfied that the MPTS NoH had been properly served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983.

Proceeding in absence

200. Having determined that notice of this hearing had been properly served, the Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Khan's absence pursuant to Rule 31 of the Rules.

201. The Tribunal noted the relevant case law in determining whether to proceed in the absence of a practitioner, in particular the case of *GMC v Adeogba* [2006] EWCA Civ 162. It was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor and fairness to the doctor, with the wider public interest, including the need to protect the public.

202. The Tribunal took into account that Dr Khan has not engaged with the GMC since 10 January 2024 and she had not requested an adjournment for the MPTS hearing. The Tribunal also took into consideration the seriousness of these proceedings.

203. The Tribunal took into account whether there would be potential disadvantage to Dr Khan in proceeding in her absence. However, this was to be balanced with the wider public interest.

204. The Tribunal bore in mind that Dr Khan had made some reference to XXX in her submissions to the IOT on 17 February 2022. However, there was no XXX was a factor for her non-attendance. It further noted that Dr Khan was requested to XXX in 2022/2023 and failed

to do so and she was subsequently referred to an MPTS XXX hearing, which she did not attend. The Tribunal concluded that there were no material circumstances known about XXX to satisfy the Tribunal that it would be unfair for it to proceed with today's hearing and in any event, Dr Khan had not complied with the previous XXX request.

205. The Tribunal found no evidence to suggest that an adjournment would facilitate Dr Khan's engagement or secure her attendance later. The Tribunal took the view that Dr Khan had voluntarily absented herself.

206. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. The Tribunal was satisfied that it could proceed without any significant risk of injustice to Dr Khan and exercised its discretion to proceed in Dr Khan's absence in accordance with Rule 31 of the Rules.

ANNEX B – 18/11/2025

Decision regarding this hearing proceeding with a newly constituted Tribunal

207. The matters before this Tribunal were initially heard in a MPT listing dated 11-15 August 2025. The hearing went part heard due to insufficient time to conclude matters. The hearing was then listed to reconvene on 17 and 18 November 2025 in order to conclude the case. Prior to the recommencing of the hearing on 17 November 2025, the Legally Qualified Chair ('LQC') contacted the MPTS to advise that due to her unexpected and unavoidable unavailability, she was not able to attend the hearing.

208. The MPTS informed the GMC and invited comment on whether these matters should be adjourned and relisted for a later date when the LQC could attend the hearing, or whether it was appropriate to appoint a substitute LQC to make the Tribunal quorate.

209. The GMC advised the MPTS that they were satisfied for an alternative LQC to be substituted to the Tribunal, as long as they were provided sufficient time to have read all the papers and previous determinations.

210. A substitute LQC was constituted to the Tribunal and having been provided sufficient time to read all the papers and previous determinations, the hearing reconvened.

211. Upon reconvening, the Tribunal was firstly required to consider whether it was appropriate and in the interests of justice to proceed with the newly constituted Tribunal.

Submissions on behalf of the GMC

212. Mr Garside submitted that paragraph 8 of the General Medical Council (Constitution of Panels, Tribunals and Investigation Committee) Rules Order of Council 2015 ('the Constitution Rules'), allows discretion for the substitution of a Tribunal member who is unavailable. He said that an essential part of the procedure was having someone to give legal advice to the Tribunal that can be recorded. Mr Garside submitted that the essential question was whether or not continuing with of the hearing with a different Tribunal member would be unjust. He directed the Tribunal to the previously constituted Tribunal's decision at Annex A (proceeding in Dr Khan absence) which he said still applied. Mr Garside said that the public interest in disposing of this case was still present and Dr Khan has not attended or engaged in any way.

213. Mr Garside submitted that it was entirely appropriate for this hearing to continue with the newly constituted Tribunal, as the proceedings had reached a natural point, just prior to Stage 3. He said the previous constituted Tribunal had finished its consideration of the evidence and had produced determinations in relation to the facts and impairment. Any decision at Stage 3 would be based on the decisions already made and that the discussions of the evidence have already taken place. Mr Garside said that there was no further evidence for this Tribunal to consider, the evidence was the same as the original Tribunal had before it, and that there had been no cross examination of any of the GMC evidence.

214. Mr Garside reminded the Tribunal that it was bound by the decisions already handed down and that this newly constituted Tribunal will start in the same position as the previously constituted Tribunal in making a new decision on sanction. Mr Garside submitted that it was in the public interest and the interests of the GMC to continue with the proceedings. Mr Garside submitted that as there has been a complete lack of action on behalf of Dr Khan, who has not indicated that there will ever be a time to attend and deal with these matters, then these proceedings should continue, with the newly constituted Tribunal.

The Tribunal's Decision

215. The Tribunal had regard to the General Medical Council (Constitution of Panels, Tribunals and Investigation Committee) Rules Order of Council 2015. It also had regard to the 'Substitution of tribunal members at medical practitioners tribunal hearings' (last reviewed July 2023). In particular, paragraph 20 of the guidance:

20. *The factors which the tribunal will take into consideration when deciding how to continue with the hearing will include, but are not limited to:*

- *the stage the hearing of the allegation(s) has reached*
- *fairness to the parties if there is further delay due to resuming at a particular point*
- *the nature and complexity of the allegation(s) and facts upon which they are based*
- *the nature and extent of the oral evidence already given*
- *ability to recall witnesses, if to do so is necessary to ensure the fairness of the proceedings*
- *where applicable to the hearing stage reached, whether the tribunal can use transcripts as an alternative to rehearing evidence.*

216. The Tribunal considered that the facts and impairment decisions have already been determined and handed down, and that it could not go behind those decisions. All the evidence in this hearing has been heard and there was no new evidence for it to consider. In addition, there had been no cross examination of the GMC evidence before it. It also considered that at this stage the Tribunal has to make a decision on the evidence already before it and on the facts and impairment decisions in respect of Sanction.

217. The Tribunal did not consider that the allegations were of a particular complex nature. It was satisfied that its facts and impairment decisions were thorough and had brought out all the relevant factors in the case. It also considered that the GMC evidence in this case was unchallenged, and Dr Khan did not attend to provide any oral evidence or to call any oral evidence on her behalf. Further, Mr Garside confirmed that there is no further evidence to be called at this stage in proceedings.

218. The Tribunal was satisfied that it was in the public interest and in the interests of justice to proceed to hear Stage 3 with the newly constituted Tribunal.

219. Given the reasoning set out above, the Tribunal was satisfied that there would be no injustice or unfairness to either Dr Khan or the GMC were it to proceed with the newly constituted Tribunal having a substitute LQC. It therefore determined to proceed with the hearing.

ANNEX C – 18/11/2025

Service and proceeding in absence

220. Dr Khan was neither present nor represented at this reconvened hearing listed for 17 November 2025 and 18 November 2025. The Tribunal therefore considered whether it was appropriate to continue with the hearing in her absence.

Submissions on behalf of the GMC

221. Mr Garside submitted that there has been a complete lack of contact from Dr Khan throughout the proceedings. Dr Khan has not indicated that there would ever be a time when she would wish to come and deal with the matters before this Tribunal. He said that he reiterated the submissions he made in respect of the original decision at Annex A, where the previously constituted Tribunal had concluded that it was appropriate to proceed in Dr Khan's absence.

The Tribunal's decision

222. The Tribunal had before it the Notice of Hearing which was sent from the MPTS via special delivery, first class post, and via email, to the email address the MPTS/GMC has registered for Dr Khan. The email was dated 1 September 2025 and the letters were dated 2 September 2025. The Notice of Hearing contained the following extract:

*"Please provide the following information **as soon as possible***

- Whether you will attend the reconvened hearing and/or be represented. If you wish to attend, please provide an email address where the Microsoft Teams link should be sent and your contact telephone number*
- If you will be represented at the reconvened hearing, the name of your representative, their organisation (if applicable) and contact details*
- If you will attend the reconvened hearing, details of any reasonable adjustments you wish to request due to a disability*
- If you are not planning to attend or be represented, copies of any written representations you wish to make. We will provide a copy to your GMC contact for information and they will then be given to the tribunal on your behalf."*

223. The Tribunal was satisfied that that Dr Khan had been notified of the reconvened hearing dates. There was no evidence that Dr Khan responded to the Notice of Hearing.

224. The Tribunal considered that this hearing was originally due to conclude by 15 August 2025. Dr Khan voluntarily absented herself from that hearing. The Tribunal considered the reasoning as set out at Annex A for proceeding in Dr Khan's absence. The Tribunal considered that those reasons were still applicable and saw no reason to go behind that previous decision.

225. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed, in order for the Tribunal to determine Stage 3 in respect of the matters before it, without further delay. The Tribunal was satisfied that it could proceed without any significant risk of injustice to Dr Khan and exercised its discretion to proceed in Dr Khan's absence in accordance with Rule 31 of the Rules.