

PUBLIC RECORD

Dr Haroon appealed decisions of this Tribunal. On 10/10/25 the High Court dismissed Dr Haroon's appeal. Dr Haroon's name has therefore been erased from the Medical Register.

The judgment can be found [here](#).

Dates: 10/03/2025 - 12/03/2025; 03/04/2025

Doctor:	Dr Muhammad Asad HAROON
GMC reference number:	7611916
Primary medical qualification:	MBBS 2017 University of Health Sciences Lahore - Rawalpindi Medical College

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Miss Rachel Birks
Lay Tribunal Member:	Dr Matthew Fiander
Registrant Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Ms Jemine Pemu
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Rabaiotti, Counsel, instructed by MDDUS
GMC Representative:	Ms Emma Gilsenan, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts and Impairment - 12/03/2025

Background

1. Dr Haroon qualified in 2017 with MBBS from the University of Health Sciences Lahore - Rawalpindi Medical College. Dr Haroon worked as a Medical Officer with the government of Punjab from January to August 2019. He then relocated to the United Kingdom in August 2019 where he initially worked as a Trust Grade Foundation Year 2 doctor at Diana Princess of Wales Hospital, Grimsby. Following this, Dr Haroon completed his internal medicine training from August 2020 to 2023 at Prince Philip Hospital, Llanelli and Glangwili General Hospital, Carmarthen.
2. Dr Haroon was due to join higher speciality training (Gastroenterology) at Bedford General Hospital but was unable to do so due to the events that are the subject of this hearing.
3. The events which have given rise to this hearing are as follows. On 23 July 2024, Dr Haroon was convicted at Swansea Crown Court of controlling or coercive behaviour in an intimate or family relationship, contrary to section 76 (1) and (11) of the Serious Crime Act 2015.
4. On 3 September 2024, Dr Haroon was sentenced to 22 months imprisonment suspended for 18 months; a Restraining Order for 2 years; 20 days Rehabilitation Activity Requirement; and 250 hours of unpaid work.

5. The initial concerns were raised with the General Medical Council ('GMC') on 28 December 2023 via a self-referral from Dr Haroon.
6. Dr Haroon informed the GMC that he had been charged by the police on 22 December 2023 with controlling and coercive behaviour. He informed the GMC that the matter had been listed at court for 25 January 2024. The charge related to matters in respect of his XXX actions towards XXX. The GMC subsequently received information that Dr Haroon had been convicted and sentenced at Swansea Crown Court. Dr Haroon entered a plea of not guilty and was found guilty following a criminal trial.
7. The GMC received the certificate of conviction from Swansea Crown Court which confirmed that on 23 July 2024, Dr Haroon was convicted of controlling or coercive behaviour in an intimate or family relationship, contrary to section 76 (1) and (11) of the Serious Crime Act 2015. At a sentencing hearing on 3 September 2024, Dr Haroon was sentenced to 22 months imprisonment, which was then suspended for a period of 18 months.
8. XXX
9. Dr Haroon is still subject to that suspended sentence as of today. As part of the sentence, Dr Haroon is also subject to a restraining order XXX that is in place for a period of two years and so will expire in September 2026. Dr Haroon is also subject to a 20-day rehabilitation activity requirement and was ordered to undertake 250 hours of unpaid work. Dr Haroon has now completed 250 hours of unpaid work at a charity shop and continues to meet with his probation officer in respect of the rehabilitation activity requirement.
10. The sentencing remarks of Her Honour Judge Catherine Richards include details of Dr Haroon's behaviour which led to the conviction. This includes that Dr Haroon's behaviour was controlling or coercive, and that it caused XXX to fear violence on at least two occasions. HH Judge Richards noted the prosecution's reliance on various incidents committed from XXX to XXX (which Ms Emma Gilsenan, Counsel on behalf of the GMC and Ms Catherine Rabaiotti, Counsel on behalf of Dr Haroon, accepted were the basis of the conviction), which included:
 - i) On a day between XXX and XXX, during an argument, he kicked her to her back with his right foot XXX, causing her to fall the floor XXX.
 - ii) On a day between XXX and XXX, he became angry and aggressive and punched her twice to her back and then punched her to the area where an injection had just been administered.

- iii) On a day between XXX and XXX, following a verbal argument XXX he assaulted her by pushing her to the floor and dragging her XXX.
- iv) On XXX, whilst sitting in a parked car XXX, he assaulted her by grabbing her hair and hitting her head against the inside of a car window.
- v) On XXX, whilst in car XXX, he assaulted her by pulling her hair and then hitting her head against the car window.
- vi) On a day between XXX and XXX, he assaulted her by punching her to the face on her eye. He also assaulted her by hitting her with a belt, XXX.
- vii) On XXX, he assaulted her by slapping her to the face four times, XXX. He also kicked her to her back with his right foot.
- viii) On XXX, he went to strike her. When she threatened to call the police, he became even more angry and he assaulted her by grabbing her to her throat, pushing her against the wall and slapping her to the right side of her face.

11. HH Judge Richards noted in sentencing:

'Having heard the trial I am satisfied that there was a fear of violence on many occasions, and it was persistent in that it took place on numerous occasions throughout that two year period.

...

It was aggravated by two important factors. Firstly, [XXX]. Also, you put pressure on [XXX] for her not to seek assistance, suggesting that [XXX].

By way of mitigation you have no previous convictions and I have read the positive references about you, both in work and otherwise, albeit I have to put to one side the comments about your involvement within [XXX], given the jury' verdict.'

The Allegation and the Doctor's Response

12. The Allegation made against Dr Haroon is as follows:

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

1. On 23 July 2024 at Swansea Crown Court you were convicted of controlling or coercive behaviour in an intimate or family relationship, contrary to section 76 (1) and (11) of the Serious Crime Act 2015. **Admitted and found proved**
2. On 3 September 2024 you were sentenced to:
 - a. 22 months imprisonment suspended for 18 months; **Admitted and found proved**
 - b. a Restraining Order for 2 years; **Admitted and found proved**
 - c. 20 days Rehabilitation Activity Requirement; **Admitted and found proved**
 - d. 250 hours of unpaid work. **Admitted and found proved**

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

The Admitted Facts

13. At the outset of these proceedings, through his representative, Dr Haroon admitted the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation as admitted and found proved.

14. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Haroon's fitness to practise is impaired by reason of his conviction.

(2) IMPAIRMENT

The Evidence

15. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. Such evidence included but was not limited to:

- Swansea Crown Court Certificate of Conviction, dated 2 September 2024;
- Sentencing Remarks of Her Honour Judge Catherine Richards, dated 3 September 2024;
- Dyfed-Powys Police Case Summary, undated;
- HM Prison & Probation Service Pre-Sentencing Report, dated 28 August 2024;
- Victim Impact Statement, dated 27 June 2023;
- Additional Victim Impact Statement, dated 27 June 2023;
- Prosecution submissions on sentence, dated 2 September 2024;
- Letter from Mr A, XXX, dated 15 January 2025;
- Character reference from the Shop Manager at the shop where Dr Haroon completed his 250 hours of unpaid work, dated 21 January 2025;
- Mr A's CV and correspondence with GMC, dated 10-11 March 2025.

16. Dr Haroon provided a witness statement including exhibits, dated 29 January 2025. He also gave oral evidence at the hearing.

17. Dr Haroon provided evidence of completion of unpaid work hours, dated 17 December 2024. He also provided multi-source feedback, undated.

18. The Tribunal also had regard to a bundle of six testimonials provided on behalf of Dr Haroon from the following individuals with full knowledge of the allegations faced by Dr Haroon:

- Testimonial from Dr B, dated 11 January 2025;
- Testimonial from Dr C, dated 10 January 2025;
- Testimonial from Dr C, undated;
- Testimonial from Dr D, dated 22 January 2025;
- Testimonial from Dr E, dated 12 January 2025;
- Testimonial from Dr F, dated 15 January 2025.

Summary of Dr Haroon's evidence

19. During Dr Haroon's oral evidence, he stated that he has carried out a lot of reflection into XXX and the circumstances surrounding it. He stated that, whilst he accepts the fact of

the conviction, he maintains a factual denial of the facts behind the conviction, in so far as he denies the matters alleged and found proved, including that any violence XXX.

20. Dr Haroon stated that he understands that there are many things which could and should have been done better or differently XXX.

21. Dr Haroon expressed remorse and offered apologies to those that have been impacted by his actions. He extended this apology not only to his family, XXX, but also the public and the medical profession. XXX.

22. XXX

23. Dr Haroon has taken part in a group on one occasion as part of his probation rehabilitation XXX. He said that he attended this group to try and gain a deeper understanding of XXX. XXX.

24. Dr Haroon stated that he is currently working on increasing his understanding of the ways to manage a relationship in future. In his written statement he stated:

'I understand the importance of boundaries and how both their presence and flexibility is important. I understand that one must be compassionate with [XXX]. I also understand the importance of conflict resolution and how there should be systems and support in place. I understand how important it is to act on issues quickly and effectively instead of ignoring it and letting it fester.'

25. Dr Haroon stated that he wishes to further reflect on the impact on XXX.

26. Dr Haroon accepted that the actions which led to his conviction amounted to a breach of paragraphs 1 and 65 of Good medical practice ('GMP') (2013):

'1. Patients need good doctors. Good doctors ... act with integrity and within the law.'

Act with Honesty and Integrity

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

Submissions

On behalf of the GMC

27. Ms Gilsenan, Counsel, submitted that Dr Haroon’s fitness to practise is impaired by reason of his conviction.

28. Ms Gilsenan submitted that Dr Haroon was convicted on 23 July 2024 of controlling or coercive behaviour in an intimate or family relationship, contrary to section 76 (1) and (11) of the Serious Crime Act 2015. She submitted that on 3 September 2024, Dr Haroon was sentenced to 22 months imprisonment suspended for 18 months, a restraining order for 2 years, 20 days rehabilitation activity requirement and 250 hours of unpaid work. Ms Gilsenan reminded the Tribunal that, in the sentencing remarks, the Judge described Dr Haroon’s conduct as *“controlling and abusive”* and that there was *“a fear of violence on many occasions, and it was persistent in that it took place on numerous occasions throughout that two-year period.”*

29. Ms Gilsenan referred the Tribunal to the test for impairment as set out in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, submitting that the following limbs are engaged:

‘a) ...

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) ...’

30. Ms Gilsenan submitted that a well-informed member of the public would find Dr Haroon’s actions deeply concerning and that his actions would undermine public confidence in the medical profession and breached fundamental tenets of the profession pursuant to section 1(1B) of the Medical Act 1983.

31. Ms Gilsenan reminded the Tribunal that Dr Haroon did not admit the offence(s) and was found guilty after a trial. She submitted that Dr Haroon has not demonstrated remorse, has provided little or no evidence of remediation and not shown any insight into his actions. She reminded the Tribunal that in a witness statement submitted to the GMC, dated 29 January 2025, Dr Haroon set out that he does not “accept all the facts of the allegations” but does accept the fact of the conviction.

32. Ms Gilsenan submitted that, having pleaded not guilty in the criminal court, Dr Haroon was found guilty after a full trial by jury of independent people in a criminal court who were sure that he did commit the incidents leading to his conviction for controlling and coercive behaviour. She submitted that nevertheless, Dr Haroon in his written and oral evidence to this Tribunal, has been resolute in his continued denial of any violence or offending behaviour leading to his conviction and sentence. She submitted that Dr Haroon does not accept the gravity of the offence or full responsibility for the incident, leading to his conviction. Ms Gilsenan submitted that Dr Haroon has no genuine remorse for his actions XXX and the lasting impact that his behaviour would inevitably have XXX.

33. With regard to insight, Ms Gilsenan submitted that Dr Haroon has not shown any clear insight into his actions. She submitted that Dr Haroon's insight is limited at best. Ms Gilsenan submitted that Dr Haroon has little or no insight into how his actions may have impacted XXX.

34. With regard to the risk of repetition, Ms Gilsenan submitted that this is a matter for the Tribunal's collective judgement. She submitted that Dr Haroon has not shown how his risk of repetition of serious harm has reduced or how his actions would change in the future. Ms Gilsenan submitted that the examples of conflict management Dr Haroon provided during his oral evidence were vague and generic and they lacked any detailed thought or reference to reducing the risk of repetition of these serious incidents, a number of which included violence.

35. With regard to remediation, Ms Gilsenan submitted that Dr Haroon has provided little to no evidence of remediation. She submitted that Dr Haroon is complying with the suspended sentence and the requirements of that sentence but there has been no objective evidence of remediation provided to which the Tribunal can attribute any significant weight. She submitted that any steps that Dr Haroon has undertaken, such as XXX, should be attributed limited weight as they appear to be self-focused and self-serving. She submitted that Dr Haroon does state that he has been engaging with probation, as is required by the rehabilitation activity requirement of his sentence. She submitted that no probation work to date appears to have focused on Dr Haroon's anger management, enhanced thinking skills or cognitive behavioural skills; or relationships or violent behaviour which this tribunal may consider, appear to be the crux of his offending behaviour.

36. Ms Gilsenan reminded the Tribunal that Dr Haroon's conviction resulted in a sentence of imprisonment at the upper end of prison sentences that can be suspended, rendering him very close to an immediate custodial sentence.

37. Ms Gilsenan submitted that Dr Haroon's conviction is serious and violates such fundamental principles of the profession that a finding of impairment of his fitness to practice is necessary to maintain standards of conduct and confidence in the profession.

On behalf of Dr Haroon

38. Ms Rabaiotti, Counsel, submitted that impairment is a matter for the Tribunal, there is no burden or standard of proof as established in the case of *Council for the Regulation of Health Care Professionals v GMC and Biswas [2006] EWHC 464 (Admin)*.

39. Ms Rabaiotti submitted that although the conduct occurred outside of the Registrant's occupation as a doctor, it is conceded that the fact of the criminal conviction was such that it adversely impacted the reputation of the profession.

40. Ms Rabaiotti referred the Tribunal to the case of *Meadow v GMC [2006] EWCA Civ 1390* and submitted that the purpose of fitness to practise proceedings is to look forward and not back i.e. to protect the public against acts and omissions of those who are not fit to practise. She submitted that the task of the Tribunal is to take account of the conviction and then to consider in light of all of the other relevant factors known to the panel whether the practitioner's fitness to practise is, rather than has been, impaired as established in *Zygmunt v GMC [2008] EWHC 2643 (Admin)*.

41. Ms Rabaiotti submitted that it must be highly relevant in determining if a doctor's fitness to practise is impaired that first his conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated as per *Cohen v GMC [2008] EWHC 581 (Admin)*.

42. Ms Rabaiotti submitted that whilst there is no statutory definition of impairment, the Tribunal will be 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*:

"Do our findings in respect of the doctor's misconduct ... show that his / her fitness to [practise is impaired in the sense that he/ she:

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

43. Ms Rabaiotti referred the Tribunal to the paragraphs of the Sanctions Guidance in relation to insight and cultural differences, and submitted that Dr Haroon has accepted that he has been found guilty, he has accepted the allegations as drafted by the GMC, he has always accepted the importance of the conviction and at no stage has he sought to diminish or qualify the significance of it. She submitted that Dr Haroon has a right to make a denial at the criminal court. She submitted it is not permissible to require an admission at the criminal court and a confession before a Tribunal in order to be able to demonstrate insight.

44. Ms Rabaiotti directed the Tribunal to the case of *Sayer v General Osteopathic Council [2021] EWHC 370 (Admin)* which established that insight is concerned with future risk of repetition, and to this extent it is to be distinguished from remorse for the past conduct. It also established that denial of misconduct is not a reason to increase sanction, and it is wrong to equate maintenance of innocence with lack of insight. She submitted that denial of misconduct is not an absolute bar to a finding of insight. Admitting misconduct is not a condition precedent to establishing that the registrant understands the gravity of the offending and is unlikely to repeat it. However, she submitted that attitude to the underlying allegation is properly to be taken into account when weighing up insight where the registrant continues to deny impropriety, which makes it more difficult for him to demonstrate insight.

45. Ms Rabaiotti also referred the Tribunal to the *Towuaghantse v GMC [2021] EWHC 681 (Admin)* in which it was held that, in the absence of findings of blatant dishonesty, the MPT should not have used, against the appellant in the impairment and sanction phases, his decision to test the charges brought against him. It was found that the deployment of a robust defence should not be construed as a refusal to remediate, let alone an incapacity to remediate. The capacity of the registrant to remediate sincerely should be judged by reference to evidence unconnected to his forensic stance in the fact-finding phase, unless the fact-finding decision included findings of blatant dishonesty by the registrant.

46. Ms Rabaiotti submitted that Dr Haroon, in his oral evidence, discussed the impact of his actions on XXX before discussing the impact on the wider profession due to the position he holds. She submitted that there are no attitudinal matters which could give rise to risk of repetition in Dr Haroon's case. She submitted that Dr Haroon understands that doctors need to be open and honest for people to feel comfortable approaching them, he stated that he understands how his conviction might be perceived by the public, particularly if there is XXX that has gone through something similar.

47. Ms Rabaiotti submitted that the absence of a report from Dr Haroon's allocated probation officer is outside of his control, but he has done all that he can, given his current circumstances. She submitted that Dr Haroon completed all of his unpaid work hours within four months rather than the required 12 months, and he continues to volunteer at the charity shop. Ms Rabaiotti submitted that the Tribunal will no doubt know that any breach, or failure to attend appointments with the probation officer, would be a separate criminal offence and there has been no suggestion of any lack of proper attendance with his probation officer or compliance. She submitted that this order has not been breached, neither has Dr Haroon's suspended sentence been breached.

48. Ms Rabaiotti submitted that Dr Haroon has undertaken XXX despite his financial issues as a result of him being unable to complete paid work. She submitted that whilst it is said by the GMC that XXX provide limited assistance as they are self-focussed and self-serving, insight must first be self-focused in order to remediate.

49. Ms Rabaiotti submitted that, up until this point, Dr Haroon has been considered by his colleagues to be a highly thought of, highly regarded, and a soft spoken individual.

50. Ms Rabaiotti submitted that, having regard to all the evidence that the Tribunal has before it, it is conceded that the conduct giving rise to Dr Haroon's criminal conviction brought the medical profession into disrepute.

51. Ms Rabaiotti therefore submitted that, on this sole basis, the Tribunal could find Dr Haroon's fitness to practise to be currently impaired.

The Relevant Legal Principles

52. The Legally Qualified Chair (LQC) provided legal advice to the Tribunal in relation to the issue of impairment of fitness to practise.

53. The LQC referred to the Medical Act 1983 s35C(2) which states that a person's fitness to practise may be regarded as "impaired" for the purposes of the Act by reason of (amongst other things) a conviction or caution in the British Islands for a criminal offence.

54. The LQC also drew the Tribunal's attention to relevant principles set out in the cases of *CHRE v NMC & Grant (2011) EWHC 927 (Admin)*.

55. The LQC also referred the Tribunal to the case of *GMC v Dr Maher Khetyar [2018] EWHC 813 (Admin)*:

'Insight requires that motivations and triggers be identified and understood, and if that is possible at all without there first being an acceptance that what happened did happen it will be very rare, and any assessment of ongoing risk must pay close attention to the doctors current understanding of and attitude towards what he has done'

56. The LQC drew the Tribunal's attention to 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 need to protect the individual patient, and the collective need to maintain confidence in the profession as well as declaring and upholding proper standards of conduct and behaviour"*. 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.

57. The LQC reminded the Tribunal 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;
- and
- c promote and maintain proper professional standards and conduct for the members of the profession.

The Tribunal's Determination on Impairment

Conviction

58. The Tribunal reminded itself that the question of whether or not Dr Haroon's fitness to practise is impaired is a matter for its judgment alone. The Tribunal deliberated carefully on all of the evidence and the circumstances of Dr Haroon's conviction.

59. The Tribunal had regard to Rules 34(3) and 34(5) of the Rules which state:

'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.'

60. The Tribunal noted that there has been a trial before a jury who found Dr Haroon guilty of the offence alleged beyond all reasonable doubt. No evidence has been put before the Tribunal that the conviction has been the subject of an appeal.

61. The Tribunal had before it the Certificate of Conviction from Swansea Crown Court, dated 2 September 2024 which evidenced that Dr Haroon had not acted within the law as he had been convicted of controlling or coercive behaviour in an intimate or family relationship, contrary to section 76 (1) and (11) of the Serious Crime Act 2015 and was subsequently sentenced.

Impairment

62. The Tribunal considered whether Dr Haroon's conduct and resulting conviction was remediable, whether it had been remedied and whether there was any likelihood of repetition. It also considered the level of Dr Haroon's remorse and insight.

63. The Tribunal was mindful that Dr Haroon pleaded not guilty in the criminal court to the offences but noted that it was his right to do so.

Remorse

64. The Tribunal first considered whether Dr Haroon has shown remorse into the actions that led to his conviction. It bore in mind that, in his written statement, Dr Haroon had expressed remorse and offered apologies towards XXX, the situation as a whole, the wider medical profession, his employer, patients and the public. The Tribunal noted that within that statement, Dr Haroon did not deal with the impact of his actions on XXX, express any remorse towards her, nor extend any apology to her.

65. In his statement dated, 29 January 2025, Dr Haroon stated:

'Whilst I do not accept all the facts of the allegations, I do accept the fact of my conviction. I am aware that as a doctor, I am expected to conform to high personal standards that would justify the community's trust in me. I can only apologise for that, and I would like to do so profusely. I would like to apologise to both the public and my fellow professionals.

I have remorse towards my employer as well, who I believe had been compassionate. The East of England Deanery did give me an additional grace period of four months in the hope that things would resolve and that I would be able to join them. I appreciate their support and I am deeply sorry for how things ended up to be. I genuinely had hoped for a better outcome.

Personally, I feel that I have let my parents down. They have invested a lot of effort, time and money in me over the years and I know they, as well as the public and my profession, expected better from me.

[XXX]'

66. The Tribunal noted that, throughout his evidence, Dr Haroon did not at any stage accept or apologise for any acts of violence towards XXX. When cross examined about the lack of this mention within his initial statement, Dr Haroon apologised for missing out XXX, but he maintained his denial of the offence for which he was convicted and the use of any violence. Dr Haroon offered only a limited apology to the victim. Dr Haroon stated that insight begins with the person most affected, XXX. He also stated that he feels sorry for the situation and his role in it. Dr Haroon offered an apology in relation to the impact of his behaviour on XXX. When he offered an apology in respect of her, it was not an apology for use of violence. Indeed, in conjunction with his denial of all allegations of violence, he referred to XXX as being very unkind in the things that she said and not being entirely factual. His evidence remained that any conflict was limited to being verbal which he characterised as *"a lot of bickering.*

67. The Tribunal noted HM Prison & Probation Service Pre-Sentencing report, dated 28 August 2024, *‘Regarding the level of remorse that Mr Haroon demonstrates, I would assess it is difficult to ascertain this due to him maintaining his innocence however he did become visibly upset during the interview.’*

68. The Tribunal accepted that, despite his maintained denial of the actions resulting in his conviction, Dr Haroon does accept the gravity of such an offence. It noted that he discussed the way in which the public may view such conduct from a doctor, and the impact on the profession.

69. The Tribunal had regard to the following sentencing remarks made by Judge C. Richards, dated 3 September 2024. In considering these remarks, the Tribunal was mindful that it is the responsibility of this Tribunal to reach an independent assessment of the evidence presented in reaching its determination:

“It was aggravated by two important factors. Firstly, [XXX]. Also, you put pressure on [XXX] for her not to seek assistance, [XXX].”

70. The Tribunal observed that any remorse shown by Dr Haroon is consistently limited by his denial of committing the offence of which he was convicted, and ever having used violence against XXX. XXX.

Insight

71. The Tribunal considered Dr Haroon’s level of insight.

72. The Tribunal was mindful that, although it is a rare case that a doctor will have full insight where he has not accepted the conduct found proved against him, a denial is not an absolute bar to the development of insight. Dr Haroon accepts the gravity of such an offence, in so far as he understands the way in which society views his conduct as found proved. He has experienced damage to his reputation which is of regret to him, came close to an immediate custodial sentence and is still in the period of his suspended sentence benefitting from probation supervision. He may therefore be less likely to repeat such conduct.

73. Dr Haroon explained to the Tribunal that he had been working hard to provide for his family at the time leading up to the offence. XXX

74. The Tribunal noted HM Prison & Probation Service Pre-Sentencing report, dated 28 August 2024, ‘... it was quite difficult to assess his thinking and behaviour as Mr Haroon denies the offence.’

75. With regards to the incident involving Dr Haroon kicking XXX, in his oral evidence before the Tribunal, Dr Haroon recalled finding out XXX. He made no mention of the incident itself XXX.

76. Dr Haroon recalled being in conflict with XXX between XXX and XXX, but did not accept that it resulted in violence. For two of the eight incidents Dr Haroon accepted that he and XXX were in conflict and bickered but stated there was no violence involved. For six of the eight incidents, Dr Haroon did not give an account which even included verbal disagreement. He said that he believed all was well in his relationship.

77. In his oral evidence before the Tribunal, Dr Haroon stated that he understood that there were things that he could and should have done differently and stated that he now has coping strategies to deal with difficult situations that may arise within a relationship. However, there was no evidence that he had identified strategies to prevent conflict resulting in violence. The Tribunal heard Dr Haroon’s evidence regarding the knowledge and insight he gained XXX. He was able to provide the Tribunal with evidence that he has a clear understanding that XXX violence is “never the answer” even if “frustrated” or one thinks it is justified. He referred to violence as the most negative form of expression. However, although his learning was based on an understanding that violence is never acceptable, he had not done any specific work personal to him on how to prevent conflict escalating to violence.

78. The Tribunal considered that Dr Haroon has insight into the gravity of violence XXX as something that is completely unacceptable. However, he has not demonstrated an understanding of a link between this insight and his actions XXX.

79. Dr Haroon does not currently demonstrate an understanding of how he allowed himself to act as he did towards XXX which included violence, and what he would do differently to prevent his use of violence in the future. Dr Haroon has failed to demonstrate to the Tribunal what he would do if he found himself in similar circumstances.

80. XXX

81. The Tribunal noted that it was clear from his statement and oral evidence that Dr Haroon understands the broad areas of work that may help him to reduce his risk of violence.

There is however no evidence that he has applied these generic ideas to his own particular behaviour nor explained his motivation(s) and trigger(s). The Tribunal concluded that Dr Haroon only has limited insight.

Risk of Repetition

82. The Tribunal considered Dr Haroon's risk of repetition.

83. The Tribunal noted HM Prison & Probation Service Pre-Sentencing report, dated 28 August 2024:

'...Likelihood of further offending:

The Risk of Serious Recidivism assessed that the likelihood of Mr Haroon committing a serious, harmful offence is Low. The Offender Group Reconviction Score, which is based on actuarial measures, calculate that Mr Haroon likelihood of reoffending within the next two years is assessed as Low.

Risk of serious harm

...

Mr Haroon is currently assessed as medium risk of serious harm to known adult. [XXX] If [XXX] or if [XXX] then I would assess that risk may be raised to high.'

'Mr Haroon' behaviour needs to be further explored in supervisions sessions and he needs to develop his understanding of the triggers to his behaviour. Mr Haroon also needs to demonstrate that he can manage his own risk and adopt strategies to avoid further offending...'

'[XXX].'

84. Within his Pre-Sentencing report, dated 28 August 2024, it states:

'Rehabilitation Activity Requirement - 20 days (RAR) - it is felt that the likelihood of re-offending will be most effectively reduced if the factors underlying Mr Haroon offending are addressed as part of supervision. This will mean that Mr Haroon will have one-to-one support from a Probation Officer to address the factors that contribute to his offending behaviour that have been outlined throughout this report. This intervention will also enable the responsible officer to liaise with relevant partnership agencies such as intervention providers and agencies to ensure

compliance and management of risks in the community, whilst developing protective factors within the community to reduce his risk.'

85. The Tribunal bore in mind that Dr Haroon has only completed three out of twenty days of his Rehabilitation Activity Requirement, although this is through no fault of his own. There is therefore nothing by way of updated assessment of risk from the probation service.

86. The Tribunal considered the following sentencing remarks made by HH Judge Richards, dated 3 September 2024:

'I also have to consider whether there is a realistic prospect of rehabilitation and despite you pleading not guilty I take the view that there is such a prospect and ultimately, when looking at all of the factors, have concluded that immediate custody is not the only option here.'

87. The Tribunal noted that Dr Haroon is still in the early stages of his rehabilitation requirement.

88. The Tribunal concluded that there remains a risk of repetition particularly given Dr Haroon's caveated and limited remorse towards XXX and only limited insight.

Impairment

89. The Tribunal noted the serious and, at times, violent nature of the criminal offence. It noted in particular:

- a. XXX;
- b. a number of the incidents occurred whilst the victim was XXX;
- c. Dr Haroon tried to put pressure on XXX not to seek assistance XXX;
- d. the conduct was repeated over a two-year period.

90. The Tribunal considered that the seriousness of Dr Haroon's offending and conviction was reflected in the sentence he received at the Criminal Court. The Tribunal determined that this was a clear example of a serious departure from the expected standards.

91. The Tribunal considered whether Dr Haroon's conviction, and his actions leading to the conviction, breached any paragraphs of Good medical practice ('GMP') (2013). Taking into account the circumstances of Dr Haroon's conviction and offending, the Tribunal

determined that paragraphs 1 and 65 of GMP (2013 version) were engaged in this case. These state:

‘1. Patients need good doctors. Good doctors ... act with integrity and within the law.

Act with Honesty and Integrity

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

92. The Tribunal also found the pre-amble of GMP to be relevant here, *‘Patients must be able to trust doctors with their lives and health.’*

93. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in the case of *Council for Healthcare Regulatory Excellence v NMC and Grant* [2011] EWHC 927. In particular, the Tribunal considered whether its findings of fact show that Dr Haroon’s fitness to practise is impaired in the sense that he:

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

94. The Tribunal considered the seriousness of Dr Haroon’s conviction and whether the four elements of the guidance provided by Dame Janet Smith were engaged.

95. The Tribunal noted that Dr Haroon was convicted and sentenced for controlling or coercive behaviour which included acts of violence towards XXX. The Tribunal considered that Dr Haroon’s actions clearly brought the medical profession into disrepute. There is a risk that he might do so again in the future.

96. From the evidence before the Tribunal, it was clear that Dr Haroon had seriously departed from GMP. It is a fundamental tenant of the profession to act within the law and ensure that a doctor's conduct justifies their patients' trust in them and the public's trust in the profession. The Tribunal found that Dr Haroon has breached fundamental tenets of Good Medical Practice, and that he might do so again in the future.

97. The Tribunal considered limbs (b) and (c) of Grant to be engaged in this case, both in terms of past conduct but also looking to the future.

98. The Tribunal reminded itself of the purpose of the overarching objective, which is to protect, promote and maintain the health, safety, and wellbeing of the public; to maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

99. The Tribunal considered the opinion of Mr A in relation to Dr Haroon being fit to practise. It noted that Mr A was not instructed as an expert with the associated duties placed upon him as an expert witness. It did not give any weight to the view expressed by Mr A, in relation to fitness to practise.

100. The Tribunal considered that all three limbs of the overarching objective are engaged in this case.

101. The Tribunal noted Dr Haroon's lack of genuine remorse towards XXX, lack of insight into his offending behaviour and what he personally needs to do to prevent recurrence, and the identified risk of repetition. The Tribunal considered that a member of the public who heard of the facts of this case would be appalled, and victims XXX might be less inclined to report their own personal circumstances to a doctor as a trusted professional. The Tribunal considered that a finding of impairment is therefore required to protect, promote and maintain the health, safety and wellbeing of the public.

102. The Tribunal was of the view that the public would expect doctors not to commit such a serious criminal offence.

103. Dr Haroon's conduct falls so far short of what is expected from a doctor, and a finding of impairment is therefore required in order to maintain public confidence in the profession and to uphold proper professional standards and conduct.

104. The Tribunal therefore determined that Dr Haroon's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 03/04/2025

105. Having determined that Dr Haroon's fitness to practise is impaired by reason of his 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.

The Evidence

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

107. The Tribunal received further evidence on behalf of Dr Haroon by way of a reflective statement, dated 26 March 2025.

Submissions

On behalf of the GMC

108. Ms Gilsenan, Counsel, addressed the Tribunal on the reflective statement provided by Dr Haroon. She reminded the Tribunal that the reflective material was provided after the Tribunal's determination on impairment, ahead of the Tribunal's consideration of the sanction stage. She submitted that the Tribunal should place limited weight on the reflective statement for the following reasons:

- Dr Haroon states he is going to undertake anger management and XXX courses. Dr Haroon has not yet participated in these courses, benefited from the learning on those courses, or acquired skills to prevent a repetition of violent incidents.
- There is no confirmation of when these courses will commence or proof of enrolment on them.
- Dr Haroon's statement appears to be self-serving, and he has used the reflective statement as an opportunity to try to fill gaps in his insight highlighted by the Tribunal in its determination on impairment.
- The statement does not provide details of insight and remediation over and above the evidence already provided by Dr Haroon.

109. Ms Gilsenan submitted that the Tribunal should impose an order of erasure. She referred the Tribunal to various paragraphs of the Sanctions Guidance (2024) (SG) and reminded the Tribunal of the need to uphold the overarching objective.

110. Ms Gilsenan made submissions in relation to mitigating factors. She stated that Dr Haroon has no relevant previous or current fitness to practise history.

111. Ms Gilsenan also submitted that the Tribunal may wish to consider the stage of Dr Haroon's UK medical career. She submitted that Dr Haroon is a doctor with experience in both Pakistan and then in UK since 2017 when he first began to study for the PLAB exams and undertook various roles as a doctor. Ms Gilsenan submitted that Dr Haroon has had seven years of experience and familiarity with the standards and requirements expected of a doctor in the UK. She submitted that Dr Haroon is not starting out in his career and was explicit in his evidence that he understands the purpose of GMP. Ms Gilsenan submitted that Dr Haroon was also explicit that he accepts the fundamental principles that go to the heart of the medical profession within his oral evidence before the Tribunal.

112. Ms Gilsenan further submitted that GMP also mirrors the Hippocratic Oath (do no harm) which was applicable in Dr Haroon's medical education in Pakistan. She submitted that Dr Haroon is not a doctor for whom allowances of inexperience can or should be made.

113. Ms Gilsenan submitted that this case involved a pattern of similar offending so serious that Her Honour Judge Richards imposed a 22-month custodial sentence upon Dr Haroon, albeit suspended for 18 months. She stated that the seriousness of Dr Haroon's actions has already been recognised by the Tribunal. Ms Gilsenan submitted that Dr Haroon has provided no specific evidence of remediation which goes to the root of the behaviour and the conviction. She submitted that Dr Haroon has not provided evidence that he has completed courses on anger management and XXX which would assist him in terms of remediation. She submitted that even if Dr Haroon did not accept the behaviour as alleged, he could have provided the Tribunal with reflections on what a person who had committed such offences could do differently in a similar situation. He has not done this.

114. Ms Gilsenan submitted that remediation relies on an acceptance of the fact of the conviction and a genuine remorse. She submitted that Dr Haroon has undertaken XXX, however, she submitted that this has no real relevance to Dr Haroon's conviction for coercive and controlling behaviour. Furthermore, she submitted that Dr Haroon has fallen short of demonstrating that the risk of repetition has reduced or disappeared. Ms Gilsenan reminded the Tribunal that Dr Haroon still denies violence and culpability for the actions leading to his

conviction. She submitted that limited weight should be attached as Dr Haroon has not demonstrated how his behaviour would differ in the future if a similar situation was to arise.

115. Ms Gilsenan submitted that Dr Haroon does not truly recognise or understand the impact of his actions on XXX and public perception of the profession. She submitted that the apologies provided by Dr Haroon have been self-serving and he has shown little remorse. Ms Gilsenan submitted that Dr Haroon's admissions have been limited by his denial of committing the offence of which he was convicted and ever having used violence against XXX. She submitted that Dr Haroon has made numerous mentions to the potential impact of these incidents on XXX, but this was in relation to the impact of XXX rather than the impact on XXX.

116. Ms Gilsenan referred the Tribunal to the case of *GMC v Dr Maher Khetyar [2018] EWHC 813 (Admin)* in relation to insight. She submitted that insight requires motivations and triggers to be understood. Ms Gilsenan submitted that the Tribunal has seen no cogent evidence that Dr Haroon has identified or understood these motivations and triggers. She submitted that Dr Haroon has limited insight into his conduct, how he allowed himself to act in the way he did towards XXX or how he would prevent use of violence in the future if he found himself in a similar circumstance. Ms Gilsenan submitted that Dr Haroon has shown limited remorse towards XXX and limited insight.

117. Ms Gilsenan referred the Tribunal to the aggravating factor paragraphs in the Sanctions Guidance and to GMP. She submitted that no further aggravating factors could be identified beyond Dr Haroon's limited insight and lack of remediation. She submitted that it is of course a matter for the Tribunal to identify any aggravating or mitigating factors.

118. Ms Gilsenan reminded the Tribunal that it must consider each possible sanction, starting with the least restrictive option and working upwards to the most appropriate and proportionate. She submitted that there were no exceptional circumstances which could justify taking no action.

119. Ms Gilsenan submitted that due to the serious nature of Dr Haroon's offending and lack of insight, conditions are not an appropriate outcome in this case. She submitted that the behaviour giving rise to Dr Haroon's conviction represents such a fundamental breach of the standards expected of medical professionals, and indeed of the law more widely, that there are no targeted conditions which could address it.

120. With regard to suspension, Ms Gilsenan referred the Tribunal to paragraph 91 and 92 of the SG. Paragraph 92 states:

‘Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration...’

121. Ms Gilsenan also drew the Tribunal’s attention to paragraph 97 of the SG which provides:

“Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated”.

122. Ms Gilsenan referred to paragraph 108 of the SG which states:

‘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.’

123. Ms Gilsenan reminded the Tribunal of its finding that Dr Haroon does continue to present a risk to members of the public and therefore erasure is required to uphold the three limbs of the overarching objective and maintain high standards within the profession and protect and safeguard public confidence in the profession. She submitted that the conduct leading to conviction and sentence, is simply incompatible with continued registration as a doctor.

124. Ms Gilsenan drew the Tribunal’s attention to paragraph 109 of the SG and submitted that subparagraphs a, b, c, g and J are engaged in this case:

‘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.*
- c. Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients...*

...

g. Offences involving violence.

...

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

125. Ms Gilsenan submitted that any one of these factors could result in erasure and noted that multiple factors are present in this case. She also reminded the Tribunal that more serious action is to be taken where certain conduct arises in a doctor's personal life, such as misconduct involving violence. She submitted that whilst Dr Haroon has been convicted of controlling or coercive behaviour in an intimate or family relationship as opposed to a specific offence of violence, the evidence, including the certificate of conviction, includes details of Dr Haroon having been violent towards XXX on multiple occasions over a course of an extended period.

126. Ms Gilsenan referred the Tribunal to paragraph 116 of the SG which provides:

'The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor's fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor's registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation of the profession.'

127. Ms Gilsenan also drew the Tribunal's attention to paragraph 117 of the SG which provides:

'However, the tribunal should bear in mind that the sentence or sanction previously imposed is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances...'

128. Ms Gilsenan concluded by submitting that given the background of the conviction and the seriousness of the offending, the lack of remorse towards the victim, limited insight, and limited evidence of actual remediation, erasure is the only proportionate and appropriate sanction in this case.

On behalf of Dr Haroon

129. Ms Rabaiotti, Counsel, submitted that the Tribunal must make a distinction between whether a sanction of suspension with a review would be appropriate in this case or whether

a sanction of erasure is necessary. She submitted that the appropriate sanction in this case is a suspension of the longest duration with a review.

130. Ms Rabaiotti submitted that the Tribunal should consider the facts of this case. She submitted that the duties and expectations of the criminal courts and the criminal proceedings are very different from the duties of regulatory proceedings.

131. Ms Rabaiotti submitted that the Tribunal has seen the evidence proved by Dr Haroon including his witness statement, his reflective statement and his testimonial evidence. She submitted that the fundamental issue here is that Dr Haroon has denied the matters leading to his conviction. Ms Rabaiotti submitted that a person is entitled to deny an offence at their hearing even after a finding has been made against them. She submitted that the Tribunal should avoid conflating the two different concepts of a doctor being unable to accept that what they have done is wrong and a doctor being unable to accept what they have done. She submitted that Dr Haroon, whilst denying the offence, accepts that such behaviour is wrong. Ms Rabaiotti further submitted that in some cases a doctor may have no insight, in other cases a doctor may have full insight, and Dr Haroon is somewhere between the two.

132. Ms Rabaiotti submitted that Dr Haroon has tried XXX and has sought to identify additional courses that he can undertake. She submitted that Dr Haroon's reflective statement was reactive to the Tribunal's determination on impairment and whilst it may be viewed as self-serving, Dr Haroon was looking for ways to show the Tribunal that he understands what has been found against him. Dr Haroon will undertake a 30-hour course over five weeks and has sought to take steps to remediate his actions by reference to anger management courses, controlling behaviour courses and XXX. She submitted that all of these things can be factored in and considered on an evidence-based review hearing, and of course there is no guarantee that at the end of a period of suspension, the reviewing Tribunal would permit him to return to practise. Ms Rabaiotti submitted that this helps with the consideration of the risk of repetition and that there has been no repetition since his conviction. She submitted that, if there had been, this would have been a breach of his suspended sentence and the basis for a separate conviction.

133. Ms Rabaiotti submitted that Dr Haroon is on the road to remediation, and he appreciates that personal mitigation may have less prominence in cases such as this, but it ought not to be ignored. She submitted that Dr Haroon has no fitness to practise history or prior convictions. Ms Rabaiotti submitted that the Tribunal has seen testimonial evidence from people who have known Dr Haroon personally and professionally. She submitted that Dr Haroon was a well-regarded and well thought of doctor who has contributed well and

properly to the profession up until these proceedings. Ms Rabaiotti submitted that it is impermissible for the Tribunal to disregard Dr Haroon's personal mitigation in order to get to a position of erasure. XXX. She informed the Tribunal of the impacts of loss of employment on Dr Haroon's family and the financial consequences of these proceedings on them. XXX

134. Ms Rabaiotti submitted that there is a proper, appropriate course available for the Tribunal today. She proposed that the Tribunal suspends Dr Haroon for the longest period permissible and imposes a review. She asked that the Tribunal request that Dr Haroon evidence insight through the application of courses, evidence that he has kept his skills and knowledge up to date and evidence from his probation to allow him the opportunity to show full insight and remediation to give him the chance in the future to maintain his practice as a doctor in this country.

The Relevant Legal Principles

135. The decision as to the appropriate sanction, if any, is a matter for the Tribunal's own independent judgement. It should have regard to the SG and if it departs from that guidance, it must outline its reasons for doing so.

136. The Tribunal had regard to the statutory overarching objective, which includes protecting and promoting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

137. The Tribunal had regard to the principle of proportionality by weighing Dr Haroon's interests against the interests of the public. It recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must consider the least restrictive sanction first, before moving on to consider more serious sanctions, and the sanction imposed should be the minimum action required to protect the public.

138. The Tribunal should also consider any relevant aggravating and mitigating factors and address those within the context of its determination on sanction.

The Tribunal's Determination on Sanction

139. The Tribunal, in reaching its decision, had regard to relevant paragraphs of the SG. It has borne in mind that the purpose of a sanction is not to be punitive, although it may have a punitive effect.

140. The Tribunal was mindful, in particular, of the following paragraphs of the SG: 4, 15, 16, 17, 19, 20 and 21:

- ‘4 When deciding whether to impose a sanction, tribunals must consider the legal duty under the Medical Act to protect the public*
- 15 Each reference to protecting the public in this guidance should be read as including each of the three parts of public protection...*
- 16 Sanctions are not imposed to punish or discipline doctors, but they may have a punitive effect.*
- 17 Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession. Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor.*
- 19 Good medical practice is the benchmark that doctors are expected to meet subject to any mitigating or aggravating factors. Action is taken where a serious departure from the professional standards means the doctor poses a current and ongoing risk to one or more of the three parts of public protection.*
- 20 In deciding what sanction, if any, to impose the tribunal should consider the sanctions available, starting with the least restrictive. It should also have regard to the principle of proportionality, weighing the interests of the public against those of the doctor...*
- 21 However, once the tribunal has determined that a certain sanction is necessary to protect the public (and is therefore the minimum action required to do so), that sanction must be imposed, even where this may lead to difficulties for a doctor. This is necessary to meet the legal duty to protect the public.’*

Aggravating Factors

141. In considering aggravating factors, the Tribunal bore in mind paragraphs 51, 52(a) and (c) and 56(d):

'51. It is important for tribunals to consider insight, or lack of, when determining sanctions. It is particularly important in cases where the doctor and the GMC agree undertakings or the tribunal imposes conditions. The tribunal must be assured that this approach adequately protects patients, in that the doctor has recognised the steps they need to take to limit their practice to remediate.

52. A doctor is likely to lack insight if they:
a refuse to apologise or accept their mistakes
c do not demonstrate the timely development of insight

56. Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as...:
d misconduct involving violence...'

142. The Tribunal noted that Dr Haroon has not apologised for his conduct leading to the conviction, and he maintains that he has not perpetrated any coercive and controlling behaviour involving violence towards XXX. However, the Tribunal has noted that in his recent reflective statement, Dr Haroon expressed remorse and apology. He stated, *'I apologize for the impact that I have had on her'*.

143. The Tribunal reminded itself of paragraphs 71 - 81 of its determination on impairment in relation to Dr Haroon's level of insight.

144. The Tribunal also reminded itself of paragraph 89 of its determination on impairment and considered the following to be aggravating factors:

- XXX;
- A number of the incidents occurred whilst XXX;
- Dr Haroon tried to put pressure on XXX not to seek assistance stating that XXX;
- The conduct was repeated over a two-year period.

Mitigating Factors

145. In considering mitigating factors, the Tribunal noted paragraphs 24, 25(a) and (b) and 34 of the SG:

'24. The tribunal needs to consider and balance any mitigating factors presented by the doctor against the central aim of sanctions. The tribunal is less able to take

mitigating factors into account when the concern is about patient safety, or is of a more serious nature, than if the concern is about public confidence in the profession.'

'25. *The following are examples of mitigating factors.*

a *Evidence that the doctor understands the problem and has insight, and of their attempts to address or remediate it. This could include the doctor admitting facts relating to the case, apologising to the patient, making efforts to prevent behaviour recurring, or correcting deficiencies in performance...*

b *Evidence that the doctor is adhering to important principles of good practice (ie keeping up to date, working within their area of competence), and of the doctor's character and previous history. This could evidence that the doctor has not previously been found to have impaired fitness to practise by a tribunal, a previous MPTS panel or by the GMC's previous panels or committees.'*

'34 *Doctors may present references and testimonials to support their good standing in the community or profession. The tribunal should consider what weight, if any, to give to these documents.'*

146. Dr Haroon has had no previous fitness to practise history and no previous criminal convictions. There has also been no indication of any further concern in these regards.

147. The Tribunal acknowledged the testimonials provided in support of Dr Haroon. However, given the behaviour underlining the conviction, these testimonials were given minimal weight in the Tribunal's consideration of the appropriate sanction to impose.

148. The Tribunal has taken into account the reflective statement provided by Dr Haroon and notes the further reflections, which do not materially change or advance the Tribunal's findings at the impairment stage in relation to remorse, insight and remediation.

The Tribunal's Decision

No action

149. The Tribunal first considered whether to conclude Dr Haroon's case by taking no action. The Tribunal noted that following a finding of impairment, taking no action is only considered appropriate where there are exceptional reasons for doing so.

150. The Tribunal had regard to paragraph 119 of the SG:

‘As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.’

151. The Tribunal determined that there were no exceptional circumstances applicable in this case which would justify taking no action. It therefore determined that taking no action would not be appropriate, proportionate or in the public interest.

Conditions

152. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Haroon’s registration. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable.

153. The Tribunal also reminded itself of its determination on impairment in which it stated:

‘The Tribunal noted Dr Haroon’s lack of genuine remorse towards [XXX], lack of insight into his offending behaviour and what he personally needs to do to prevent recurrence, and the identified risk of repetition. The Tribunal considered that a member of the public who heard of the facts of this case would be appalled, and victims [XXX] might be less inclined to report their own personal circumstances to a doctor as a trusted professional.’

154. The Tribunal determined that no workable conditions could be formulated in this case to address the behaviour underlining the conviction. Further, the Tribunal did not consider that a period of conditional registration would be sufficient to mark the seriousness of the findings against Dr Haroon and would not satisfy the overarching objective, public interest nor uphold public confidence in the profession.

Suspension

155. In having regard to the aggravating and mitigating factors previously identified, the Tribunal was satisfied that action must be taken to mark the seriousness of the conviction against Dr Haroon given the very serious aggravating factors identified, and to protect the public. The Tribunal considered whether it should impose a period of suspension on Dr Haroon’s registration.

156. The Tribunal had regard to paragraphs 91, 92 and 93 of the SG which state:

‘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).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions...’

157. The Tribunal noted paragraphs 97a, e, and f of the SG:

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

a A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

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

f No evidence of repetition of similar behaviour since incident.’

158. The Tribunal considered that it has no evidence before it as to whether or not remediation may be successful, as Dr Haroon continues to deny the offence and maintains

his innocence. In relation to paragraph 97f, the Tribunal has already determined that there are some factors which mean that Dr Haroon may be less likely to repeat such conduct, however, there remains a risk of repetition. Notwithstanding these paragraphs of the SG, the Tribunal considered that Dr Haroon's conviction is fundamentally incompatible with continued registration.

159. The Tribunal was mindful of the impact of erasure on Dr Haroon. It noted the submissions of Ms Rabaiotti that a finding of erasure may impact Dr Haroon's future medical career and his immigration status. The Tribunal had regard to the possible related impact that this could have on his family relationships. Nonetheless, the public interest outweighs Dr Haroon's interest in this regard, in circumstances where:

- there is a conviction for a serious criminal offence which has serious aggravating factors, particularly for a registered medical practitioner;
- the Tribunal has found that his conduct is fundamentally incompatible with continued registration.

160. Therefore, the Tribunal concluded that a period of suspension would not be appropriate to sufficiently uphold the overarching objective.

Erasure

161. In the circumstances, the Tribunal determined that the only appropriate sanction in this case was one of erasure. In reaching its determination, the Tribunal considered the following paragraphs of the SG:

'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.'

162. The Tribunal also considered these subparagraphs of paragraph 109 of the SG to be engaged in this case:

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

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

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

g Offences involving violence.'

163. The Tribunal considered that Dr Haroon's conduct amounted to a particularly serious, deliberate departure from the principles set out in GMP.

164. The Tribunal also considered paragraph 148 of the SG:

'More serious action, such as erasure, is likely to be appropriate where a doctor has abused their professional position and their conduct involves predatory behaviour or a vulnerable patient, or constitutes a criminal offence.'

165. The Tribunal has found that Dr Haroon's conviction is a serious breach of GMP and breached fundamental tenets of the medical profession. Members of the public and members of the profession would find the conduct deplorable and expect that the sanction would reflect the gravity of the offence.

166. In all the circumstances, the Tribunal determined that a finding of erasure is essential to protect and promote the health, safety and wellbeing of the public, promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for members of the profession.

167. Therefore, the Tribunal determined to erase Dr Haroon's name from the Medical Register.

Determination on Immediate Order - 04/04/2025

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

Submissions

169. On behalf of the GMC, Ms Gilsonan, Counsel, submitted that an immediate order of suspension is necessary and is in the public interest.

170. Ms Gilsonan submitted that the Tribunal should impose an immediate order of suspension to replace the interim order of suspension.

171. On behalf of Dr Haroon, Ms Rabaiotti made no further submissions.

The Tribunal's Determination

172. In reaching its decision, the Tribunal has exercised its own judgement and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner.

173. It has also borne in mind the guidance given in paragraphs 172, 173, 177, and 178 of the SG, which state:

'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....'

'173 An immediate order might be particularly appropriate in cases where ... immediate action must be taken to protect public confidence in the medical profession.'

'177... Where the tribunal has directed suspension or erasure as the substantive outcome of the case it may impose an immediate order to suspend registration.'

'178... 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.'

174. The Tribunal considered the seriousness of Dr Haroon's conviction. The Tribunal further balanced the interests of Dr Haroon against those of the public.

175. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific reasons upon which the Tribunal reached its determination on impairment and sanction. The Tribunal determined that an immediate order of suspension is necessary in order to uphold the overarching objective.

176. The Tribunal therefore impose an immediate order of suspension.

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

178. The interim order is hereby revoked.

179. That concludes the case.