

PUBLIC RECORD**Date:** 17/12/2025

Doctor: Dr Mohammad MOHAMMAD

GMC reference number: 4619871

Primary medical qualification: MB BCh 1983 Ain Shams University

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

Summary of outcome
Suspension revoked

Tribunal:

Legally Qualified Chair	Mrs Catherine Moxon
Lay Tribunal Member:	Mr Andrew Galliford-Yates
Registrant Tribunal Member:	Dr Eilish Gilvarry

Tribunal Clerk:	Ms Angela Carney
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Andrew Colman, Counsel, instructed by DWF Law
GMC Representative:	Mr Gurdjit Singh, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 17/12/2025

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Mohammad's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Mohammad qualified in 1983 with MB BCh from Ain Shams University in Cairo and has been practising in the UK since 1997. He was appointed as a Consultant Obstetrician and Gynaecologist in November 2012 and joined the Specialist Register in 2012. At the time of the events Dr Mohammad was practising as a Locum Consultant Obstetrician & Gynaecologist at Kings Mill Hospital (part of Sherwood Forest Hospitals NHS Foundation Trust). He had been employed there from mid July 2022 to 30 September 2022. Dr Mohammad has been practising, in a substantive post, as a Consultant Obstetrician & Gynaecologist at the Bronglais Hospital (part of Hywel Dda University Health Board, West Wales) since November 2022.

May 2025 Tribunal

3. The facts admitted and found proved at Dr Mohammad's hearing which took place in May 2025 (the May 2025 Tribunal) can be summarised as follows:

Patient A

4. In relation to Patient A the May 2025 Tribunal found proved that on 5 August 2022 Dr Mohammad was involved in the care and treatment of Patient A and he inappropriately prescribed methotrexate without confirming a diagnosis of ectopic pregnancy and excluding a viable intrauterine pregnancy.

5. In relation to Patient B the May 2025 Tribunal found proved that on 5 September 2022 at around 17:10, Dr Mohammad reviewed Patient B's antenatal cardiotocography ('CTG') ('the 5 September CTG') and he incorrectly interpreted and classified the 5 September CTG as normal.

6. The May 2025 Tribunal accepted the expert report of Dr C, dated 23 November 2023 in relation to Patient A. It was Dr C's opinion that that Dr Mohammad had inappropriately prescribed methotrexate without confirming a diagnosis of ectopic pregnancy and excluding a viable intrauterine pregnancy. Dr C found that Dr Mohammad's care fell seriously below the standard expected of a reasonably competent Consultant Obstetrician and Gynaecologist in prescribing methotrexate as medical treatment without confirming a diagnosis of ectopic pregnancy.

7. The May 2025 Tribunal also accepted the expert report of Professor D, dated April 2025 in relation to Patient A. It was Dr D's opinion that the option for diagnostic laparoscopy was premature and would have on the balance of probabilities been a negative laparoscopy. This would have subjected the patient to having an unnecessary surgical procedure.

8. The May 2025 Tribunal found that the following paragraphs of Good Medical Practice (GMP) were engaged in relation to Patient A:

'8 You must keep your professional knowledge and skills up to date.

11 You must be familiar with guidelines and developments that affect your work.

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a. adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient.

b. promptly provide or arrange suitable advice, investigations or treatment where necessary.

16 In providing clinical care you must:

- a. *prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs.*
- b. *provide effective treatments based on the best available evidence.*
- c. ...
- d. *consult colleagues where appropriate...*

9. The May 2025 Tribunal determined that Dr Mohammad's conduct in regard to Patient A amounted to serious professional misconduct, as he had actively arranged for an injection to be administered and he should have been aware of the consequences of doing so, if the fetus had been viable. It found that Dr Mohammad's conduct fell very far short of the standards expected and was particularly grave.

Patient B

10. The May 2025 Tribunal had regard to the expert report of Dr E, dated 14 February 2024, in relation to Patient B. It was Dr E's opinion that Dr Mohammad did not correctly interpret and classify the Patient's CTG when he reviewed it at around 17:10 and his practice at this point fell seriously below the expected standard.

11. The May 2025 Tribunal also had regard to the expert report of Professor D, dated April 2025, in relation to Patient B. It was Dr D's opinion that the CTG categorised on 5 September 2022 at around 17:10 hours was not normal. This was an antenatal CTG which should have been categorised as being abnormal based on reduced variability of < 5 bpm, with shallow decelerations albeit that this may have been associated with some period like cramps, which were not felt by the midwife. Dr D's overall opinion was that the categorisation of the CTG at 17:10 hours fell seriously below the expected standard from a consultant obstetrician.

12. The May 2025 Tribunal agreed with both experts and determined that the misconduct was serious. It took the view that Dr Mohammad made a fundamental error in reading the CTG which had the potential to cause serious harm to Patient B's baby. The May 2025 Tribunal concluded that Dr Mohammad's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct. The misconduct was serious and can be properly considered to be serious professional misconduct.

13. The May 2025 Tribunal considered paragraphs 8 and 11 (as set out above), and 21(a) of GMP to be engaged in relation to Patient B:

‘21 *Clinical records should include:*
 a. relevant clinical findings...’

14. The May 2025 Tribunal found that Dr Mohammad had shown remorse in relation to Patients A and B and had admitted the relevant paragraphs of the Allegation. However, it took the view that Dr Mohammad had not shown full insight in relation to Patient B as he maintained his belief that CTG interpretation can be subjective and that his error was in simply recording the CTG as normal the expert evidence stated that he should have analysed it in accordance with the guidelines. The May 2025 Tribunal concluded that there remained a risk of repetition until Dr Mohammad is able to gain insight and remediation of his misconduct in relation to Patients A and B. It considered that this would assist in reassuring patients, the public and the profession of the unlikelihood of this misconduct recurring if similar situations presented themselves in the future.

15. The May 2025 Tribunal found that Dr Mohammad’s misconduct had brought the profession into disrepute and put patients at unwarranted risk of harm. Further, the May 2025 Tribunal considered Dr Mohammad’s misconduct had damaged public confidence in the profession. The May 2025 Tribunal determined that Dr Mohammad’s fitness to practise is impaired by reason of misconduct.

16. The May 2025 Tribunal determined a period of suspension was the appropriate and proportionate sanction to protect the public. It considered that a period of suspension would balance Dr Mohammad’s interests with the need to send a clear message that his misconduct was wholly unacceptable for a member of the medical profession. Further, a period of suspension was necessary in order to uphold professional standards and public confidence in the profession.

17. The May 2025 Tribunal determined to impose a suspension for a period of six months on Dr Mohammad’s registration and directed a review. It was satisfied that suspending Dr Mohammad for a period of six months would sufficiently mark his serious misconduct and give him sufficient time to further remediate, gain full insight and complete any professional development needed to ensure that his medical knowledge is up to date without the risk of him losing his knowledge and skills.

18. The May 2025 Tribunal determined to direct a review of Dr Mohammad’s case and imposed an immediate order of suspension. It stated that a future Tribunal may be assisted by:

- A further reflective statement to include what he has learned and how he has developed his insight;
- Evidence of any further Continuing Professional Development to address his misconduct and to demonstrate that he has kept his medical skills and knowledge up to date;
- Dr Mohammad may also provide any other information that he considers will support his case in showing that he is fit to return to unrestricted practice.

The Evidence

19. Dr Mohammad provided reflections on the Tribunal's findings and his misconduct, dated 7 November 2025.

20. The Tribunal received the following documentary evidence which included but was not limited to:

- Record of Determinations June 2025
- Evidence of Dr Mohammad's Continuing Professional Development and his reflections on courses he has completed

21. The Tribunal has taken into account all the evidence received.

Submissions

Submissions on behalf of the GMC

22. Mr Gurdjit Singh, Counsel, submitted that the GMC is neutral on the issue of impairment. He acknowledged that impairment is a matter for the Tribunal in exercising its own independent judgement. He observed that the Tribunal has been furnished with an extensive defence bundle, which includes a reflection as well as the various items of CPD provided by the Doctor.

23. Mr Singh referred the Tribunal to paragraph 26 of the doctor's reflection and stated that the Tribunal may consider that paragraph to be of particular importance. He reminded the Tribunal of the overarching objective, namely, to protect and promote the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession

and to promote and maintain perfect proper professional standards and conducts for members of the profession.

Submissions on behalf of Dr Mohammad

24. Mr Andrew Colman, Counsel, submitted that Dr Mohammad has done all that was asked of him in preparation for this review. He said that his further reflective statement, particularly on those two patient cases is deep and detailed and is replete with remorse. Mr Colman submitted that Dr Mohammad has a true understanding of his errors on his patients directly but also on his colleagues on the wider profession and on the wider public. He said that it shows how Dr Mohammad has sought to remediate those mistakes and develop his insight.

25. Mr Colman submitted that it is evident in effect how this regulatory process has fulfilled its function under the first limb of the objective of protecting, promoting and maintaining the health, safety and well-being of the public, by making Dr Mohammad himself a better and safer doctor, which is what regulation is for.

26. Mr Colman submitted that Dr Mohammad has addressed his misconduct and demonstrated that he has kept his medical skills and knowledge up to date through the targeted continuing professional development certificates provided and the reflections thereon.

27. Mr Colman submitted that all three elements of the overarching objective have been achieved. He reminded the Tribunal that the GMC does not suggest that Dr Mohammad's fitness to practise is currently impaired and take a neutral position.

The Relevant Legal Principles

28. The Tribunal noted the Guidance for MPTS Tribunals issued on 24 November 2025. The Tribunal has borne in mind that its duty is to protect the public, namely, 'public protection' which is split into three distinct parts.

- protects, promotes and maintains the health, safety and well-being of the public
- promotes and maintains public confidence in the profession, and
- promotes and maintains proper professional standards and conduct for members of the profession.

29. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Mohammad to satisfy it that he would be safe to return to unrestricted practise.

30. This Tribunal must determine whether Dr Mohammad's fitness to practise is impaired today, taking into account his 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.

31. In deciding if Dr Mohammed's fitness to practise remains impaired, the Tribunal must assess whether he poses any current and ongoing risk to one or more of the three parts of public protection, requiring restrictive action in response. This assessment is made with reference to the findings of the May 2025 Tribunal and any relevant new evidence.

The Tribunal's Determination on Impairment

Misconduct

32. The Tribunal used the following questions set out below to help inform its assessment of whether Dr Mohammad poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high).

What was the last assessment of current and ongoing risk to public protection resulting in Dr Mohammad's fitness to practise being found impaired?

33. The Tribunal noted that the May 2025 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. It noted that prior to the new guidance original hearings may not have specifically stated the level of risk the doctor posed to one or more or the three parts of public protection. However, this Tribunal is clear that this does not preclude it from considering whether the level of risk posed by Dr Mohammad has changed and, if so, deciding whether it has decreased or increased.

34. The Tribunal had regard to the findings and conclusions of the May 2025 Tribunal, who decided that there was an unquantified risk of repetition. The Tribunal considered that at the date of this review hearing the level of risk has decreased to the same level as any other doctor.

What has happened since the last assessment of risk and what impact does this have?

35. The Tribunal noted that the May 2025 Tribunal took the view that Dr Mohammad had not shown full insight in relation to Patient B. The Tribunal noted paragraph 26 of Dr Mohammad's reflections, as follows:

'26. I have reflected that my earlier description of CTG interpretation as "subjective" may have inadvertently minimised the importance of adhering to this structured process. While clinical experience can inform interpretation, it must never replace the objective, evidence-based criteria set out in these guidelines. I now fully appreciate that consistent application of these criteria is essential for patient safety, inter-clinician communication and robust escalation. I will integrate the NICE CTG interpretation framework into my daily practice and ensure that every CTG I review is explicitly categorised and documented in accordance with it.'

36. The Tribunal noted Dr Mohammad's extensive reflections in which he accepted the findings of the May 2025 Tribunal. It considered that Dr Mohammad has now fully acknowledged his responsibility in relation to Patient B. Further Dr Mohammad has reflected deeply on the impact of his mistakes on Patients A and B, their families, his colleagues, the wider health board, and the medical profession. He accepted that his lapses did not meet the standards expected of him as a Consultant Obstetrician & Gynaecologist.

How has the doctor responded to the May 2025 Tribunal's findings?

37. It was clear to the Tribunal that Dr Mohammad has considered the findings of the May 2025 Tribunal, understood what went wrong and accepted he should have acted differently. The Tribunal considered that now Dr Mohammad fully understands the impact his misconduct had on Patients A and B. Dr Mohammad has demonstrated full remorse and apologised for his misconduct and in doing so complied with his professional duty of candour.

38. The Tribunal considered that Dr Mohammad has fully engaged with the GMC and embraced the regulatory process. The Tribunal accepted Mr Colman's submission that Dr Mohammad has likely become a better and safer doctor because of the regulatory process.

39. The Tribunal assessed the quality of Dr Mohammad's remediation. It considered that the steps he has taken to remediate have directly addressed the misconduct. It noted the objective evidence in the CPD Dr Mohammed has undertaken to address the deficiencies in his clinical practice which led to his misconduct. The Tribunal considered that Dr Mohammed could not

have done more to remediate. The Tribunal noted that Dr Mohammed has not only completed many recent and relevant CPD courses but has reflected on his learning from the courses he has completed.

40. The Tribunal was of the view that Dr Mohammad has responded well to the May 2025 Tribunal's findings and progressed positively since then in terms of his insight and the remediation undertaken. The Tribunal determined that the progress made has a positive impact on the assessment of risk.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

41. The Tribunal noted Dr Mohammed's CPD focussed on content which was directly relevant to the issues giving rise to his misconduct. The Tribunal also noted that it has been a relatively short time since Dr Mohammed has been out of clinical practice and was satisfied that he has not only maintained his skills and knowledge but enhanced them.

42. Considering the extent and depth of insight and remediation demonstrated by Dr Mohammed in relation to his misconduct, the Tribunal was satisfied that patients would not be placed at risk if he returned to unrestricted clinical practice.

43. The Tribunal considered that Dr Mohammed has reflected fully on why he made mistakes, and he set out in detail where he went wrong. It considered that his reflections were sincere and meaningful and that there was nothing further that Dr Mohammed could reasonably have provided to demonstrate that he has remediated his misconduct.

44. The Tribunal considered that a reasonably informed member of the public, aware of Dr Mohammed's remediation, insight and remorse, would not be concerned if the order of suspension was revoked.

45. The Tribunal noted that the order of suspension was made on all three limbs of the public protection. The Tribunal was satisfied, in all the circumstances, that patients would not be placed at risk and that public confidence in the profession and proper professional standards and conduct for members of the profession would not be undermined if the order of suspension was revoked with immediate effect.

46. The Tribunal noted that the order of suspension on Dr Mohammed's registration expires on 26 December 2025.

47. Accordingly, the Tribunal determined that Dr Mohammed's fitness to practise is no longer impaired by reason of misconduct and directed that the current order of suspension be revoked with immediate effect.

48. That concludes this case.