

PUBLIC RECORD**Dates:** 05/02/2025 - 07/02/2025; 06/03/2025

Doctor: Dr Osman HAJAHMED

GMC reference number: 7825840

Primary medical qualification: MB BS 2005 University of Khartoum

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	Mrs Catherine Moxon
Lay Tribunal Member:	Mrs Ann Bishop
Registrant Tribunal Member:	Dr Candida Borsada

Tribunal Clerk:	Ms Angela Carney 05/02/2025 - 07/02/2025 Ms Jemine Pemu 06/03/2025
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Attendance and Representation:

Doctor:	Present, not represented
Doctor's Representative:	N/A
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 - 06/02/2025

Background

1. Dr Hajahmed qualified as a doctor in 2005 in Sudan. Prior to the events which are the subject of the hearing he was working as a junior clinical fellow in general medicine at the Lewisham and Greenwich NHS Trust.
2. The Allegation that has led to Dr Hajahmed's hearing can be summarised as follows: On 15 April 2024 Dr Hajahmed was arrested by the police for the offence of causing Actual Bodily Harm on Ms A. Dr Hajahmed told police officers that he had struck Ms A with a stick, '*a number of times*'. XXX
3. On 17 April 2024 at Bexley Magistrates' Court Dr Hajahmed admitted the offence and pleaded guilty. On 30 May 2024 at Bexley Magistrates' Court, Dr Hajahmed was sentenced to a Community Order for 12 months, a Rehabilitation Activity Requirement up to a maximum of 25 days and fined £50.

The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted the GMC's application, made pursuant to Rule 34 the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adduce an additional bundle of documents, specifically photographs of Ms A's injuries and the Pre-Sentence Report used in the criminal proceedings. The Tribunal's full decision on the application is included at Annex A.

Documentary Evidence

5. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
 - MG5 Police Report, dated 16 April 2024
 - MG11 Police Witness Statement PC B, dated 15 April 2024

- MG11 Police Witness Statement PC C, dated 15 April 2024
- Police referral to GMC dated 25 April 2024
- Police update regarding bail conditions, dated 3 May 2024
- Self-referral by Dr Hajahmed to GMC, dated 25 May 2024
- Certificate of the Conviction
- Testimonial from Dr D, Consultant Geriatrician, Deputy Chief Medical Officer, Lewisham and Greenwich NHS Trust, undated
- Email from Dr Hajahmed to the GMC dated 5 August 2024
- Retraction Statement of Ms A, dated 29 April 2024
- Four photographs of Ms A's injuries
- Pre-Sentence Report ("PSR") completed on 29 May 2024

The Allegation and the Doctor's Response

6. At the outset of these proceedings, Dr Hajahmed admitted the Allegation in its entirety, as set out below, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules').

The Tribunal's Overall Determination on the Facts

7. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation as admitted and found proved in its entirety.

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

1. On 17 April 2024 at Bexley Magistrates' Court, you were convicted of assaulting Ms A occasioning her actual bodily harm, in contravention of section 47 of the Offences Against the Person Act 1861.

Admitted and found proved

2. On 30 May 2024 at Bexley Magistrates' Court, you were sentenced to:

a. a Community Order for 12 months;

Admitted and found proved

b. Rehabilitation Activity Requirement up to a maximum of 25 days;

Admitted and found proved

c. fine of £50.00.'

Admitted and found proved

The Tribunal's Determination on Impairment

Conviction

8. Dr Hajahmed did not provide a witness statement but gave oral evidence at the hearing.

9. In his oral evidence Dr Hajahmed referred the Tribunal to the PSR and clarified that the incident with Ms A occurred after trauma XXX. He said that he had been exposed to substantial provocation by Ms A on the 15 April 2024 which preceded his response. He explained he had been hit by Ms A for up to 10 minutes, she hit him with her hands, grabbing his clothes and raised a XXX to him.

10. Dr Hajahmed referred the Tribunal to the photographs of Ms A. One photograph showed a relatively deep cut to her elbow, he denied that this cut occurred when he hit her. He said the injury may have happened when she hit her elbow against a wall during the assault.

11. Dr Hajahmed stated that the isolated incident was out of character. XXX. He expressed regret and remorse. He confirmed that he paid the fine and Court costs and has complied with the community order, meeting with the probation officer 22 times, initially weekly and then monthly.

12. In answer to questions from Ms Gilsenan, Dr Hajahmed confirmed that he provided a prepared statement for the police and then made no comment during the remainder of the interview on the advice of his solicitor.

13. Dr Hajahmed said that his actions were wrong, and he was not giving an excuse for hitting Ms A. He said that he admitted his actions at the Magistrates Court because he was guilty. He said that he knows he should not have hit her and added that his actions are forbidden in his religion.

14. In reference to his email to the GMC dated 5 August 2024, sent following his conviction and sentencing, Dr Hajahmed said that he was not justifying his actions in this email. He said that he was not blaming Ms A for his actions but said that they were both wrong and that they had *"shared responsibility"*.

15. Dr Hajahmed was cross-examined on the basis that he had sought to minimise the injuries to Ms A. The PSR described him reporting that Ms A *"suffered minor injuries as her hand may have been scratched"*. Dr Hajahmed was shown the photographs of multiple site injuries to Ms A. He accepted that she had sustained significant injuries but denied making the minimising comments to the author of the PSR.

16. When Dr Hajahmed was referred to the PSR in which it was recorded ‘...he stated [XXX]. Dr Hajahmed stated that English was not his first language, and these were not his exact words. Dr Hajahmed told the Tribunal that XXX. However, he accepted that Ms A would have been frightened.

17. Dr Hajahmed said he disagreed that he had little insight, he said that it was wrong, he regretted it, and it should not have happened. Dr Hajahmed said he has completed anger management and rehabilitation courses over the telephone with the probation service but confirmed that he did not have any documentation in support. He said the courses included advice, discussion about XXX and anger management. He described them as “general talk and advice”.

18. The PSR reported:

“Mr Hajamed [sic] has suffered trauma, which is likely to have impacted on his coping skills and in managing to regulate his emotions. I would further assess that Mr Hajamed [sic] used violence as a means to control [XXX]”

19. Dr Hajahmed said he disagreed that he used violence as a means to control XXX. He said that this was an isolated incident. He said that it was out of character and due to substantial provocation and anger at that moment.

20. Dr Hajahmed said the PSR was completed almost nine months ago during a one-hour assessment. He said that his personal circumstances have changed, and he is definitely not the same person now. He said that his stress levels have changed, XXX.

21. In reference to the testimonial from Dr D, Dr Hajahmed said he could not remember whether it was provided by Dr D before or after his conviction. He said that he informed Dr D immediately after the incident and kept him updated.

22. Dr Hajahmed said he disagreed that he had little insight into his actions or awareness of the impact of his actions XXX. He said that he is feeling very sad and has remorse. XXX

23. Dr Hajahmed said that he was not a risk to the public as this was out of character and an isolated incident. He said that it was a one-off mistake. He said that he has engaged with the probation service for the last seven months, but he was not provided with any documents, which was not his fault.

24. In relation to Good Medical Practice (2024 version) Dr Hajahmed accepted that he was an experienced doctor aware of the guidance albeit he had not read all of the guidance. Dr Hajahmed was referred to paragraph 81 which states:

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

25. In response Dr Hajahmed said that in 20 years working as a doctor he has never had any clinical concerns with his patients and has conducted his profession with integrity and professionalism. He said that what happened with Ms A was XXX. He said XXX it was one mistake which will not be repeated. Dr Hajahmed accepted his behaviour would undermine confidence in the profession. He said that he considered he was fit to practise while currently undertaking a community order because he knows himself and has insight about what happened and regrets it. He said that he will not do it again. He will be careful to control himself.

26. In answer to Tribunal questions Dr Hajahmed described that he had XXX to find Ms A was shouting XXX. He said he asked her to calm down, she became angrier and then started to hit and verbally abuse him. He said that Ms A took the stick and hit him with it, he then took the stick and hit her and after that she called the police. XXX. He said that the hitting occurred for about one to two minutes, but the provocation occurred around five minutes. XXX.

Submissions

27. On behalf of the GMC, Ms Gilsenan, invited the Tribunal to make a finding of impairment in Dr Hajahmed's case.

28. Ms Gilsenan submitted that Dr Hajahmed's conviction XXX had brought, or was liable to bring, the medical profession into disrepute. His conduct breached a fundamental tenet of the medical profession.

29. Ms Gilsenan invited the Tribunal to consider the overall context of possible impairment which included the following factors:

- i. The Allegation in this case is serious;
- ii. The Allegation falls into a category that carries a presumption of impairment;
- iii. Dr Hajahmed's actions have resulted in criminal action against him;
- iv. Dr Hajahmed's community order has not yet expired and is due to expire on 30 May 2025;
- v. At the time of these proceedings, Dr Hajahmed will have a conviction on his record which will show up on a DBS check.

30. Ms Gilsenan stated, when considering impairment, the Tribunal may have regard to the following paragraph 81 of Good Medical Practice ("GMP") 2024 (as above). She submitted that paragraph 81 GMP is directly engaged and has been breached in light of Dr Hajahmed's conviction. In light of the serious breach of GMP, Ms Gilsenan invited the Tribunal to consider the breaches in the context of:

- i. the collective need to maintain confidence in the profession;
- ii. declaring and upholding proper standards of conduct and behaviour of the public in their doctors.

31. Ms Gilsenan expressed that a member of the public would be shocked and concerned if Dr Hajahmed's violent offence was not marked by the regulator with a finding of impairment as then he would be allowed to return to unrestricted practice.

32. Ms Gilsenan reiterated the facts behind the conviction. Dr Hajahmed has been violent towards Ms A XXX, resulting in a conviction following a full facts guilty plea. The evidence points against a momentary lapse of judgment. On any assessment of the photographs of the injuries, the victim was hit multiple times with a wooden stick so hard to cause cuts, scrapes and bruises.

33. Ms Gilsenan said that when considering the seriousness of the doctor's conduct, this Tribunal may wish to consider themselves how hard you would need to hit someone with a wooden stick, and how many times, in order to break a person's skin and cause the injuries shown in the photographs of Ms A. Moreover, the circumstances XXX is also a relevant factor.

34. In relation to remediation, Ms Gilsenan urged the Tribunal to consider remediation in the context of the Allegation and the seriousness of Dr Hajahmed's conviction and conduct.

35. Ms Gilsenan reminded the Tribunal that Dr Hajahmed has not provided any objective documentary evidence of engagement with, or completion of, offending behaviour courses such as anger management, cognitive behavioural skills and relationship skills, progress with the community order and completion of required days of the Rehabilitation Activity Requirement (RAR) ordered by the Magistrates Court.

36. Ms Gilsenan respectfully invited the Tribunal to cast its mind back to the evidence of Dr Hajahmed who, during the course of his oral evidence, showed limited insight into his behaviour and the impact of his actions on Ms A XXX. Moreover, he plainly minimised his actions in the course of the assault against Ms A. She said that it is fair to note that Dr Hajahmed has sought to provide some reflections through his email correspondence with the GMC. When considering these comments, the Tribunal may conclude that limited weight should be attached to these reflections in the light of what appeared to be:

- i. Clear minimisation of the offence and injuries sustained by Ms A;
- ii. Repeated suggestions that he was significantly provoked;
- iii. Failure to demonstrate reflections learnt from the RAR he has completed thus far;
- iv. The submission of a retraction statement from Ms A to reduce his culpability; which the Tribunal will have noted only withdraws support for the prosecution rather than stating that the assault did not occur and should be viewed in the context of the photographs of Ms A's injuries.

37. Ms Gilsenan said that Dr Hajahmed was assessed as being a high risk of harm to Ms A by the author of the Pre-Sentence Report prepared for his criminal sentencing hearing in May 2024. There is no objective evidence before the Tribunal so that it can be satisfied this risk has reduced.

38. Ms Gilsenan submitted, in lieu of any exceptional circumstances which would justify a finding of no impairment, the Tribunal is invited to make a finding of impairment.

39. Dr Hajahmed restated that English is not his first language and therefore he could not express himself as clearly as he could in Arabic. He reminded the Tribunal that he has worked as a doctor for over 20 years but has only lived in the United Kingdom for the last three years. He confirmed that he could follow these proceedings but not 100%.

40. Dr Hajahmed said he is regretful, feels deep remorse and is very sad. He questioned how else he could show full insight. He said that he was transparent and honest from the start.

41. Dr Hajahmed said that he is a totally different person now and expressed regret and remorse. He said that he understands that what he did was wrong and will never do it again. He said that he is engaging with the probation program. He said that he has not minimised his behaviour and accepts that his conviction is serious and was harmful. Dr Hajahmed said that it was a single isolated mistake and that everybody can make a mistake.

42. Dr Hajahmed said that he has been out of work for nine months and every day his conviction will affect his career and his efforts to find a job in the future. Dr Hajahmed has reflected a lot in the last nine months. He said he came to the UK to advance his prospects but now he is regressing which is detrimental to his future.

43. Dr Hajahmed invite the Tribunal to refrain from following the law strictly but to have some humanity.

The Tribunal's Approach

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

45. The Tribunal must determine whether Dr Hajahmed's fitness to practise is currently impaired by reason of his conviction, taking into account his conduct at the time of the events and any other relevant factors such as any development of insight, whether the matters are remediable or have been remediated and the likelihood of repetition.

46. The Tribunal also had to have regard to the public interest and the need to declare and uphold proper standards of behaviour so that confidence in the profession is maintained.

47. The Tribunal took into account the evidence and submissions from parties.

Language

48. The Tribunal considered the impact of Dr Hajahmed speaking in a second language. Dr Hajahmed has passed on English Language assessment to work as a UK doctor, he has practised medicine in the UK, where he has lived for the last three years. He was able to respond appropriately during the proceedings, including during cross-examination. He was able to seek clarification when he did not understand the difference between giving oral evidence and making submissions on his own behalf as a litigant in person. Further Dr Hajahmed has expressed that he has no legal training. The Tribunal has also considered the written responses of the doctor which expressed appropriate use of language. At no time was an interpreter requested. There was no evidence of an interpreter being required during the criminal proceedings including the police station interview when he was represented by a solicitor. For all of these reasons the Tribunal was content that Dr Hajahmed was able to participate in the hearing and it would continue to ensure that he understood the proceedings. The Tribunal operates on the basis that the expectation is that doctors will not have legal training and that most will be unfamiliar with the procedure and some of the terminology.

Insight

49. The Tribunal noted that Dr Hajahmed assaulted Ms A with the use of a weapon, causing her multiple injuries at multiple places on her body. In addition to the photographed injuries to her arm and elbow, Ms A also complained to the police of an injury to the top of her head and back. The police described being unable to see an injury to the head due to her XXX hair. The police did not ask her to remove her clothes to see her back.

50. The Tribunal noted, that although Dr Hajahmed pleaded guilty on a full facts basis, during his oral evidence his account of the events was inconsistent and attempted to minimise his role. He explicitly stated that he and Ms A shared the blame for the event. Further, on more than one occasion, to the police, the probation officer and during his oral evidence to this Tribunal, Dr Hajahmed asserted that he was provoked by Ms A. Dr Hajahmed stated that Ms A incurred the elbow injury by hitting a door rather than as a result of him striking her. On any analysis the Tribunal considered Dr Hajahmed's assault on Ms A was a sustained attack with a weapon. The Tribunal determined that Dr Hajahmed minimised the assault on Ms A and attempted to shift the blame on to her repeatedly.

51. The Tribunal noted the withdrawal of Ms A's support for any prosecution. It further noted Ms A wrote to the GMC asking it to reconsider the case against Dr Hajahmed.

52. XXX

53. The Tribunal considered Dr Hajahmed has demonstrated a significant lack of insight.

Remediation

54. The Tribunal next considered whether Dr Hajahmed has remediated his behaviour. It noted that Dr Hajahmed has engaged with the sentence imposed by the Magistrates Court.

During his oral evidence, Dr Hajahmed expressed regret and remorse for the behaviour which led to his conviction and sentence, stating it was out of character and an isolated incident which will not be repeated.

55. The Tribunal noted Dr D's undated testimonial letter. It was unclear whether Dr D was fully aware of the details of Dr Hajahmed's assault on Ms A or even aware of the conviction. It noted Dr Hajahmed also provided a letter addressed to XXX, which was for a difference purpose. Although the letter spoke of Dr Hajahmed's good character, it did not speak to the assault. The Tribunal was unable to give much weight to either testimonial.

56. The Tribunal noted that whilst Dr Hajahmed complied with the community order imposed by the Court and attended meetings with the probation service, he has not provided any objective evidence of remediation. Dr Hajahmed has not provided any reports from the rehabilitation meetings on his progress or his own written reflections from those. Dr Hajahmed has made no effort to seek additional targeted courses, counselling or sought a mentor from his religious community. Dr Hajahmed told the Tribunal that the probation services should have told him what to do.

57. In his oral evidence Dr Hajahmed asserted that this was XXX. He also said that he was not the same person as nine months ago when the assault occurred but failed to explain fully how he has changed.

58. The Tribunal assessed the evidence of Dr Hajahmed. At times, he was able to express in words his remorse and regret. However, his apologies are limited and his actions, since his arrest in April 2024 to date, and the testing of those words in oral evidence, do not match. Ultimately, Dr Hajahmed has been unable to accept the gravity of his conviction and the impact on others of his own behaviour. Having been unable to accept his role he has failed to take responsibility for his own remediation which has led him to blame others, including the probation service for not directing his remediation.

59. For these reasons the Tribunal found little or no convincing remediation had taken place.

Risk of Repetition

60. The Tribunal next considered whether the doctor's behaviour is likely to be repeated. The Tribunal determined, in light of the limited evidence of insight and lack of remediation, that there remains a high risk of repetition.

61. 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 Hajahmed'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 in the past acted dishonestly or without integrity and/or liable to act dishonestly or without integrity in the future.'

62. The Tribunal considered the seriousness of Dr Hajahmed's conviction and whether all four elements of the guidance provided by Dame Janet Smith were engaged.

63. The Tribunal noted that Dr Hajahmed was convicted and sentenced for assaulting Ms A. It found that it was a sustained assault causing actual bodily harm on Ms A, XXX. The Tribunal considered that Dr Hajahmed's assault and conviction has clearly brought the medical profession into disrepute.

64. The Tribunal has borne in mind paragraph 81 of Good Medical Practice (2024 edition) as above. It found that Dr Hajahmed has breached a fundamental tenet of Good Medical Practice.

65. The Tribunal was satisfied that limbs (b) and (c) were engaged in this case.

66. The Tribunal considered whether Dr Hajahmed's actions fell seriously below the behaviour expected of a doctor. It noted the serious and violent nature of the criminal offence to which Dr Hajahmed pleaded guilty, XXX. There was repeated use of a weapon with injury sustained by the victim. The Tribunal determined that this was a clear example of a serious departure from the expected standards.

67. The Tribunal next considered the overarching objective. It noted that Dr Hajahmed's assault of Ms A did not occur in a clinical setting. There have been no concerns raised about Dr Hajahmed's clinical practice. It was not satisfied that Dr Hajahmed poses a real and direct risk to patient safety.

68. The Tribunal was satisfied that Dr Hajahmed's conduct has brought the medical profession into disrepute and a reasonable and properly informed member of the public would be shocked if he was found to be not impaired. Dr Hajahmed's behaviour would be considered deplorable by colleagues and a finding of impairment is required to reflect that his actions were unacceptable. It determined that public confidence in the profession would be undermined, and proper standards and conduct for members of the profession would not be maintained, if a finding of impairment were not made.

69. Dr Hajahmed's behaviour was so serious that it led to a conviction for a serious assault. The Tribunal was of the view that the nature of the conviction is such that the public interest demands a finding of impairment.

70. Accordingly, the Tribunal determined that Dr Hajahmed's fitness to practise is currently impaired by reason of his conviction.

Determination on Sanction - 06/03/2025

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

72. Having determined that Dr Hajahmed'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

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

Submissions

74. On behalf of the GMC, Ms Gilsenan submitted that the Tribunal should erase Dr Hajahmed's name from the Medical Register. She submitted that a sanction is both necessary and proportionate in all of the circumstances of this case.

75. Ms Gilsenan submitted that the Tribunal may consider the following to be mitigating factors. She stated that Dr Hajahmed was of previous good character, and he has no other fitness to practise history. Ms Gilsenan reminded the Tribunal that Dr Hajahmed is an experienced doctor of over 20 years, albeit only practising in the UK for the last three years (in fact, the Tribunal noted 2022 until 2024). She said, in his oral evidence Dr Hajahmed confirmed that he understands the purpose behind Good medical practice. She said that he accepted the fundamental principle of being able to trust a doctor and the impact his behaviour could have on the trust of patients in him and also in the medical profession as a whole.

76. Ms Gilsenan reminded the Tribunal of its determination on impairment and its finding that *'there was little or no convincing remediation that had taken place'*. She said that Dr

Hajahmed relies on an acceptance of the conviction, an apology for his actions and the position that he is working on his behaviour. She submitted that Dr Hajahmed's oral evidence and comments to the GMC's Rule 7 letter fall far short of demonstrating that the risk of repetition has reduced or is low. She submitted that limited weight, if any, can be attached to remediation and weight should be attached to the fact that Dr Hajahmed has not properly demonstrated how his behaviour would differ in the future if a similar situation were to arise.

77. Ms Gilsenan acknowledged that Dr Hajahmed has provided written comments to the GMC expressing regret and apology, which have been reiterated in oral evidence to this Tribunal. She submitted however, that they appear to lack depth or real recognition as to the extent of the impact on [Ms A] XXX and the public perception of the profession, but nevertheless acknowledged that they have been made.

78. Ms Gilsenan acknowledged Dr Hajahmed's admissions to the charge which led to the criminal conviction. However, she submitted that Dr Hajahmed has persistently, throughout these proceedings, tried to assert a less serious version of events and to minimise his actions, stating he was significantly provoked by [Ms A]. She reminded the Tribunal that it found Dr Hajahmed has a significant lack of insight into his conduct that led to the conviction.

79. Ms Gilsenan submitted that aggravating factors in this case include the breach of paragraph 81 of Good medical practice, the doctor's significant lack of insight and the little to no remediation.

80. In relation to taking no action, Ms Gilsenan submitted that, given the findings of this Tribunal, this is plainly a case where it is not appropriate to have no sanction. She said that it is not an exceptional case that justifies no sanction being made in all the circumstances.

81. Ms Gilsenan submitted that, given the findings on impairment, conditions would be wholly inappropriate and disproportionate. She submitted that it would be difficult to envisage what, if any conditions could be formulated that will be workable or meet the level of public interest in this case. She said that conditions would not be appropriate given the circumstances of this case and the findings of the Tribunal.

82. In relation to suspension, Ms Gilsenan referred the Tribunal to paragraphs 91 and 92 in the Sanctions Guidance (February 2024) (the SG), which states:

'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).'

83. Ms Gilsenan submitted that, although Dr Hajahmed has admitted the fact of the conviction, he does not appear to admit fault for his actions giving rise to that conviction. She said that, on the face of it, he recoils from the responsibility of assaulting [Ms A] and raises significant provocation in a way to minimise his actions leading to that conviction. She reminded the Tribunal that it assessed and determined that there is a high risk of repetition. She said that the Tribunal will also be aware that misconduct involving violence is an aggravating factor likely to lead it to consider taking more serious action and submitted that the appropriate version of more serious action in this case is erasure.

84. Ms Gilsenan reminded the tribunal that there was sustained violence with the use of a weapon causing multiple injuries to [Ms A]. She said that the doctor has minimised the assault and sought to blame others for his actions. She submitted that there has been a significant lack of insight, including lack of insight about the impact on XXX. Ms Gilsenan acknowledged that Dr Hajahmed has complied with the community order sentence, but said there has been no objective evidence of remediation. She submitted that Dr Hajahmed does not accept the gravity or the full responsibility for the assault occasioning actual bodily harm, and there is a high risk of repetition.

85. Ms Gilsenan referred the Tribunal to the following sub-paragraphs of paragraphs 109 of the SG, which state:

'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.*

c. *Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care).*

d....

e...

f...

g. *Offences involving violence.*

f...

i..

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

86. Ms Gilsenan submitted that the sub-paragraphs regarding reckless disregard for the principles set out in Good medical practice and doing serious harm to others are engaged. She submitted that the offence involved violence and Dr Hajahmed demonstrated a persistent lack of insight into the seriousness of his actions or the consequences.

87. With that context in mind, Ms Gilsenan submitted that in the circumstances of this case and in order to satisfy the overarching objective, it is proportionate and in the public interest to impose a sanction of erasure.

88. Dr Hajahmed submitted that the assault was a single incident. He said that he has stated many times and he understands that it is very serious. He said he is very remorseful and regretful. He said he was unclear what more he could do to demonstrate that he has insight. He said that he is not minimising what he did to [Ms A].

89. Dr Hajahmed said he has been suspended for nine months via an interim order, which affected his clinical practice. He referred the Tribunal to paragraph 48 of the SG, which states:

'48. Studies of cross-cultural communication show that there are substantial variations in the way that individuals from different cultures and language groups communicate. This is particularly the case when individuals are speaking in their second language – they may use the conventions of their first language to frame and structure sentences, often translating as they speak, which may be reflected in their intonation. As a result, they may not adhere to the conventions or display the subtleties or nuances of their second language. In addition, there may be differences in the way that individuals use

non-verbal cues to convey a message, including eye contact, gestures, facial expressions and touch.'

90. He said that he has been unable to express himself as well in English as he could in Arabic. XXX. He said that he was angry at the time of the assault, but he is working on his anger by praying and attending the mosque more frequently. He said that he has been watching lectures on YouTube. He said that he has never committed a criminal offence before, and this conduct will never be repeated. He said that the only skills he has are as a doctor and he has been unable to find alternative employment. He said that he has learned a lesson and has been punished.

91. Dr Hajahmed referred the Tribunal to paragraph 53 of the SG, which states:

'53. The tribunal should be aware however that cultural differences and the doctor's circumstances (eg their ill health) could affect how they express insight (see paragraphs 45–49).'

92. Dr Hajahmed asked the Tribunal to consider his cultural background. He said that it is difficult to understand the English culture immediately but needs time as it is a steep learning curve. He said that there have been no concerns about his clinical practice. Dr Hajahmed asked to be forgiven and given a second chance.

93. Dr Hajahmed reminded the Tribunal that XXX. He said that he admitted the assault immediately to the police, the Court and to this Tribunal. He said that he has been trying to contact his probation officer for the last two weeks to provide a report on his progress but has been unable to contact him and does not have an email address.

94. Dr Hajahmed said that he was trying to explain the circumstances that led to the assault and was not trying to excuse himself. He said that he was not minimising the assault and that he has insight. Dr Hajahmed referred to the circumstances in XXX which were stressful. He said that it has been nine months since the assault and there has been no repetition.

95. Dr Hajahmed said that his conduct is remediable, and he is working on it. He said that he does not have any references but if he were to be allowed to return to clinical work he would ask for references. He has apologised to [Ms A], XXX and to the Court. He accepted that he should have behaved differently.

96. He said that he was unable to express himself during the pre-sentence report interview and was misunderstood when it was reported that he said XXX.

97. Dr Hajahmed referred the Tribunal to paragraph 52 of the SG, which states:

'52 A doctor is likely to lack insight if they:

- a. refuse to apologise or accept their mistakes*
- b. promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing*
- c. do not demonstrate the timely development of insight*
- d. fail to be open and honest during the hearing (see paragraph 98 of Good medical practice).'*

98. Dr Hajahmed said that he came to the UK to learn and progress and for a better life XXX. He said that it was a painful way to learn. He said that he was regretful, remorseful and admits that the assault was serious.

99. Dr Hajahmed described what he has been watching on YouTube. He said that he was studying the Qur'an. He said that as a Muslim, he has been learning how to face difficulties in life. He said that he had been listening to lectures from scholars about how to control anger, XXX. He also said that the videos he had been watching included how to be accepting and content with what you have, how to face difficulties, how to be merciful and forgiving, how to be patient when you are faced with situations like this and how to control yourself. He said that he attends the mosque and listens to the teachings of the Iman. Dr Hajahmed initially said he had not written anything down. He later clarified to the Tribunal that he had written notes, in Arabic, on his phone after watching the YouTube lectures.

100. Dr Hajahmed said that it is appropriate to have a sanction in place, but erasure is excessive. He said he understood that conditional registration is for specific areas that need to be addressed. Dr Hajahmed seemed to accept that conditions were not appropriate but did not think a period of suspension would be appropriate either as it would have such a detrimental impact on his ability to work. Dr Hajahmed later added that conditions would also make it very difficult for him to work.

101. Dr Hajahmed asked the Tribunal to consider his situation XXX.

The Relevant Legal Principles

102. When considering sanction, the Tribunal must have particular regard to the statutory overarching objective. It must consider the objective as a whole and should not give excessive weight to any one limb.

103. The Tribunal must apply the principle of proportionality: balancing the doctor's interests with the public interest. The Tribunal reminded itself that the purpose of sanction is not to be punitive although the sanction imposed may have a punitive effect.

104. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction.

105. The Tribunal must consider any relevant mitigating and aggravating factors and address them within the context of the determination.

106. In reaching its decision the Tribunal must take into account the SG. If the Tribunal departs from the Guidance, the relevant paragraph should be referenced, and reasons given for doing so.

107. The Tribunal's reasons must be set out in writing.

The Tribunal's Determination on Sanction

Aggravating and Mitigating factors

108. Before considering what action, if any, to take in respect of Dr Hajahmed's registration, the Tribunal considered and balanced the aggravating and mitigating factors in this case.

Aggravating factors

109. The Tribunal considered that Dr Hajahmed's conviction was as a result of a sustained attack, with a weapon, on a vulnerable victim. The Tribunal also found that Dr Hajahmed lacked insight. The Tribunal found that Dr Hajahmed's account of the events was inconsistent and attempted to minimise his role as he said frequently that he and Ms A shared the blame for the event. It also found that on more than one occasion, to the police, the probation

officer and during his oral evidence to this Tribunal, Dr Hajahmed asserted that he was provoked by Ms A.

110. XXX

Mitigating factors

111. By way of mitigation, the Tribunal noted that Dr Hajahmed entered a guilty plea to the offence at the Magistrates Court and admitted the Allegation in full at the outset of this hearing. The Tribunal heard that Dr Hajahmed was of previous good character, and he has no relevant or current fitness to practise history. The Tribunal noted that Dr Hajahmed has continued to express regret and apology and accepted some insight, albeit limited, consistent with its findings at the Impairment stage.

112. The Tribunal noted that Dr Hajahmed arrived in the UK in 2022 from a war-torn country.

113. Dr Hajahmed told the Tribunal today that he found it hard to express his regret and remorse, due to the cultural differences but would have been able to do so had he been speaking Arabic. The Tribunal accepted that there are substantial variations in the way that individuals from different cultures and language groups communicate.

No action

114. In reaching its decision as to the appropriate sanction, if any, to impose, the Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

115. The Tribunal determined that, given the serious nature of Dr Hajahmed's conviction and the absence of any exceptional circumstances in this case, taking no action was neither appropriate nor proportionate and was not in the public interest.

Conditions

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

117. The Tribunal concluded that imposing conditions on Dr Hajahmed's registration would neither adequately reflect the serious nature of the conviction, nor address the lack of insight nor the risk of repetition.

118. The Tribunal determined that conditions could not be devised that would protect the public interest and maintain public confidence in the medical profession. The Tribunal therefore concluded that conditions would not be appropriate, proportionate, workable or measurable.

Suspension

119. The Tribunal next considered whether suspension was appropriate. The Tribunal noted paragraphs 91, 92 (as above) and 93 in the SG, which states:

'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 (see paragraphs 24–49).'

120. Dr Hajahmed's conviction is for a serious incident XXX. The victim was vulnerable in that XXX. A weapon was used, repeatedly. The Tribunal have seen photographs of some of the injuries to Ms A. Dr Hajahmed maintains that he has made one mistake. The Tribunal reject this analysis. This was a sustained attack. There were numerous opportunities for him to stop and control himself but he did not do so until Ms A had sustained bruising and cuts, one of which looked to be of some depth. There was a time when Ms A was already physically hurt and he continued to hit her with a wooden stick.

121. Further, the Tribunal has already found that Dr Hajahmed presents a high risk of repeating the behaviour which led to his conviction. The Tribunal made allowances for the fact that English is a second language for Dr Hajahmed, cultural differences and the fact that he was self-representing. However these features did not change the view of the Tribunal on the lack of insight, remediation and therefore the risk that Dr Hajahmed still presents. Dr Hajahmed has spoken at length in these proceedings, he has articulated intelligently with reference to the sanctions guidance and has spoken about the impact a serious sanction will have on him. He acknowledged that his cultural background makes it difficult for him to say "sorry". As he set out himself in his submissions he was able to say the words sorry, express regret and remorse frequently. Dr Hajahmed has failed to take responsibility for his own remediation or give any evidence of such.

122. Ultimately, the Tribunal have deeper concerns about Dr Hajahmed's insight, remediation and the risk he presents. The Tribunal, having heard from Dr Hajahmed, determined that he is not missing the subtlety of communication. His insight is limited as it focuses mainly on himself. He has offered very little by way of insight into the consequences XXX (other than financial). He has urged upon the Tribunal that everyone in the hearing will have made mistakes and that if one mistake could not be forgiven then no doctor would be able to stay on the medical register. This is the crux of the issue. Dr Hajahmed does not see the gravity of his actions on the 15 April 2024.

Erasure

123. The Tribunal noted paragraph 56 and 109 a, b, g and j of the SG which states:

'Conduct in a doctor's personal life

56. Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (this list is not exhaustive):

d misconduct involving violence or offences of a sexual nature (see paragraphs 149–150)

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

...

g. Offences involving violence...

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

124. Turning to paragraph 109a this was a particularly serious departure from Good medical practice. Violence of this nature is difficult to remediate. Dr Hajahmed's actions were deliberate. He made active choices for which he is criminally culpable. Those choices disregarded not only Good medical practice but the standards of the criminal law. XXX. The author of the Pre Sentence Report found that "*Dr Hajahmed used violence as a means to control [XXX].*".

125. The Tribunal have found Dr Hajahmed's insight to be lacking depth. The Tribunal accept that Dr Hajahmed has apologised and used words to express remorse. He has some insight. His insight is largely self-focussed, and he has persistently failed to demonstrate insight into the seriousness of his conviction on others including the public.

126. The Tribunal therefore determined that erasure is the only proportionate sanction 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.

127. The key factors explaining why erasure is the only appropriate outcome is the seriousness of the criminal conviction and all of the aggravating features especially XXX and the repeated use of a weapon amounting to a sustained attack. Even taking the mitigating features at their height, they are outweighed by the seriousness of the criminal conviction in this case. This conduct was fundamentally incompatible with continued registration.

128. Accordingly, the Tribunal determined to erase Dr Hajahmed's name from the Medical Register.

Determination on Immediate Order - 06/03/2025

129. Having determined that erasing Dr Hajahmed's name from the medical register is appropriate, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Hajahmed's registration should be subject to an immediate order.

Submissions

130. On behalf of the GMC, Ms Gilsean, Counsel, submitted that given the facts found proved in this case and the sanction imposed, an immediate order of suspension is necessary in order to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct.

131. Ms Gilsean referred the Tribunal to various paragraphs of the SG including paragraphs 172, 173 and 178:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the

misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'

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

'178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

132. Ms Gilsean submitted that the Tribunal should impose an immediate order of suspension to replace the interim order of conditions.

133. Dr Hajahmed submitted that the sanction imposed by the Tribunal was excessive and amounts to an injustice. He made no submissions in relation to the imposition of an immediate order.

The Tribunal's Determination

134. 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.

135. It has also borne in mind the guidance given in paragraphs 110, 172, 173, and 178 of the SG, which states:

***110** If the tribunal decides that a doctor should be erased from the medical register, it must also consider whether to make an order to immediately suspend the doctor's registration, as required by rule 17(2)(o). The tribunal must take into account any evidence it has received and any submissions made by the parties before making and*

announcing its decision. Further guidance on when an immediate order might be appropriate is set out at paragraphs 172–178. ‘

136. The Tribunal considered the seriousness of the facts found proved against Dr Hajahmed. The Tribunal further balanced the interests of Dr Hajahmed against those of the public.

137. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific basis upon which the Tribunal reached its determination on impairment and sanction. The Tribunal determined that an immediate order of suspension is necessary to protect public confidence in the medical profession and is in the wider public interest.

138. This means that Dr Hajahmed’s registration will be suspended from today. The substantive sanction, 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.

139. The interim order is hereby revoked.

140. That concludes the case.

ANNEX A – 05/02/2025

Application to adduce further documents

141. Ms Gilsenan made an application under Rule 34 of the General Medical Council (the GMC) Fitness to Practise Rules 2004 (as amended) ('the Rules') to admit a 14-page document containing photographs of Ms A's injuries and a pre-sentence report. She said that the Court sent the pre-sentence report on Saturday 1 February 2025 and the GMC investigation officer opened the email on Monday 3 February 2025. She stated that the police disclosed the photographs to the GMC on Tuesday 4 February 2024.

142. Ms Gilsenan reminded the Tribunal that Rule 34(1) states:

'34(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

143. Ms Gilsenan submitted that the Tribunal may admit any evidence it considers fair and relevant. She submitted that the evidence, the photographs and pre-sentence report were available to the Court and are fair and relevant to this Tribunal. She said that Dr Hajahmed is familiar with the documents and was legally represented at the Court hearing. Ms Gilsenan stated that the pre-sentence report speaks to Dr Hajahmed's insight.

144. Dr Hajahmed stated that he had seen the photographs of Ms A but had only been provided with the pre-sentence report by the GMC yesterday. He stated that the photographs and pre-sentence report are fair and relevant and did not object to the Tribunal seeing them.

The Tribunal's Decision

145. The Tribunal took account of the submissions from Ms Gilsenan and Dr Hajahmed and has borne in mind Rule 34(1).

146. The Tribunal noted that the documents provide context and background to Dr Hajahmed's guilty plea to the charges.

147. Ms Gilsenan submitted that the pre-sentence report speaks to Dr Hajahmed's insight. Dr Hajahmed made no objection to the document being adduced but stated that he would like to make further submissions on them at a later stage.

148. The Tribunal was satisfied that to adduce the documents was fair and relevant to the hearing.

149. Accordingly, the Tribunal granted Ms Gilsenan's application to adduce the document.