

PUBLIC RECORD**Dates:** 11/09/2025 - 12/09/2025

Doctor: Dr Sajjad SHEIKH

GMC reference number: 7818311

Primary medical qualification: MUDr 2020 Univerzity Palackeho v Olomouci Lekarska Fakulta

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

Summary of outcome
Conditions revoked

Tribunal:

Legally Qualified Chair	Ms Sharmistha Michaels
Lay Tribunal Member:	Miss Shamaila Qureshi
Registrant Tribunal Member:	Dr Richard Vautrey
Tribunal Clerk:	Ms Jemine Pemu

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Lewis Kennedy, 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 - 12/09/2025

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 Sheikh's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Sajjad Aamer Sheikh qualified in 2020 from the Univerzity Palackeho v Olomouci Lekarska Fakulta, Czechia. He began work as a Junior Clinical Fellow in Emergency Medicine at Chelsea and Westminster Hospital NHS Foundation Trust in October 2020.

February 2023 Tribunal

3. Between 6 - 10 February 2023 and 25 – 26 February 2023 ('the February 2023 Tribunal'), Dr Sheikh's case was considered by a Medical Practitioners Tribunal (the February 2023 Tribunal).

4. In summary, the February 2023 considered an allegation that, between 16 October 2020 and 30 November 2020, Dr Sheikh engaged in an improper emotional relationship with Patient A who was vulnerable due to her mental health difficulties. At the time of events Dr Sheikh had been practising as a Junior Clinical Fellow at Chelsea and Westminster Hospital NHS Foundation Trust ('the Hospital') in the Accident and Emergency ('A&E') Department and was six weeks into his first post as a doctor since qualifying.

5. Dr Sheikh made full admissions to the Allegation which were accordingly found proved. The Allegation was that:

1. At all material times:

a. Patient A was vulnerable due to their mental health; **Admitted and Found Proved**

b. you knew that Patient A was vulnerable due to their mental health.
Admitted and Found Proved

2. On or around 15 and 16 October 2020 you were involved in the care and treatment of Patient A at West Middlesex Hospital ('the Hospital') within the Emergency Department in your capacity as a Junior Clinical Fellow in Emergency Medicine.
Admitted and Found Proved

3. At approximately 04:03 on 16 October 2020, whilst you were involved in the treatment and care of Patient A, you behaved unprofessionally and inappropriately towards Patient A in that you:

a. entered your personal contact details into Patient A's mobile phone;
Admitted and Found Proved

b. sent the WhatsApp message set out in Schedule 1 to your own personal mobile phone from Patient A's mobile phone. **Admitted and Found Proved**

4. Between 16 October 2020 and 30 November 2020, you engaged in an improper emotional relationship with Patient A in that you sent the WhatsApp messages to Patient A, as set out in Schedule 2. **Admitted and Found Proved**

5. On one or more of the dates listed in Schedule 3, you engaged in an improper emotional relationship with Patient A in that you visited her at her private residence.
Admitted and Found Proved

6. On one or more of the dates listed in Schedule 3, at Patient A's home address, you:

a. carried out talking therapy on Patient A; **Admitted and Found Proved**

b. carried out wet cupping therapy on Patient A. **Admitted and Found Proved**

7. Your actions at paragraphs 6 were inappropriate:

a. to address Patient A's condition(s); **Admitted and Found Proved**

*b. in that you were no longer responsible or involved in the care and treatment of Patient A; **Admitted and Found Proved***

c. in that you were not sufficiently qualified/experienced to provide:

- i. the treatments to Patient A as described at paragraphs 6 a and b; **Admitted and Found Proved***
- ii. the ongoing treatment necessary to address Patient A's condition(s). **Admitted and Found Proved***

*8. When carrying out the actions as set out in paragraph 6 above you failed to have any or any adequate professional indemnity cover in place whilst treating Patient A outside of an NHS setting, namely at her private residence, and outside the scope of your employment. **Admitted and Found Proved***

6. The February 2023 Tribunal considered that Dr Sheikh's conduct in engaging in an emotional relationship with Patient A was inappropriate and constituted a breach of Good Medical Practice (GMP). It also considered that his visiting her home, talking to her in a way that encouraged her to dismiss mental health services support, and the use of wet cupping, whereby he repeatedly cut someone who had previously been self-harming and cutting herself, amounted to misconduct that was serious.

7. The February 2023 Tribunal concluded that this amounted to serious misconduct, placing Patient A at unwarranted risk of harm, breaching fundamental tenets of the profession, and bringing the profession into disrepute. It took the view that Dr Sheikh's reflections were focused on himself rather than on Patient A, and his insight was underdeveloped. The February 2023 Tribunal imposed a 6-month suspension with an immediate suspension order.

September 2023 Review Tribunal

8. At the September 2023 review, Dr Sheikh presented reflective statements, evidence of CPD, and supportive references. He claimed greater insight, acknowledging that at the original hearing he was "*nowhere near remediation.*" However, the September 2023 Tribunal found his progress limited. It concluded that while some learning had been undertaken, only a small proportion was relevant to boundary issues, and he could not demonstrate strategies to prevent recurrence. The September 2023 Tribunal found that Dr Sheikh lacked a full appreciation of the impact of his conduct on Patient A or public confidence.

9. The September 2023 Tribunal determined that a further period of suspension would be disproportionate, instead imposing conditions for 24 months. It also asked that Dr Sheikh provide evidence of further reflection, CPD, testimonials, and evidence of safe supervised practice.

August 2024 Review Tribunal

10. Dr Sheikh's case was reviewed by an MPT in August 2024, ('the August 2024 Tribunal').

11. At the review in August 2024, Dr Sheikh submitted further reflective statements, evidence of professional development (including CPD courses, safeguarding training, and GP assessments), and confirmation of extensive but largely unsuccessful attempts to return to clinical practice. He also provided information about his work in aesthetic medicine and applications for posts under supervision. The August 2024 Tribunal acknowledged that Dr Sheikh's reflective work showed progress, with a more developed understanding of the importance of professional boundaries and the need to maintain public confidence in the profession. However, the August 2024 Tribunal concluded that his insight was still incomplete and that his remediation remained largely theoretical, as there was no independent workplace evidence demonstrating safe practice under supervision.

12. The August 2024 Tribunal determined that his fitness to practise remained impaired and that conditions should be imposed for a further 12 months. These were adjusted to ensure any practice was within a supervised setting and to address concerns about locum or aesthetic work undertaken without appropriate oversight. The August 2024 Tribunal stated that a future Tribunal would be assisted by:

- Evidence that Dr Sheikh has kept his knowledge and skills up to date
- An updated reflective statement that is dated from Dr Sheikh demonstrating his continuing and developing insight
- Evidence of Continuing Professional Development relevant to the case, what he has learnt from it, and how he has implemented this in his working practice
- Any testimonials and evidence from colleagues past and present and any patient feedback
- Any other information that he considers will assist any reviewing Tribunal.

Today's review hearing

The Evidence

13. The Tribunal has taken into account all the evidence received, both oral and documentary.
14. Dr Sheikh gave oral evidence at the hearing.
15. Dr Sheikh provided a detailed reflective statement and supporting evidence demonstrating the remediation he had undertaken since the misconduct in 2020. He accepted in full the seriousness of his past actions, including the initiation of inappropriate contact with a vulnerable patient, undertaking a non-evidence-based intervention, and undermining professional boundaries. He acknowledged that these actions placed the patient at serious risk and breached the trust expected of a doctor. He explained that he had reflected deeply on why the misconduct occurred, how it happened, and what he had learned from it, and that he had made significant changes to his practice and behaviour as a result.
16. In his oral evidence, Dr Sheikh described the extensive remediation he had undertaken, which included the completion of courses in probity, ethics, professional boundaries, safeguarding, mental health, and evidence-based medicine. He supplemented this with daily self-directed study, review of NICE guidance and GMP, and preparation for and successful completion of the MSRA examination. He engaged in webinars, online modules, and medical conferences including many which were appropriate for his chosen speciality in medical practice, and carried out a clinical audit into the monitoring of antipsychotic medications, which was aligned with NICE standards. He also maintained reflective logs focusing on professional boundaries, safeguarding, teamwork, and patient communication, and discussed these regularly with senior colleagues and supervisors.
17. Dr Sheikh stated that he had received consistent positive feedback from senior colleagues, who had endorsed his professionalism, respectful communication, and safe patient care since the misconduct. He explained that no further concerns had been raised regarding his clinical work, and that he had practised safely in both supervised and unsupervised settings. He described the strategies he had embedded in his practice to prevent any recurrence, including a clear separation of personal and professional life, routine use of chaperones, strict adherence to NICE guidelines and local protocols, working only within his competence and indemnity cover, early escalation of concerns, reflective discussions with colleagues and maintaining contemporaneous documentation.

18. He emphasised that he had matured personally as well as professionally, highlighting the importance of the support systems he had in place through colleagues and family, and how this had reinforced his resilience and accountability. He stated that he now viewed himself as someone who would actively promote safeguarding and speak out if he ever encountered any concerns. He explained that the panel could be reassured that there was no risk of repetition because he had demonstrated remediation through structured learning, reflective writing, peer discussions, and implementation of safeguards in practice. He also noted that he had consistently acted in accordance with the expectations of a junior doctor, with no recurrence of misconduct and with growing maturity and stability in his personal life.

19. Dr Sheikh further explained the difficulties he had faced in returning to clinical practice due to the conditions on his registration, despite his persistent applications to hospitals, training programmes, and agencies. He stated that roles had often been withdrawn, or applications halted once his conditions were disclosed, which had been discouraging but had also strengthened his determination to demonstrate his competence and commitment. He emphasised that he had nevertheless continued to pursue opportunities, maintained his professional development, and remained transparent about his past.

20. In conclusion, Dr Sheikh submitted that he had developed deep insight into the causes and consequences of his misconduct and had demonstrated significant and sustained remediation. He maintained that there was no risk of repetition, that he had embedded safeguards into every aspect of his practice, and that his remediation was supported by positive supervisor feedback and the absence of any further concerns. He expressed his determination to continue to uphold the highest standards of professionalism, ethics, and patient-centred care, and he respectfully invited the Tribunal to recognise the progress he had made and to consider that he could now practise safely and without restriction.

21. The Tribunal also received:

- Notification following expiry of appeal period letter, dated 3 October 2024;
- Case introduction letter and request for a PDP, dated 7 October 2024;
- MPTS hearing listing date letter, dated 15 October 2024;
- Email correspondence with Dr Sheikh and his WonDr Clinic employer, dated 22 October – 12 December 2024;
- PDP update with 6-month objectives, dated 14 January 2025;
- Reflective Statement, dated January 2025;
- Evidence of keeping knowledge and skills up to date, dated January 2025;
- Effort to return to clinical practice and challenges faced, dated January 2025;

- Evidence of professional development and awareness courses, dated January 2025;
- MPT ROP suitability decision, dated 19 June 2025 ;
- Personal Development Table, dated June 2025;
- Reflective logs from past clinical practices, dated various

22. Dr Sheikh provided 12 references, reports and positive testimonials from colleagues, past and present, and friends including, but not limited to:

- Report from Dr B, Dr Sheikh's clinical supervisor from 4 August 2021 to 30 November 2021 regarding his adherence to conditions, dated 30 September 2021;
- Report from Dr K, Consultant Cardiologist, dated 12 August 2022;
- Report from Dr D, Consultant Renal Physician and Dr Sheikh's previous clinical supervisor, dated 04 March 2022;
- Supervisors report from Dr E, Dr Sheikh's previous Educational and Clinical Supervisor, dated 18 December 2022;
- Reference from Dr F, dated 20 April 2025;
- Reference from Mr G, dated 25 April 2025;
- Reference from Mr H, a GP Trainee- ST3, dated 18 April 2025;
- Statement of Support from Dr I, registered dentist, dated 15 April 2025.

Submissions

On behalf of the GMC

23. Mr Lewis Kennedy, counsel, submitted that the issue before the tribunal was not to revisit the facts found proven, but to assess whether, in light of the new evidence presented, Dr Sheikh's fitness to practise remained impaired. He stated that the tribunal must be satisfied that Dr Sheikh has fully acknowledged the deficiencies in his past conduct, developed genuine insight, and undertaken sufficient remediation through education, supervision, achievements, and preventative strategies.

24. Mr Kennedy reminded the tribunal that the onus lay firmly on Dr Sheikh, particularly as he had requested an early review, to demonstrate that he had addressed the concerns previously identified. He submitted that the tribunal should consider whether Dr Sheikh's learning and reflection had been embedded in practice, and whether he had taken steps to mitigate any risk his past misconduct might pose to patients, the public, or himself. In addressing the legal framework, Mr Kennedy observed that at this stage of proceedings there

was no burden of proof on the GMC. The duty to persuade lay with Dr Sheikh, and it was for Dr Sheikh to satisfy the tribunal that it would be safe for him to return to unrestricted practice. He further submitted that there was no fixed legal test for impairment; it was a matter for the Tribunal's skilled judgment based on the evidence presented.

25. Mr Kennedy noted that Dr Sheikh's reflective statement of May 2025 had not fully personalised his CPD learning or clearly demonstrated the preventative strategies developed from his increased insight. He stated that this had created an evidential deficit at that time. However, Mr Kennedy acknowledged that the additional documentation, supplemented by Dr Sheikh's oral testimony during the review hearing, had arguably addressed those concerns.

26. Mr Kennedy submitted that the GMC was neutral on the question of current impairment.

On behalf of Dr Sheikh

27. Dr Sheikh submitted that he had taken substantial steps to remediate the concerns which had led to the imposition of conditions and that he was now safe to practise without restriction. He stated that he had developed genuine insight into his past misconduct, fully acknowledging that his actions had breached professional boundaries and undermined patient trust.

28. Dr Sheikh submitted that he now clearly understood the importance of professional boundaries, recognising that they exist to protect both patients and doctors. He emphasised that he has engaged in structured reflection, which has enabled him to understand the seriousness of his misconduct, why it occurred, and how he can prevent any repetition in future. Dr Sheikh submitted that he has undertaken professional boundaries and ethics training, actively engaged with feedback, and consistently demonstrates safe practice. He highlighted that he complies fully with protocols and guidelines and has received positive feedback and testimonials from colleagues confirming his safe and professional conduct.

29. Dr Sheikh submitted that he has addressed the GMC's concerns by creating and following a personal development plan, which serves as a framework for his continuing professional growth. He submitted that this plan had helped him to embed professionalism into every aspect of his work and to ensure that his practice was firmly aligned with the standards of GMP.

30. Dr Sheikh submitted that he was determined that the mistakes he had made would never be repeated. He submitted that the original concerns had been fully addressed through remediation, reflection and professional development. He maintained that restrictions were no longer required and that he was fit to practise safely, effectively, and in accordance with GMP.

The Relevant Legal Principles

31. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the August 2024 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

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

33. Throughout its deliberations, the Tribunal had been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

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

34. The Tribunal noted the advice in *Dhoorah v Nursing & Midwifery Council* [2020] EWHC 3356 (Admin) relevant to the current process as follows:

"The task for the SOR panel was to assess the question of current impairment: it was required to form its own independent professional judgement as to the appellant's fitness to practise as at the date of the SOR, taking account of the decision reached by the substantive panel and the concerns it had identified, together with the information before it. It was not for the SOR panel to seek to impose a more draconian sanction because it felt the original decision was too

lenient. It was, however, entitled to place a persuasive burden on the appellant to demonstrate that he had insight into his failings and the seriousness of his past misconduct.'

The Tribunal's Determination on Impairment

35. The Tribunal first considered whether Dr Sheikh has demonstrated that he has insight into his misconduct. The Tribunal had regard to Dr Sheikh's written reflective statement, prepared for this hearing.

36. The Tribunal had regard to the Supervisors report prepared by Dr E, Dr Sheikh's previous educational supervisor, dated 18 December 2022:

'Dr Sheikh was open from day one about the IOT stipulations and the background to the concerns. This came to light in our placement planning meeting early in August 2022, I really appreciated his honesty and reflection on the process and his learning. We sat and talked over his progression since the IOTs were put in place and his hopes for the future. He reflected extremely well and has engaged with myself, the practice and the scheme professionally and openly about the whole process. I cannot fault his commitment to working with the team, and the stipulations to prove his ability in the medical profession.

In terms of his progress, he has been exceptional in both his professionalism and his clinical ability. He is not afraid to seek the advice when needed but is able to work independently to a safe level well above that of an ST1. He is well liked by the staff and has built confidence in the practice with staff and patients alike. He is punctual and hardworking, diligent and able to take responsibility of his day duties and workload.

In terms of the IOT conditions he has been exemplary, and I have no concerns at all with his progress, his professional ability, or his personal qualities in his progression to be a GP. He has shown no concerns of fitness to practice in fact completely the opposite and I have at no time had any concerns myself.

I would say that he has been professional throughout but suitably able to balance this with a personality well attributed to being a GP. I would recommend him to employ once he has completed his training.'

37. The Tribunal also considered the report from Dr F, dated 20 April 2025:

'I have observed a tangible transformation in Dr Sheikh's professional outlook. He has actively engaged in a broad programme of remediation — including formal courses in

Professional Boundaries, Medical Ethics, and Safeguarding, as well as extensive personal reflection. These have clearly strengthened his understanding of the core duties outlined in the GMC's Good Medical Practice 2024, particularly in the domains of Maintaining Trust, Patient Safety, and Professional Performance.

Importantly, he has developed a nuanced understanding of the risks his past actions posed — especially to a mentally vulnerable patient.

His continued efforts to rebuild clinical competency, including his preparation for the MSRA examination, are further evidence of his dedication to returning to practice with integrity. He remains engaged with current clinical knowledge, regularly discusses ethical case examples, and continues to consult core professional guidance such as GMC's Good Medical Practice and the BMA Handbook of Ethics and Law.'

38. The Tribunal was also mindful of the reference provided by Dr L, GP Partner South Axholme Practise, dated 29 April 2025:

'I found Dr Sheikh to be a most capable clinician who spent time with his patients and considered multiple aspects of their care which is a challenge in primary care. I found him to be honest, reliable and trustworthy. I did not have, at any point during this attachment, any concerns about his clinical practice or behaviour. In addition, I understand he was well liked by other staff and colleagues.'

39. The Tribunal carefully considered all the evidence before it, including the documentary references, testimonials, training records, and Dr Sheikh's oral evidence

40. The Tribunal noted that Dr Sheikh has provided evidence of keeping his knowledge and skills up to date through a broad programme of training, courses, and professional development. While certificates of attendance alone are of limited value, Dr Sheikh was able to articulate clearly what he had learnt from these activities and how he had applied this learning to his practice.

41. When considering an earlier request for a review on the papers, the Registrar had found that Dr Sheikh's written reflective statement was insufficient, particularly in failing to demonstrate reflection on the impact of his conduct on the patient and what had changed in his approach. However, the Tribunal considered that in his oral evidence, Dr Sheikh addressed these concerns fully. He showed that he now understands the impact of his misconduct on Patient A and on public confidence in the profession, and that he accepts full responsibility without minimisation or deflection of blame. Dr Sheikh emphasised at several

points during his oral evidence that it is always his responsibility to establish and maintain professional boundaries.

42. The Tribunal found his oral evidence to be cogent, credible and compelling. He provided relevant examples of how his practice has changed since the original misconduct. These included a consultation with a 16-year-old patient where he declined to prescribe sertraline, which the patient had specifically requested, recognising the increased risks in adolescents and acting in line with NICE guidance. He also described situations where he appropriately refused to share personal contact details with patients and instead followed proper procedures redirecting the patient to the relevant practice contact details. He explained that he always debriefs and seeks peer support after challenging consultations. The Tribunal was satisfied that these examples directly addressed the concerns raised by the original Tribunal and showed that his extensive learning had been embedded into his practice since the original misconduct.

43. The Tribunal further noted that Dr Sheikh acknowledged the vulnerability of Patient A and recognised the seriousness of leaving a patient without safeguarding support. The Tribunal considered this to be an important development in his insight, not fully captured in earlier written material but evident in his oral evidence.

44. The Tribunal attached particular weight to professional references, some of which are quoted above, which consistently described Dr Sheikh as safe, professional and honest. His GP trainer in 2022 wrote that “from day one Dr Sheikh was open about his IOT stipulations and background” and that “he has been exceptional in both his professionalism and clinical ability.” A more recent reference from April 2025, from Dr L at the same GP practice, confirmed that he was a capable clinician, spent time with patients, and that no concerns about his behaviour or practice were identified. Dr F’s April 2025 reference observed “a tangible transformation,” noting Dr Sheikh’s engagement with professional boundaries, ethics, safeguarding, and reflective discussions. The Tribunal also noted the consistent theme across numerous other testimonials, from colleagues, supervisors and acquaintances, that he is open, diligent, and safe.

45. The Tribunal considered that Dr Sheikh has also demonstrated professionalism in how he relates to colleagues. He acknowledged that to “badmouth” colleagues could damage working relationships, undermine trust, and bring the profession into disrepute. The Tribunal regarded this as further evidence of his developing maturity and understanding of the standards expected of a registered doctor.

46. The Tribunal was impressed by Dr Sheikh's commitment to returning to safe practice. Since March 2024 he has made 102 job applications, most of which were unsuccessful due to the conditions on his registration. The Tribunal accepted that this demonstrated persistence, determination, and a genuine wish to resume practice responsibly, rather than a token effort.

47. The Tribunal also considered the evidence that Dr Sheikh has a strong professional and personal support network, including supervisors, colleagues, and family members, who have provided consistent support and feedback. The Tribunal regarded this as a significant protective factor reducing the risk of repetition.

48. Taken together, the Tribunal concluded that Dr Sheikh has demonstrated meaningful reflection, remediation, and insight. He has addressed the remaining concerns identified by the previous panel and the Registrar, and has shown that he now practises in accordance with professional standards and guidance. The Tribunal was satisfied that the risk of repetition is low, and that Dr Sheikh has developed the maturity and professionalism required to practise safely without restriction.

49. The Tribunal concluded the Dr Sheikh was safe to return to unrestricted practise, having restored public confidence and maintained his clinical competence.

50. The Tribunal also noted that the GMC do not submit that Dr Sheikh's fitness to practise is currently impaired and are neutral following Dr Sheikh's oral testimony.

51. Accordingly, the Tribunal has determined that Dr Sheikh's fitness to practise is no longer impaired by reason of misconduct. The Tribunal considered that a finding of impairment would serve no useful purpose.

52. The Tribunal further determined to revoke the order of conditions currently imposed on Dr Sheikh's registration with immediate effect.

53. That concludes this case.