

PUBLIC RECORD

Dates: 03/12/2025 - 19/12/2025

Doctor: Dr Sayed MIA

GMC reference number: 4714415

Primary medical qualification: MB BCh 1999 University of the Witwatersrand

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

Summary of outcome

Suspension, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair:	Miss Shamaila Qureshi
Lay Tribunal Member:	Mr Tim Skelton
Registrant Tribunal Member:	Dr Gillian Livesey

Tribunal Clerk:	Ms Emma Saunders (03/12/2025 - 10/12/2025, 12/12/2025 - 16/12/2025) Ms Jemine Pemu (11/12/2025, 17/12/2025 - 19/12/2025)
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Laura Nash, Counsel, instructed by rradar
GMC Representative:	Mr Adam Birkby, 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 Facts - 11/12/2025

Background

1. Dr Mia qualified in 1999 from the University of the Witwatersrand in South Africa. He undertook a post in general surgery in Johannesburg and then undertook further qualifications which he passed in May 2011 to enable him to do plastic surgery. He specialised in reconstructive and cosmetic plastic surgery. Dr Mia undertook private practice part time at this point and then transferred to private practice full time from 2014 to July 2022. In September 2022, he came to the UK and took up a post at the XXX Clinic, Manchester. The XXX Clinic is a private provider offering cosmetic surgery at various locations across the UK. Dr Mia resigned from this role at the end of June 2023 before taking up a part time post at Skin Medics in August 2023. Dr Mia also started work at the Manchester Private Hospital from September 2023.

2. The allegations that have led to Dr Mia's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that, on more than one occasion between October and November 2023, Dr Mia carried out surgical procedures at a private clinic at 41 Harley Street ('the Clinic' - also known as 'the Premises') which were regulated activities requiring the service provider operating from the Premises to hold the necessary registration with the Care and Quality Commission (CQC). It is also alleged by the GMC that on 14 November 2023, whilst present at the Premises, Dr Mia claimed to be a patient and gave a false name and contact information to CQC inspectors. It is further alleged that on or around 3 January 2024, when completing a Declaration of Concerns form at the request of his designated body,

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Dr Mia omitted to include his work at the Premises. It is alleged that Dr Mia's conduct was dishonest.

3. In October 2023 Dr Mia started work at the Clinic, a cosmetic surgery clinic. The Clinic offered treatments which required statutory registration with the CQC. However, the Clinic was not registered with the CQC and so it commenced an investigation into the Clinic's activities as they had received complaints from members of the public that regulated activities (plastic surgery/surgical procedures) were being provided without CQC registration. Previously there had been numerous attempts by the CQC to carry out visits but they had been unsuccessful. Dr Mia saw several patients at the Clinic and performed liposuction and gynaecomastia procedures.

4. Dr Mia was at the Clinic in a consultation with a patient when four CQC investigators arrived shortly after 4.15pm on 14 November 2023. Two of the investigators came into the consultation room where Dr Mia was and introduced themselves. They were Ms C and Ms D and they produced their CQC identification cards. Ms C was the officer in charge of this site visit. They took Mr K, the suspected manager/director of the Clinic, into a separate room in order to speak to him.

5. Two other CQC investigators were positioned outside the consultation room. Mr A (XXX) and Mr B (XXX). Mr B spoke to a young man who was sitting in the adjacent waiting area. The investigator introduced himself and showed his CQC identification card. The young man said that he was at the clinic for a consultation.

6. Dr Mia then left the consultation room and approached the lift. He was pulling a suitcase. Mr A intercepted Dr Mia as he walked to the lifts. He introduced himself and showed his CQC identification card. Mr A explained to Dr Mia that he and his colleagues were carrying out a site visit to establish if regulated activities were taking place at the Clinic. He asked Dr Mia for his name. Dr Mia stated that his name was "*Ahmed Munda*" and, when asked, repeated this to Mr B. Mr B stated that Dr Mia was pushing the lift button numerous times and "*appeared nervous and eager to leave.*"

7. Mr A also asked Dr Mia what he was doing at the Clinic. Dr Mia said that he was having a meeting about a procedure and, when asked whether he was a patient or a consultant, said that he was a patient. Mr A asked Dr Mia what procedure he was considering. Dr Mia said, "*I'm not going ahead with anything, it's too many visits and I'm only*

visiting”. He provided Mr A with a telephone number and two email addresses. At this point, the young man interrupted and said, “*He’s not a patient, he’s a doctor I’ve come to see*”.

8. Mr A asked Dr Mia if he was a doctor. Dr Mia said, “*I am a doctor, but a scientist not a medical doctor*”. He provided a further email address. Mr A attempted to ask further questions. Dr Mia said he wanted to leave and so then left the Clinic as the CQC inspectors had no powers to prevent him from leaving. Ms D alongside Ms C (the lead CQC investigator) confirmed that they observed Dr Mia and Mr K participating in a consultation with a male and female on the day of the visit. Ms C introduced herself and her colleague as inspectors from the CQC, they both showed their ID badges. Ms C asked Mr K if there was somewhere they could converse, at which point, Ms D, Ms C and Mr K went into a room that looked like a “dentist room.” Dr Mia remained in the consultation room with the male and female. Mr K confirmed to the inspectors Dr Mia’s details and verified that he was involved in a consultation with a patient called “XXX”. Clarification was sought by Ms D regarding the patients name at which point Mr K escorted Ms C and Ms D back to the consultation room to find that the male and female were present but that Dr Mia had left. Ms D confirmed she saw Dr Mia talking to Mr A on the landing.

9. Following the site visit, the CQC investigators were able to identify Dr Mia from open-source research.

10. On 6 December 2023 Mr B telephoned Dr Mia with the intention of arranging a time for a witness statement to be taken from him. Mr B described Dr Mia as “*quite shocked*” at being contacted by someone from the CQC. Dr Mia apologised for giving a false name and explained that he did so as he thought the investigators were from his ex-employer (the XXX Clinic) and had come to intimidate him. Dr Mia informed Mr B that he “*wanted to clear his name*,” and that he had only worked at the clinic for that one day on the 14 November 2023. Mr B stated that Dr Mia, “*sounded panicked on the phone*.” A date was arranged for the witness statement to be taken which was the 12 December 2023 which Dr Mia subsequently declined on the 8 December via email. Mr B then confirmed that he was contacted by Dr Mia on the 27 February 2024, stating that he had reflected and now wished to provide a statement and did so on the 10 July 2024. Dr Mia had sought the advice of an employment solicitor in terms of the end of his employment with XXX Clinic in June 2023.

11. The initial concerns were raised with the GMC by the CQC in early December 2023.

12. The GMC had started an investigation into Dr Mia's fitness to practise in respect of an unrelated clinical complaint from his work at the XXX Clinic. As part of that process the GMC contacted Dr E, Dr Mia's Responsible Officer at the Manchester Private Hospital, on 7 December 2023. Dr Mia was asked by Dr E to complete a Declaration of Concerns form, in which he was asked to provide his work history for the past 12 months. Dr Mia completed the form, which he dated 3 January 2024, and omitted to mention that he worked at the Clinic.

The Outcome of Applications made during the Facts Stage

13. The Tribunal granted the GMC's application, made pursuant to Rule 34(1) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the admission of a further witness statement from Mr A with accompanying exhibit and photographs of two other CQC ID badges. It was confirmed on behalf of Dr Mia that there was no objection to the admission of this further evidence. The Tribunal determined that it was fair and relevant to admit this further evidence.

14. It was also agreed that the suspected manager/director at the Clinic would be referred to as '[Mr K]' during the proceedings due to an ongoing CQC investigation.

The Allegation and the Doctor's Response

15. The Allegation made against Dr Mia is as follows:

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

1. On a date or dates from October 2023 to November 2023, on one or more occasion, you carried out surgical procedures ('the Activities') at 41 Harley Street ('the Premises') including but not limited to:

a. gynaecomastia procedures;

Admitted and found proved

b. liposuction.

Admitted and found proved

2. The Activities outlined at paragraph 1 above:

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a. were regulated activities in accordance with the Health and Social Care Act 2008 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

Admitted and found proved

b. required the service provider operating from the Premises to hold registration with the Care and Quality Commission ('CQC').

Admitted and found proved

3. When you carried out the Activities at paragraph 1 above no service provider operating from the Premises held registration with the CQC.

Admitted and found proved

4. On 14 November 2023 you were present at the Premises and you:

a. told Mr A, a CQC inspector, that:

i. your name was Ahmed Munda, or words to that effect;

Admitted and found proved

ii. you were a patient, or words to that effect;

Admitted and found proved

iii. you were 'not going ahead with anything, it was too many visits and you were only visiting 'or words to that effect;

Admitted and found proved

iv. you were 'a doctor but a scientist not a medical doctor', or words to that effect

Admitted and found proved

b. gave Mr A the contact details as set out in schedule 1;

Admitted and found proved

c. told Mr B, a CQC inspector, that your name was Ahmed Munda.

Admitted and found proved

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5. The information in paragraph 4a, and/or 4b and/or 4c was:

- a. untrue;

Admitted and found proved

- b. known by you to be untrue.

Admitted and found proved

6. Your actions at paragraph 4a and/or 4b and/or 4c were dishonest by reason of paragraph 5.

To be determined

7. On a date on or around 03 January 2024 you:

- a. completed a 'Declaration of Concerns' form ('the Form') at the request of your designated body and:

- i. the Form included a section stating 'please provide a work history for the last 12 months';

Admitted and found proved

- ii. you omitted to include your work at the Premises;

Admitted and found proved

- b. provided a copy of the completed Form to your designated body.

Admitted and found proved

8. When acting in the manner outlined in paragraph 7a and/or 7b you knew that:

- a. you had carried out work at the Premises;

Admitted and found proved

- b. by failing to include your work at the Premises on the Form you were providing an incomplete work history for the last 12 months to your designated body.

Admitted and found proved

9. Your actions at paragraph 7a and/or 7b were dishonest by reason of paragraphs 8a and/or 8b.

To be determined

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

To be determined

The Admitted Facts

16. At the outset of these proceedings, through his Counsel, Ms Nash, Dr Mia made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

17. In light of Dr Mia's response to the Allegation made against him, the Tribunal is required to determine whether Dr Mia's actions, as admitted, were dishonest.

Witness Evidence

18. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Mr A, previously a National Investigation Officer at the CQC. He now works as a Registration Assessment Senior Officer at the CQC. His witness statements were dated 9 September 2024 and 24 November 2025 and he gave evidence in person on 3 December 2025;
- Ms D, National Investigator for the CQC. Her witness statement was dated 4 September 2024 and she gave evidence in person on 4 and 8 December 2025.

19. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Mr B, National Investigator for the CQC. His witness statement was dated 22 August 2024;
- Dr E, Dr Mia's Responsible Officer. His witness statement was dated 3 July 2025.

20. Dr Mia provided his own witness statement dated 3 November 2025 and also gave oral evidence at the hearing.

21. In addition, the Tribunal received evidence from the following witnesses on Dr Mia's behalf:

- Mr G, Employment Solicitor. His witness statement was dated 30 October 2025 and he was called to give evidence in person on 8 December 2025;
- Dr F, Surgeon (currently not practicing). His witness statement was dated 31 October 2025 and he was called to give evidence in person on 9 December 2025.

Documentary Evidence

22. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included the following:

- A photograph of Dr Mia that the GMC showed to Mr B, Mr A and Ms D;
- A telephone note taken by Mr B during his call to Dr Mia on 6 December 2023;
- Handwritten notes (and the typed-up version) taken by Mr A during the site visit to the Clinic on 14 November 2023;
- Photographs of the CQC ID badges of Mr A, Ms D and Ms C;
- The letter that Dr E received from the GMC dated 7 December 2023 disclosing details of the GMC fitness to practise investigation into Dr Mia and requesting he complete a 'responding to fitness to practise concerns form', along with Dr E's response dated 4 January 2024;
- Correspondence from the Registered Manager of the Manchester Private Hospital, which was sent to Dr E on 4 January 2024;
- Two Declaration of Concerns forms, which were signed by Dr Mia on 3 January 2024 and 27 March 2024 respectively.

The Tribunal's Approach

23. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against Dr Mia. There is no burden on Dr Mia to prove or disprove anything.

24. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanor of a witness alone.

25. In terms of witness evidence, the Legally Qualified Chair (LQC) reminded the Tribunal that it should make an assessment of the evidence of each of the witnesses and consider whether or not they have been telling the truth and are accurate in the account they have provided. Credibility can be divisible. The LQC stated that the Tribunal can accept or reject some or all of what the witnesses have said. The LQC referred to the case of *Dutta v GMC [2020] EWHC 1974 (Admin)* in that the best approach is to base factual findings on inference from documents and known or probable facts. Demeanor is not a reliable pointer to honesty and oral evidence should be used as a means of subjecting the documentary records to scrutiny. The confident delivery, or otherwise, of a witnesses' evidence is not a reliable guide to whether they are telling the truth. A good starting point is the agreed evidence. The LQC also stated that decisions must be based on the evidence alone and not speculation.

26. The LQC reminded the Tribunal that, when it is exercising its functions, it must have regard to the statutory over-arching objective in terms of public protection. It must act in a way that:

- protects, promotes and maintains the health, safety and well-being of the public ('patient safety')
- promotes and maintains public confidence in the profession ('public confidence'), and

- promotes and maintains proper professional standards and conduct for members of those professions ('uphold professional standards').

27. The LQC set out the test set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67*, as to how a Tribunal should address the question of dishonesty:

1. The Tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief may evidence whether he held the belief, is a matter of evidence going to whether he genuinely held the belief but it is not an additional requirement that his belief must be reasonable. The question is whether it was genuinely held.
2. When, once his actual state of mind as to knowledge or belief as to facts is established, the Tribunal must then go on to determine whether his conduct was honest or dishonest by the fact finder by applying the objective standards of ordinary decent people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

28. In terms of a good character direction, the LQC stated that Dr Mia's good character should be taken into account when the Tribunal is assessing his credibility and the likelihood of him having done what has been alleged. However, the significance of such evidence should not be overstated; it is not a defence to the Allegation and should not detract from the primary focus on the evidence directly relevant to the alleged behaviour. The LQC stated that the weight to assign to Dr Mia's good character was a matter for the Tribunal to determine.

The Tribunal's Analysis of the Evidence and Findings

29. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 6

30. Dr Mia has provided admissions in respect of paragraphs 4 and 5 of the Allegation. He admitted that on 14 November 2023 at the Clinic he told Mr A that his name was Ahmed Munda, that he was a patient, and that he was "*not going ahead with anything, it was too many visits and you were only visiting*" or words to that effect. Dr Mia admitted that he gave Mr A the contact details set out in schedule 1 and also told Mr B that his name was Ahmed

Munda. Dr Mia has admitted (paragraph 5) that the information he provided to the two CQC investigators was untrue and that he had known that it was untrue.

31. The Tribunal considered whether Dr Mia's actions in this regard (at paragraphs 4(a) and/or 4(b) and/or 4(c) of the Allegation) were dishonest by reason of paragraph 5.

GMC's position

32. Mr Birkby, Counsel on behalf of the GMC, stated that it was the GMC's case that Dr Mia deliberately and persistently lied to both the CQC and the GMC, Dr Mia's professional regulator, in order to cover up his involvement in the Clinic which he knew was under investigation by the CQC and which was, as a matter of fact, unregistered. Mr Birkby submitted that, when judged against the standards of ordinary decent people, such conduct was plainly dishonest.

33. Mr Birkby submitted that, when leaving the Clinic on 14 November 2023, Dr Mia told Mr A a series of "deliberate" and "multi-faceted lies" about his name (which he repeated to Mr B), his reason for being at the Clinic and his profession. He submitted that the lies, coupled with Dr Mia's ability to recall three different email addresses and an old telephone number when under pressure, demonstrated that Dr Mia's dishonesty was calculated and deliberate.

34. Mr Birkby invited the Tribunal to conclude that Dr Mia knew that the four people who attended the Clinic were CQC investigators. Ms C and Ms D entered the consultation room and introduced themselves as CQC investigators and showed their official CQC identification cards. Mr A also introduced himself directly to Dr Mia and explained that they were "*carrying out a site visit to establish if regulated activities were taking place*" at the Clinic. All of the four investigators wore their CQC identification cards on lanyards around their necks. Mr Birkby stated that Dr Mia conceded, under cross-examination, that the four people did identify themselves as CQC investigators, had shown their cards and explained the purpose for the site visit.

35. Mr Birkby submitted that any suggestion by Dr Mia that he thought the CQC investigators might not have been genuine should be rejected as it flies in the face of the evidence and, indeed, common sense. Mr Birkby stated that Dr Mia had also conceded in cross-examination that he had never previously been approached by anyone pretending to

be from a regulator or a government agency and so there was no precedent for what would, in any event, have been irrational speculation.

36. Mr Birkby invited the Tribunal to reject Dr Mia's explanation that he lied because he thought the CQC investigators had attended at the Clinic to physically assault him at the behest of his former employer and was therefore terrified and panicked when he spoke to Mr A and Mr B. Mr Birkby stated that Dr Mia had never been physically attacked or even threatened with violence before by anyone connected to his former employer. Further, none of the four investigators used or threatened physical violence to Dr Mia or anyone else at the Clinic. Mr Birkby stated that the focus of the investigators was not directed towards Dr Mia and, instead, was focused on Mr K, the person who the CQC understood to be responsible for running the Clinic.

37. Mr Birkby stated that, in respect of Dr Mia's explanation as to why he left the consultation room and intended to leave the Clinic, Ms D's account did not allow time for an incident to have occurred whereby Mr K returned to the consultation room after speaking with Ms C and Ms D, came up close to him and told him he "*had to go now*". He invited the Tribunal to prefer the account of Ms D, who made contemporaneous notes of the events that she subsequently used as the basis for her witness statement.

38. Mr Birkby submitted that the obvious reason why Dr Mia lied was that he wanted to cover up his involvement with the Clinic. He stated that Dr Mia had conceded under cross-examination that he did not want to be caught up in the investigation as he feared the professional and personal consequences for himself.

39. Mr Birkby submitted that further support for this conclusion could be found in the lie that Dr Mia subsequently told Mr B in their telephone conversation on 6 December 2023, namely that he had only worked at the Clinic for a single day (14 November 2023). Mr Birkby stated that Dr Mia had admitted under cross-examination that he wanted to cover up his involvement with the Clinic and feared that there would be consequences for himself. He stated that these admissions demonstrated Dr Mia's willingness to lie to the CQC in order to protect himself, thereby lending support to the GMC's case as to why Dr Mia lied on 14 November 2023 and also undermine Dr Mia's credibility as a witness more widely.

Dr Mia's case

40. Ms Nash submitted that it has always been Dr Mia's case that his state of mind at the time he made the representations to Mr A and Mr B was that he was in fear due to the actions of his previous employer. She stated that, while Dr Mia has conceded that by giving a false name and contact details, he had lied to the CQC investigators, he denied that his conduct amounted to dishonesty as defined within law.

41. Ms Nash stated that Dr Mia's fear was apparent as early on as Mr B's first encounter with Dr Mia, who described him as "*nervous and eager to leave*". She stated that, while Dr Mia may well have been aware by that time that the four people were CQC investigators, there was no suggestion that at this early stage the reason for the site visit was for anything that objectively could or should have concerned Dr Mia. Ms Nash stated that Dr Mia held no managerial or operational responsibility for the Clinic and there was no enforcement action that could have been taken against Dr Mia directly in that regard. She stated that Dr Mia had been told by the CQC investigators why they had attended the clinic and CQC inspections are not necessarily indicative of regulatory enforcement action or investigation.

42. Ms Nash submitted that, in the telephone call from Mr B on 6 December 2023, Dr Mia had said that he was in fear for his safety. She stated that Mr B described Dr Mia as "*shocked*" that the call was from someone from the CQC and that he had thought the "*four inspectors... were from his ex-employer coming to intimidate him*". Ms Nash stated that Mr B described the conversation as becoming difficult as "*Dr Mia would repeat himself three or four times and sounded panicked on the phone*".

43. Ms Nash invited the Tribunal to consider that this call came before any suggestion that Dr Mia's conduct would be scrutinised by a regulatory body and that Mr B told Dr Mia that the purpose of the call was to ask him to provide a witness statement only. Ms Nash submitted that on the balance of probabilities the likelihood for Dr Mia's fearful, nervous and panicked appearance was due to the fear he had about his former employer. She further submitted that the early evidence of fear made it more likely than not that Dr Mia's genuinely held belief at the time of his conduct was one of fear out of the repercussions of his conduct.

44. Ms Nash stated that Dr Mia's fear included fear for his personal safety after receiving threatening communications from his former employer after his resignation in mid-2023, that his former employer had said they had "*friends at the CQC, the GMC and the Home Office*", that they would not hesitate to report him to those agencies, and that they knew

“where his family live”. Ms Nash stated that Dr Mia did not have a strong network in the UK and had financial commitments in the UK. She submitted that the combination of Dr Mia’s experience with XXX Clinic and his personal circumstances left him living with a sense of paranoia around this time.

45. Ms Nash stated that, in Dr Mia’s oral evidence, he had confirmed that the fear extended to fear for his own personal safety, for the safety of his family, on his ability to earn income, as well as fear as to his immigration status. She referred to a number of Dr Mia’s comments including that: *“I didn’t make a nice conclusion at that stage, I was very panicked at that time, very scared that something would happen... thrown in a van and deported. I was terribly afraid”*.

46. Ms Nash submitted that Dr Mia’s fears arising from his former employer were supported by the defence witness evidence. She stated that Dr Mia approached Mr G in June 2023 for advice in bringing a claim against XXX Clinic due to the way that he had been treated. This included a challenging working environment, moving Dr Mia away from his local area, and bullying-type behaviours of reducing his operating list. Ms Nash stated that the GMC submitted that the absence of any record of some of the specific concerns within Mr G’s note of the meeting they had made it less likely that Dr Mia really held those concerns. She invited the Tribunal to consider the overlap between the concerns raised by Dr Mia and by Dr F, as well as the fact that Dr Mia’s concerns around threats of deportation were reported to Mr G and that Dr Mia stated that the majority of the threats started after his resignation, which was after he had spoken to Mr G.

47. Ms Nash also referred to the evidence of Dr F. She submitted that his evidence supported the suggestion of bullying-type behaviour by the XXX Clinic. Ms Nash stated that Dr F confirmed in his oral evidence that Dr Mia would have been aware of his concerns towards the end of 2023. She submitted that it was likely that Dr Mia was aware, not only of his own issues with XXX, but of the significant issues faced by a former colleague prior to or during his time at the XXX Clinic. Ms Nash submitted that this knowledge would have compounded Dr Mia’s concerns regarding the impact of his former employer on his own career and immigration status.

48. Ms Nash submitted that, given the nature and extent of the intimidation by the former employer and in respect of his career, his family and immigration status, it would not be surprising if Dr Mia’s panic did not subside during his exchange with Mr A, or for Dr Mia to

remain suspicious of Mr A and Mr B once he became aware they were genuine CQC investigators.

49. Ms Nash stated that it was also the GMC's case that Dr Mia was lying about being asked to leave the clinic that day during the investigation on 14 November 2023 by Mr K. She invited the Tribunal to consider the evidence of Mr A who recalled Mr K returning to the consultation room in order to get some documents. Ms Nash submitted that this was consistent with Ms D's evidence that Mr K had possibly returned to the room to retrieve some paperwork to identify the patient who was in consultation with Dr Mia. She submitted that there was consistency within the evidence that suggests that Mr K did in fact return to the room as Dr Mia suggested such that it was more likely than not that there was instruction by Mr K for Dr Mia to leave the Clinic.

50. Ms Nash stated that the Tribunal will have noted that the Allegation does not reflect the lie to Mr B on 6 December 2023 when Dr Mia said that he had worked at the Clinic for only one day. She submitted that, by extension, Dr Mia's rationale for the original lie extends to this conversation. Ms Nash stated that, while Dr Mia had conceded that by this time he was aware Mr B was a CQC investigator, Dr Mia maintains that he did not wish to get involved with the investigation and had fears regarding his former employer. She invited the Tribunal to consider the panicked state Mr B described with regards to the call.

51. Ms Nash submitted that Dr Mia had no reason to lie to the CQC investigators on 14 November 2023. She stated that there was no evidence that suggested that Dr Mia knew or ought to have known at the time that the Clinic was unregistered or that there were issues at the Clinic. Ms Nash stated that there were a number of characteristics that would have legitimised the Clinic for Dr Mia including a '. co.uk website' and that payment for consultations was made to a business account in the name of the Clinic. Ms Nash also stated that the Clinic had Mr K as a director, records for the business were on headed paper, there was signage in the building for the Clinic, it had the appropriate operational theatre equipment, it had been operating for some time and was located on Harley Street. Dr Mia also knew two other experienced clinicians who had worked at the Clinic. Ms Nash stated, for completeness, that there was no specific requirement that a clinician take any prescribed steps to satisfy themselves of the registration of a provider to carry on specific regulated activities.

52. Ms Nash submitted that there was nothing to suggest to Dr Mia that the Clinic was anything other than a legitimate clinic recommended to him by a colleague. Therefore there

was nothing objectively that would cause Dr Mia any concerns about the operation of the Clinic such that he would be motivated to lie to the CQC investigators. Ms Nash submitted that the lack of any other motive made it more likely than not that Dr Mia's motivation was fear.

53. Ms Nash submitted that if the Tribunal was satisfied that fear was the reason for Dr Mia's lies, objectively his lies would not meet the test for dishonesty on the basis they were made for self-preservation purposes. She submitted that the nature and degree of the intimidation and threats used by the former employer towards Dr Mia and others suggested that Dr Mia was right to have concerns about his personal safety, his career and his immigration status. She submitted that Dr Mia was also right to be suspicious at the time in question of those in positions of authority given the specific threats regarding the CQC, GMC and the Home Office.

54. Ms Nash submitted that Dr Mia took steps to avoid risk to his career and immigration status and to protect his personal safety, in a context where there was no power to compel answers from him or detain him. She submitted that the objective standard is not met and the ordinary person would not consider Dr Mia's conduct to be dishonest based on his genuinely held belief that the inspection would lead to unjustified criticism of him and potentially impact his immigration status.

Tribunal's Decision

55. When determining paragraph 6 of the Allegation, the Tribunal sought to ascertain the actual state of Dr Mia's knowledge or belief as to the relevant facts by applying the two stage test for dishonesty, as set out in Ivey.

56. Dr Mia admitted, in respect of paragraph 4 of the Allegation, that he had provided a different name to Mr A and Mr B on 14 November 2023 and also informed Mr A that he was a patient and provided a number of contact details when asked. Dr Mia admitted (paragraph 5) that the information he provided to Mr A and Mr B was untrue and that he had known that it was untrue.

57. The Tribunal considered whether Dr Mia knew that the four people who attended the Clinic were CQC investigators.

58. The Tribunal has heard that the four CQC investigators entered the Clinic and Ms C and Ms D made initial introductions and showed their CQC identification cards. The Tribunal has heard that the CQC investigators all wore their identification cards on lanyards around their necks during the site visit. It found Ms D to be clear in her evidence, that she had taken notes at the time, and that she did not seek to embellish her account in any way. The Tribunal preferred the evidence from Ms D. It has also heard from Mr A that, when Dr Mia left the consultation room with a suitcase to head to the lifts, he introduced himself to Dr Mia, showed his CQC identification card and *“explained to him that we were carrying out a site visit to establish if regulated activities were taking place”*. Dr Mia was asked in oral evidence whether these introductions had taken place and he agreed that they had.

59. The Tribunal understood Dr Mia’s case that he was in fear and panic at the time and he lied because he thought these four people had been sent to the Clinic by his former employer to intimidate/harm him and he merely wanted to protect himself. He stated that threats had been made to him by his former employer and the nature of the threats included *“that they knew people at the CQC, GMC and Home Office”*. Dr Mia asserted that he was fearful he would be reported or even *“thrown into a van and deported”*.

60. The Tribunal has heard and accepts that the CQC investigators asked to speak only with Mr K and he was escorted into a separate room for this conversation away from Dr Mia. There was no specific request to speak with Dr Mia. In fact Mr A engaged him in conversation only as he sought to leave the Clinic with his suitcase near to the lift. It was also accepted that there was no threats made, either verbally or physically, by the CQC inspectors; Dr Mia also accepted that no threats of physical violence had been made by his former employer. The Tribunal has heard in both oral and written evidence from the CQC investigators that Dr Mia was not stopped from leaving the Clinic in any way, as they certainly had no powers to do so.

61. Dr Mia accepted, in oral evidence, that there had been no previous incident where someone had approached him purporting to be from a government body when they were not. The Tribunal was of the view that there was therefore no precedent to give Dr Mia cause to fear that his former employers would act in the manner he suggests.

62. The Tribunal noted the evidence of Dr F as to the concerns he experienced in respect of the XXX Clinic. It is understood that Dr Mia met Dr F in March 2023 on a visit to the clinic. Dr Mia then met him by chance towards the end of 2023. The Tribunal was of the view that although Dr F’s evidence gave context and background in terms of the situation with working practices at the XXX Clinic it did not provide information to corroborate Dr Mia’s assertion

that he was right to believe that the four people at the Clinic were in some way sent at the instigation of the XXX Clinic and were not genuine CQC investigators.

63. The Tribunal had regard to Mr G's evidence, who was the solicitor that Dr Mia sought advice from in respect of his employment at the XXX Clinic. It noted that Mr G had taken notes during that meeting and that these assisted him to produce his statement. The Tribunal noted that Mr G has recorded various issues that Dr Mia was experiencing in terms of his working conditions, including locations he was sent to work, what kind of work he was being asked to do, that other practitioners were being prioritised over him, and being sidelined into a managerial role he did not want. The evidence from Mr G did not corroborate Dr Mia's assertion that there had been discussions about any threats made to him or references made to CQC, Home Office or GMC. Whilst the Tribunal appreciated that the evidence corroborated unfortunately, that Dr Mia had received unpleasant treatment at work, the focus was on working conditions and not the receipt of threats from the former employer as suggested by Dr Mia.

64. The Tribunal further noted that Dr Mia appeared to have had not only the presence of mind during the short discussions with both Mr A and Mr B on 14 November 2023 to give false details but he then continued to provide further false details in respect of his role within the Clinic when a young man waiting outside the consultation room identified Dr Mia as a doctor to the investigators.

65. The Tribunal noted that Dr Mia accepted that he did not want to tell Mr A or Mr B his real name, he just wanted to leave the Clinic and did not want to be "caught up" in a CQC investigation.

66. The Tribunal also found Dr Mia's account of events to be inconsistent in that he initially told Mr B that he worked at the Clinic for one day only (14 November 2023). In Dr Mia's oral evidence, he explained that he had worked at the Clinic from the second week of October until 14 November 2023 and conducted procedures on five days within that period in respect of eight patients only. The Tribunal understood that it was Dr Mia's account that he had been panicked and felt threatened even in respect of the telephone call with Mr B. It was more likely than not that Dr Mia lied to Mr B by providing misleading information to cover up the extent of his involvement with the Clinic in terms of his own self-interest in wanting to avoid any involvement with the CQC.

67. Dr Mia also set out within his witness statement that, in the phone call with Mr B on 6 December 2023, he explained his rationale for giving false details, and asserting that he then engaged with the CQC. I “*have since engaged fully with the CQC and have been assisting them with their investigation ever since*”. The Tribunal noted that Mr B made an appointment with Dr Mia to take a statement from him over the phone on 12 December 2023. Dr Mia sent an email to Mr B on 8 December 2023 to say he no longer wished to provide a statement. There was a delay before Dr Mia later re-engaged with the CQC on 27 February 2024. The Tribunal did not classify this as engaging fully with the CQC. It was concerned that Dr Mia had not been entirely forthcoming about the reasons for his re-engagement with the CQC.

68. In all the circumstances, the Tribunal determined that Dr Mia knew that the four people who attended the Clinic were genuine CQC investigators. The Tribunal was unable to reconcile Dr Mia’s account with the facts of what took place at the Clinic on 14 November 2023. It was of the view that Dr Mia could have reached no other possible conclusion and rejected the assertion by Dr Mia that he was in fear as the CQC inspectors were people sent from his former employer and were there to intimidate and harm him. The Tribunal had regard to the sequence of events and did not find that Dr Mia’s behaviour was in line with self-preservation from intimidation and instead was demonstrative of self-preservation from involvement in a potential CQC investigation. The Tribunal determined that the actual state of Dr Mia’s knowledge or belief was not such that he thought the four people were from his former employer who had come to intimidate him; he knew them to be genuine CQC investigators. There was a deliberate and insistent refusal on Dr Mia’s part to provide accurate information to the CQC investigators.

69. The Tribunal determined that Dr Mia provided the false details to ensure that the CQC would not be able to find him as he wanted to avoid being embroiled with a potential CQC investigation and he knew those details were false. Whilst the Tribunal accepted that Dr Mia was panicked when he gave the false name and details we find that it is more likely than not that this was due to him considering what the implications might have been for him personally and professionally and not as a result of fear of repercussions from his former employer. The Tribunal therefore find it is more likely than not that the reason for providing the false information to the CQC inspectors was to evade becoming embroiled and or implicated in the investigation and it further finds that his motivation was to distance himself from any regulatory investigation by providing false details so that he would not be able to be contacted or involved and we reject his explanation that he thought that the inspectors were not authentic.

70. In applying the subjective test, the Tribunal has carefully considered all the evidence including the exhibits and chronologies provided by the CQC inspectors Dr Mia's conduct and the explanations put forward by Dr Mia. The Tribunal considered whether Dr Mia's belief at the time may have been that he had done nothing wrong in providing false information for the purposes of protection. However, the Tribunal concluded that his failure to tell the truth in respect of basic details was not driven by any fear or intimidation by a previous employer but to ensure he was not implicated in a CQC investigation. The Tribunal concluded that Dr Mia knew that he should have provided honest and accurate details when questioned and did not find his explanation credible. Having ascertained Dr Mia's actual state of mind at the time of the events, namely that he knew he had provided false information to CQC inspectors to avoid involvement the Tribunal was satisfied that Dr Mia knew he was concealing the extent of his actions.

71. The Tribunal has therefore found that Dr Mia was dishonest in terms of the first limb of the test set out in *Ivey*.

72. The Tribunal next considered whether Dr Mia's conduct was dishonest by the standards of ordinary decent people.

73. The Tribunal noted the role of the CQC in terms of ensuring the safety of healthcare providers serving the public. It was of the view that an ordinary decent person would be concerned that a doctor, professionally trained, would be dishonest to the CQC by providing false details for reasons of self-interest to avoid being implicated in a potential CQC investigation. Dr Mia was performing surgical procedures at the Clinic and lied to investigators who were trying to ensure the integrity of regulated procedures being conducted at the Clinic. The Tribunal appreciated that although there was no obligation on Dr Mia to ensure the Premises were regulated, if he did become aware there was a problem (as in this case) then he had a duty to engage with the CQC to assist with its investigation and thereby ensure the safety of patients. The Tribunal then proceeded to consider the objective test, whether Dr Mia's conduct would be regarded as dishonest by the standards of the ordinary decent people. The Tribunal concluded that Dr Mia met that threshold. In coming to its decision, the Tribunal bore in mind that ordinary and decent people would be aware of the obligations of medical professionals to be honest and not provide false information in an attempt to evade or avoid involvement in an investigation by a regulatory body.

74. The Tribunal has therefore found that Dr Mia was dishonest in terms of the second limb of the test set out in *Ivey*.

75. In conclusion, the Tribunal has found that Dr Mia's actions at paragraphs 4(a), 4(b) and 4(c) of the Allegation were dishonest by reason of paragraph 5. The Tribunal has therefore found paragraph 6 of the Allegation proved in relation to paragraphs 4(a), 4(b) and 4(c) of the Allegation.

Paragraph 9

76. Dr Mia has provided admissions in respect of paragraphs 7 and 8 of the Allegation. He admitted (paragraph 7) that, on or around 3 January 2024, he completed a Declaration of Concerns form at the request of his designated body, the form included a section stating, "*please provide a work history for the last 12 months*", and he omitted to include his work at the Clinic. Dr Mia has admitted (paragraph 8) that, in acting in this way, he knew he had carried out work at the Clinic and by failing to include this work on the form he was providing an incomplete work history for the last 12 months to his designated body.

77. The Tribunal considered whether Dr Mia's actions at paragraph 7(a) and/or 7(b) were dishonest by reason of paragraphs 8(a) and/or 8(b).

GMC's position

78. Mr Birkby stated that it was the GMC's case that the Tribunal should reject Dr Mia's explanation that he omitted the Clinic from the Declaration of Concerns form because he had only worked there for a limited period, did not have an employment contract and had not been paid. Mr Birkby stated that the form directed Dr Mia, in plain language, to identify places that he had worked in the preceding 12 months. He submitted that the request in the form could not have been clearer.

79. Mr Birkby outlined that Dr Mia suggested that he had told Dr H (who according to Dr Mia, was acting on behalf of Dr E, the Responsible Officer), of the work undertaken at the Clinic and, while never having spoken to Dr E before, Dr Mia thought that he would have known about the work at the Clinic from Dr H. Mr Birkby submitted that it was Dr Mia's responsibility to ensure that the form was completed accurately. Furthermore, Dr E set out in his statement that Dr Mia did not declare any other employment to him beyond what was recorded in the form. Neither has the Tribunal heard any evidence to substantiate as to what they were told about the Clinic or when.

80. Mr Birkby submitted that the reason Dr Mia omitted any reference to his work at the Clinic was because he was attempting to conceal from the GMC the fact that he had worked at a clinic that was under investigation by the CQC. Mr Birkby submitted that it was another example of Dr Mia trying to protect himself from potentially adverse consequences by lying. He submitted that such a deliberate attempt to mislead the regulator was clearly dishonest when judged against the standards of ordinary decent people. He invited the Tribunal to find paragraph 9 of the Allegation proved.

Dr Mia's case

81. Ms Nash submitted that it was Dr Mia's case that he did not consider his time at the Clinic to constitute employment in that he never signed an employment contract and, at the time of filling out the form, had received no payment for his work at the Clinic. Ms Nash stated that Dr Mia did a limited number of operations at the Clinic before completing the form and it was completed around his main employment at Skin Medics and the Manchester Private Hospital. She drew parallels with locum work.

82. Ms Nash stated that Dr Mia expanded upon his rationale in his oral evidence by saying he had only worked at the Clinic since the second week of October until 14 November 2023 and had only worked for five days within that period, conducting procedures on eight patients only.

83. Ms Nash invited the Tribunal to consider the wording within the form when assessing Dr Mia's explanation. Specifically, the generic nature of the term "*work history*" and whether there is any scope for Dr Mia to have construed this strictly as "*employment*" history. Ms Nash submitted that this was particularly the case in the absence of any traditional markers of employment like a contract or wages.

84. Ms Nash also invited the Tribunal to consider the impact that Dr Mia's previous employment must have had on his state of mind by 3 January 2024. She stated that the Tribunal was invited to specifically consider whether the emphasis within the form on his time at XXX played any part in his omission regarding his employment at the Clinic. Ms Nash stated that, at the time the request had been made, Dr Mia was aware that he was being investigated by the GMC for clinical concerns relating to XXX Clinic. There were no such clinic concerns raised regarding his work at the Clinic, nor at the Manchester Private Hospital or Skin Medics. Ms Nash submitted that there would be no reason for Dr Mia to hide his employment at the Clinic on the basis of his own performance, or in the event that he

anticipated criticism of his clinical performance as there were two other employers yet to be questioned. She also submitted that, by January 2024, there was still no objective basis for Dr Mia to seek to distance himself from the Clinic, which had continued to operate.

85. Ms Nash noted that Dr Mia completed a form specifically to address the issues arising from the Clinic and again omitted the Clinic from the “*work history*” section on 27 March 2024. She submitted that this was indicative of Dr Mia’s mindset at the time of completing these forms: that he did not consider his brief time with the Clinic to constitute employment.

86. Ms Nash submitted that it was Dr Mia’s genuinely held belief that his work at the Clinic did not amount to employment for the purposes of a “*work history*”, and therefore no ordinary person would consider the omission dishonest.

Tribunal’s Decision

87. The Tribunal sought to ascertain the actual state of Dr Mia’s knowledge or belief as to the relevant facts.

88. At the start of the Declaration of Concerns form, it said:

“This form should be completed by the doctor at the Responsible Officer’s request if you are under investigation and/or restrictions/conditions have been applied by the GMC to your licence or a concern has been indicated by another organisation/person. This form will be used for the purpose of your complex appraisal and should be completed as fully as possible.”

89. There was a section within the form which said:

“Please provide a work history for the past 12 months [include name of the hospital / clinic and agency that placed you if applicable]”

90. Dr Mia referred to his previous work at the XXX Clinic and to his current employment with Skin Medics and Manchester Private Hospital. There was no mention or reference by Dr Mia to his work at the Clinic.

91. The Tribunal was of the view that the form was clear in terms of what information was required. It asked for a “*work history for the past 12 months*”. The Tribunal was clear that

this meant that Dr Mia should have written down the names of all of the places where he had worked in the last 12 months. This would have included the XXX Clinic, Skin Medics, Manchester Private Hospital and, crucially, also the Clinic. The Tribunal was unable to find any ambiguity in the wording and considered that Dr Mia would have been clear that he needed to include the Clinic.

92. The form was signed and dated by Dr Mia on 3 January 2024. This was after the events of 14 November 2023 and of the telephone call with Mr B on 6 December 2023 in which he asked Dr Mia to provide a witness statement, and later email from Dr Mia to Mr B confirming he no longer wished to provide a statement to the CQC.

93. The Tribunal noted that the form was completed on 3 January 2024, which was only around seven weeks after the events of 14 November 2023, and it was inconceivable that Dr Mia would have disregarded his involvement with the Clinic in this short period of time.

94. The Tribunal acknowledged Dr Mia's explanation that he had not been paid, or signed an employment contract and had only been working at the Clinic for a very short period of time. The Tribunal rejected Dr Mia's account as it found that he expected to be paid for his work, and indeed he did later receive payment from Mr K, and that he had considered the Clinic would be a regular place of employment. It did not consider the absence of an employment contract, lack of payment or the short period Dr Mia actually worked at the Clinic to be such that this would negate his responsibility to declare this employment on the form.

95. The Tribunal also had regard to Dr Mia's oral evidence that he had been asked to complete the form due to a concern raised in respect of his work at the XXX Clinic and so focused upon that and did not think his work at the Clinic was of relevance. The Tribunal dismissed this rationale. It was unable to conclude that Dr Mia would not have anticipated the importance of including the Clinic on the form which was to be sent to the GMC, especially in circumstances where he was under GMC investigation for another matter.

96. The Tribunal noted that Dr Mia set out that he had verbally informed Dr H of his work at the Clinic and there was an expectation that this information would be passed to Dr E who requested he complete the form. The Tribunal was clear that the onus was on Dr Mia to complete the form accurately. While he may have told others about his work at the Clinic, the Tribunal was of the view that this did not in any way negate the duty upon Dr Mia.

97. The Tribunal determined that Dr Mia knew that the information about the Clinic should have been included in the form and that it was his responsibility alone to include the information. The Tribunal determined that Dr Mia knew that he was obliged to declare this employment on the form, and therefore that he knew his omission was untrue. The Tribunal agreed that, subjectively, Dr Mia did not honestly believe that the information was not required. It did not accept that Dr Mia did not think he had been employed at the Clinic and determined that it was more likely than not that he failed to include the information out of self-interest as he did not want to be involved in the CQC investigation or for it to have any impact on the GMC investigation. In applying the subjective test, the Tribunal carefully considered all the evidence including the contents of the form and Dr Mia's conduct before and after the form was completed and any subsequent explanations he provided. This would assist in ascertaining what Dr Mia's belief was in relation to the fact that he failed to declare this employment deliberately. The Tribunal concluded that the emphasis and clarity of the wording, *"Please provide a work history for the past 12 months [include name of the hospital / clinic and agency that placed you if applicable]"* made it evident to Dr Mia that he was obliged to disclose this information. Furthermore the Tribunal considered the explanations provided by Dr Mia as to what his understanding was when he completed the form. The Tribunal found his explanation was implausible in respect of the non-disclosure of this employment especially in light of the fact that he had been made aware of the CQC investigation. The Tribunal did not find his explanation credible particularly as the Form made it clear that it was work history for the past 12 months and this employment was recent. Furthermore the Tribunal found it more likely than not that it was inconceivable that there could be any doubt or ambiguity in relation to the wording on the form and determined that Dr Mia made an intentional decision not to include this information in the form. The Tribunal therefore concluded that Dr Mia's honest belief was that he knew he should have declared this employment even if it was for one day as he was expecting to receive payment for the work carried out as per his oral contract.

98. The Tribunal has therefore found that Dr Mia was dishonest in terms of the first limb of the test set out in *Ivey*.

99. The Tribunal next considered whether Dr Mia's conduct was dishonest by the standards of ordinary decent people.

100. The Tribunal was conscious of the importance of including full and accurate information in a Declaration of Concerns form which is to be provided to the regulator. The inclusion of the information would have ensured the GMC had all of the necessary

information in order to undertake a comprehensive investigation. The Tribunal then proceeded to consider the objective test, whether Dr Mia's conduct would be regarded as dishonest by the standards of ordinary decent people. The Tribunal concluded that Dr Mia's conduct met that threshold. In coming to its conclusion the Tribunal bore in mind that ordinary decent people would be aware of the obligation upon medical professionals to be honest and to carefully check and accurately complete forms, particularly when responding to their professional regulator. In conclusion the Tribunal accepted that the public would also be aware of Dr Mia's various explanations as to why he failed to disclose this information and that he was not being honest. The public would be aware of Dr Mia's repeated efforts of failing to be candid with CQC inspectors, employers and the regulator demonstrating a pattern of concealing important information prior to its subsequent discovery. The Tribunal was of the view that ordinary decent people would find Dr Mia's actions to be dishonest. There would be concern that a doctor under investigation by his professional regulator had failed to complete the form honestly.

101. The Tribunal has therefore found that Dr Mia was dishonest in terms of the second limb of the test set out in *Ivey*.

102. In conclusion, the Tribunal has found that Dr Mia's actions at paragraphs 7(a) and 7(b) of the Allegation were dishonest by reason of paragraphs 8(a) and 8(b). The Tribunal has therefore found paragraph 9 of the Allegation proved in relation to paragraphs 7(a) and 7(b) of the Allegation.

The Tribunal's Overall Determination on the Facts

103. The Tribunal has determined the facts as follows:

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

1. On a date or dates from October 2023 to November 2023, on one or more occasion, you carried out surgical procedures ('the Activities') at 41 Harley Street ('the Premises') including but not limited to:

a. gynaecomastia procedures;

Admitted and found proved

b. liposuction.

Admitted and found proved

2. The Activities outlined at paragraph 1 above:
 - a. were regulated activities in accordance with the Health and Social Care Act 2008 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- Admitted and found proved**
- b. required the service provider operating from the Premises to hold registration with the Care and Quality Commission ('CQC').
- Admitted and found proved**
3. When you carried out the Activities at paragraph 1 above no service provider operating from the Premises held registration with the CQC.
- Admitted and found proved**
4. On 14 November 2023 you were present at the Premises and you:
 - a. told Mr A, a CQC inspector, that:
 - i. your name was Ahmed Munda, or words to that effect;
- Admitted and found proved**
- ii. you were a patient, or words to that effect;
- Admitted and found proved**
- iii. you were 'not going ahead with anything, it was too many visits and you were only visiting 'or words to that effect;
- Admitted and found proved**
- iv. you were 'a doctor but a scientist not a medical doctor', or words to that effect
- Admitted and found proved**
- b. gave Mr A the contact details as set out in schedule 1;
- Admitted and found proved**

c. told Mr B, a CQC inspector, that your name was Ahmed Munda.

Admitted and found proved

5. The information in paragraph 4a, and/or 4b and/or 4c was:

a. untrue;

Admitted and found proved

b. known by you to be untrue.

Admitted and found proved

6. Your actions at paragraph 4a and/or 4b and/or 4c were dishonest by reason of paragraph 5.

Determined and found proved

7. On a date on or around 03 January 2024 you:

a. completed a ‘Declaration of Concerns’ form (‘the Form’) at the request of your designated body and:

i. the Form included a section stating ‘please provide a work history for the last 12 months’;

Admitted and found proved

ii. you omitted to include your work at the Premises;

Admitted and found proved

b. provided a copy of the completed Form to your designated body.

Admitted and found proved

8. When acting in the manner outlined in paragraph 7a and/or 7b you knew that:

a. you had carried out work at the Premises;

Admitted and found proved

b. by failing to include your work at the Premises on the Form you were providing an incomplete work history for the last 12 months to your designated body.

Admitted and found proved

9. Your actions at paragraph 7a and/or 7b were dishonest by reason of paragraphs 8a and/or 8b.

Determined and found proved

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

To be determined

Determination on Impairment - 17/12/2025

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

The Evidence

2. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence as follows:

- Dr Mia's reflective statement dated 11 December 2025;
- A number of Continuing Professional Development (CPD) certificates and details of CPD training undertaken, including a number of quizzes/courses on the topic of ethics;
- A letter from Dr I, an Educational Psychologist and Psychoanalytic Psychotherapist, dated 4 December 2025.

105. Within Dr Mia's reflective statement, he said that confronting his actions had been painful, but this provided him with an opportunity for deep reflection. He stated that he regretted the way he responded at the time (including feeling the need to protect himself by lying) and recognised that his behaviour fell short of the standards expected of a doctor. Dr Mia stated that he had taken time away from work to think about the sort of surgeon and

doctor he is to his patients. He confirmed that he had completed a course on psychotherapy and had been undertaking sessions with his spiritual healer over the past year exploring ways to manage stress, the effects of burnout, the management of a potentially threatening situation and how to remain calm and focused in such situations. Dr Mia stated that he was deeply regretful of the way he handled the situation with The Clinic and, with hindsight, realised there would have been a way to stay honest and true to his values. He stated that he has come to understand the fundamental importance of honesty and regulatory compliance and fully appreciated that dishonesty, even when driven by fear, undermines public trust and compromises patient safety. Dr Mia stated that his discussions with Dr I helped him explore the pressures he experienced and how they clouded his judgement. He stated that he has learnt that openness and accountability were non-negotiable duties and explored coping mechanisms for stress and burnout to separate fears from present reality.

106. Dr Mia stated that, since the incident, he has undertaken several CPD courses focused on ethics, honesty and patient safety. He stated that he has also familiarised himself with the role of the CQC and that this understanding prompted him to cooperate fully with its investigation. Dr Mia stated that he also works monthly with a doctor specialising in medical ethics to review practice standards and ensure adherence to ethical principles. He stated that he fully recognised that misleading CQC investigators was dishonest and unacceptable. Dr Mia stated that, at the time, he allowed fear to override his professional obligations. He stated that dishonesty erodes public confidence and damages the reputation of the profession. He stated that he deeply regretted his actions, took full responsibility and was committed to ensuring that such behaviour will never be repeated.

107. Dr I stated Dr Mia had been seeing him for weekly psychotherapy from May 2025 in respect of the difficulties experienced working at XXX Clinic and The Clinic. Dr I stated that Dr Mia's time in the UK had been challenging and that they had had to address the ways in which Dr Mia compounded his difficulties by dishonesty and poor decision making. Dr I stated that Dr Mia was well aware of the seriousness of what he had done and took full responsibility for his actions. He stated that Dr Mia had demonstrated guilt and remorse for what he had done and understood that he had compromised his personal and professional ethics. Dr I stated that their work had revolved around Dr Mia trying to understand how he got himself into such a position in order to avoid getting into similarly compromising positions and to employ better ethical judgement.

Submissions

Submissions on behalf of the GMC

108. Mr Birkby submitted that the proven allegations constitute serious misconduct, the result of which is that Dr Mia's fitness to practise is impaired.

109. Mr Birkby submitted that the proven allegations constitute a serious departure from the professional standards expected of a doctor and therefore amounted to misconduct. He referred to a number of paragraphs of Good Medical Practice (2013) ('GMP'), namely:

"1. Patients need good doctors. Good doctors... are honest and trustworthy, and act with integrity..."

23. To help keep patients safe you must:

...

e. respond to requests from organisations monitoring public health

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

66. You must always be honest about your experience, qualifications and current role.

68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

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

b. You must not deliberately leave out relevant information.

73. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality."

110. Mr Birkby submitted that the proven allegations amounted to serious misconduct as they included deliberate, persistent and multi-faceted dishonesty to representatives of Dr Mia's industry regulator exercising their statutory duties as well as Dr Mia deliberately and dishonestly withholding information from the GMC in order to cover up his involvement with a clinic which he knew was being investigated by the CQC. Mr Birkby submitted that Dr Mia's actions constituted dishonesty for personal gain, i.e. to protect his professional and personal position, and that Dr Mia had breached multiple sections of GMP.

111. In terms of seriousness, Mr Birkby stated that Dr Mia's actions amounted to persistent and repeated dishonesty to two separate regulators, and there was premeditation in respect of the dishonesty to the GMC. Mr Birkby stated that Dr Mia's actions were a deliberate (as opposed to reckless) disregard of professional standards and undermining of systems designed to protect the public, namely the CQC's statutory duty to investigate unregistered providers and the GMC's statutory duty to investigate complaints made against doctors. Mr Birkby submitted that Dr Mia's misconduct falls towards the high end of the spectrum of seriousness.

112. Mr Birkby submitted that Dr Mia had violated a fundamental tenet of the profession, that his misconduct lies at the higher end of the spectrum of seriousness and, as such, has brought the medical profession into disrepute.

113. Mr Birkby stated that the GMC points to the fact that Dr Mia's account has been roundly rejected by the Tribunal. He stated that dishonesty was the primary, indeed only contested, allegation and the case turned on whether the Tribunal accepted Dr Mia's innocent explanation for the lies told. Mr Birkby stated that, on the Tribunal's findings of fact, that explanation was fabricated, deliberately intended to mislead as to his true motivation for the lies told, and therefore as to whether his actions were dishonest.

114. Mr Birkby submitted that the dishonest nature of Dr Mia's account was relevant to the Tribunal's consideration of insight in that it demonstrated a failure to acknowledge wrongdoing, a lack of developed understanding in relation to the causal factors of his misconduct and a failure to appreciate the harmful impact of his misconduct on the wider profession. Mr Birkby submitted that, although Dr Mia has taken some steps to demonstrate insight, the Tribunal may consider that dishonesty is such a serious and insidious form of professional misconduct that the steps taken do not amount to remediation. Further, he submitted that, without any or sufficient insight, the Tribunal cannot have confidence that Dr

Mia will not again be dishonest in his professional role in order to safeguard his own personal interests.

115. Mr Birkby referred to the Guidance for MPTS Tribunals (24 November 2025). He submitted that the misconduct falls towards the high end of the scale in terms of seriousness and it followed that the starting point for assessing the current and ongoing risk to public protection was also high. Mr Birkby submitted that evidence of any relevant context and of how Dr Mia has responded to the concerns that decrease risk will have less impact and carry less weight. He stated that this was because the risk to public protection arising from misconduct at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address. Mr Birkby submitted that, although Dr Mia clearly experienced some difficulties with his previous employer, the Tribunal has rejected any suggestion that those difficulties were an actual cause of or legitimate explanation for, the dishonesty.

116. Mr Birkby submitted that all three limbs of public protection are engaged but in particular public confidence and upholding professional standards. He submitted that a reasonable and properly informed member of the public would be shocked and offended if no finding of impairment were to be made on the facts of this case.

Submissions on behalf of Dr Mia

117. Ms Nash submitted that, while inherently serious misconduct, the work done by Dr Mia in the intervening period mitigates the risk posed to public protection, meaning that his fitness to practise is not currently impaired.

118. In terms of paragraph 6 of the allegation, Ms Nash submitted that there was no direct risk to the public arising from the lies told to the CQC. The investigators were not there to investigate Dr Mia's clinical performance nor did his lies thwart their investigation. Ms Nash stated that the CQC does not directly regulate doctors and would not have investigated any clinical concerns relating to Dr Mia. She also submitted that the dishonesty was not of a sophisticated nature, meaning permanent evasion from the investigators was almost impossible as Dr Mia's name will have been recorded on clinical records.

119. In terms of paragraph 9 of the allegation, Ms Nash submitted that, while the dishonesty was to his own regulatory body, the omission did not prevent or hinder the GMC investigation.

120. Ms Nash submitted that, in light of the limited actual impact of the misconduct, the evidence of any benefit to Dr Mia was limited in that his lies did not directly relate to his clinical performance and Dr Mia did not evade detection and investigation following his lies. She stated that this was still the case notwithstanding the fact that the dishonesty was repeated.

121. Ms Nash submitted that, while Dr Mia did not go behind the findings of the Tribunal, Dr Mia putting his own interests before those of patients was of limited practical impact as it was not his direct actions that were being investigated by the CQC who were able to ascertain whether surgical procedures were being performed with or without his assistance. She stated that the Tribunal was also invited to consider that the dishonesty was committed over a relatively short period of time.

122. Ms Nash stated that it would be of concern to the Tribunal that there were two findings that Dr Mia lied to a regulatory body. She stated that it was conceded that lies of this nature had the potential to undermine a system designed to protect the public. Ms Nash submitted, however, that the seriousness of the misconduct was mitigated by the steps taken by Dr Mia in late 2023/2024 to mitigate the risk posed.

123. Ms Nash stated that the Tribunal would also have regard to the fact that Dr Mia has no relevant fitness to practise history. Further, she submitted that the conduct in respect of paragraph 6 of the allegation was not premeditated. Ms Nash stated that Dr Mia had no knowledge of the inspection which was unannounced and there was no pre-existing investigation into his conduct by the CQC. She submitted that, while the Tribunal may consider premeditation in respect of paragraph 9 of the allegation, there was no benefit to Dr Mia to omit the employment information as it did not thwart the investigation into his conduct.

124. Ms Nash submitted that the relevant context was Dr Mia's working environment. She submitted that, while Dr Mia did not seek to go behind the Tribunal's findings in respect of his actions being down to self-preservation, his work environment was still a relevant consideration as to why he panicked in the moment and decided to lie to the investigators. Ms Nash stated that the Tribunal accepted that Dr Mia had received unpleasant treatment at his previous workplace only months prior to the events of 14 November 2023. She referred to Dr Mia's reflective statement in terms of burnout and how this affected his ability to approach the situation more calmly and rationally, as well as the feelings of isolation and the financial pressure he was experiencing. Ms Nash submitted that the context of Dr Mia's work

environment globally was relevant in the assessment of why he acted in the way that he did, not as the Tribunal has found out of fear, but still in a state of panic.

125. Ms Nash submitted that Dr Mia's case could be categorised as an exceptional one as there was no direct impact on patients or patient safety, there was no disruption or risk of disruption to either the CQC or GMC investigations, and the lack of direct benefit from the lies. Further, Ms Nash referred to Dr Mia's unusual and recent background of unpleasant work conditions, the professional and financial pressure on him at the time, and the nature and extent of Dr Mia's response to the allegations. She stated that it was conceded that, where an allegation falls at the higher end of the spectrum of seriousness, evidence of context will usually have less impact but submitted that it was still relevant.

126. Ms Nash submitted that the Tribunal was invited to consider Dr Mia's reflective statement as to the work he has done professionally and personally to address the issues that he believes underlie his conduct. She stated that Dr Mia has taken steps to address occupational burnout and identified skills to implement when facing a stressful situation. Ms Nash invited the Tribunal to consider the work done by Dr Mia to avoid repetition of the conduct demonstrated. She submitted that the specific employment context that was present at the time was no longer relevant and the Tribunal could be reassured the conduct would not be repeated.

127. Ms Nash invited the Tribunal to consider the insight demonstrated by Dr Mia in his reflective statement, including the work done by him to improve his understanding of the function of the CQC and his acceptance that what he did was wrong. She stated that, while there was limited CPD that Dr Mia could do to address dishonesty generally, the Tribunal will have regard to a number of professional ethics courses that have been completed.

128. Ms Nash submitted that Dr Mia can be considered to have demonstrated insight despite the fact that he defended the allegations. She stated that Dr Mia denied paragraphs 6 and 9 of the allegation on the basis of the legal test of dishonesty and that, in respect of paragraph 6, Dr Mia admitted that he had lied and, on one occasion, accepted that he had acted dishonestly. Ms Nash referred to the case of *Sawati v GMC [2022] EWHC 283 (Admin)* and submitted that Dr Mia's defence did not wrongly implicate others, doctors are entitled to fairly and robustly defend themselves, and he did not deny anything of the factual allegations.

129. Ms Nash submitted that the work done was relevant and verified by objective evidence to address the underlying cause of dishonesty. She submitted that this was not a case where the risk posed by Dr Mia could not be safely managed locally due to the work having been done to address the underlying cause of his panic. Ms Nash also submitted that there was unlikely to be repetition of the conduct due to the evidence of remediation and the change in Dr Mia's work environment to be less pressurised.

The Relevant Legal Principles

130. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response.

131. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

132. To assess whether Dr Mia poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider where on the spectrum of seriousness the allegation lies (based on the facts found proved), the impact of any relevant context known about Dr Mia and/or their working environment, and how Dr Mia has responded to the allegations.

133. There was reference to the case of *R (on the application of Calhaem) v GMC [2007] EWHC 2606 (Admin)*, in that 'misconduct' connotes a serious breach that indicates that the doctor's fitness to practise is impaired. In *Roylance v GMC [2000] 1 AC 311*, it stated that:

"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the

word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious."

134. There was also reference to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), in which she set out a series of four questions which may indicate whether or not impairment is indicated:

"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/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 and/or is liable to act dishonestly in the future."*

135. Further, that in *Grant* it states that:

"...In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

136. In *PSA v HCPC & Ghaffar* [2014] EWHC 2723, that it would be an unusual case where dishonesty was not found to impair fitness to practise. Whilst the case of *PSA v GMC & Uppal* [2015] EWHC 1304 (Admin) contained a reminder that not every act of dishonesty will result in a finding of impairment.

137. In *Sawati*, it was said that doctors are properly and fairly entitled to defend themselves. It was stated that:

"The proper place of dishonesty (or other states of mind such as 'deliberate' and 'knowing') in the scheme of the allegations matters. A rejected defence of honesty may be more fairly relevant to an overall assessment of conduct where dishonesty (the noun) is the primary allegation - deceit, fraud, forgery or similar – than where 'dishonestly' (the adverb) is a secondary allegation, aggravating a primary allegation of other misconduct which may or may not be done honestly – or not a formal allegation at all.

...

There is a difference between denying 'primary facts' – what happened and what the doctor did or did not do – and denying 'secondary facts' – the evaluation of the primary facts through the lens of what the doctor knew or thought and the choices available to them.

Resistance to the objectively verifiable is potentially more problematic behaviour (and more relevant to sanction) than insistence on an honest subjective perspective. This is not of course an exclusive binary classification: what a doctor thinks or knows will often have to be deduced evidentially from objective circumstances.

...

If a doctor denies their alleged state of mind with a defence at the unreal, unreasonable or 'frankly ludicrous' end of the spectrum, that may be more fairly relevant to sanction than one where the only thing being denied is that dishonesty rather than honest mistake gives the better account of things.

...

Before a rejected defence is held to be relevant evidence of 'lack of insight', it is necessary to consider what other evidence of insight or lack of insight is present.

...

'Not telling the truth to the Tribunal', when not freshly charged in separate proceedings as akin to perjury, has to amount to something more than a failure to admit to an allegation (especially a secondary allegation of dishonesty) or a putting to proof, before it can properly count against a doctor. It is likely to have to amount to more than offering an 'honest' alternative explanation of events alleged to be explicable as dishonesty, or it is hard to see how a dishonesty charge is to be effectively defended. It is going to require some thought to be given to the nature of the rejected defence. Was it a blatant and manufactured lie, a genuine act of dishonesty, deceit or misconduct in its own right? Did it wrongly implicate and blame others, or brand witnesses giving a different account as deluded or liars? Or was it just a failed attempt to tell the story in a better light than eventually proved warranted?"

The Tribunal's Determination on Impairment

Misconduct

138. The Tribunal had regard to the submissions provided by the parties, GMP (2013) and the Guidance for MPTS Tribunals. The Tribunal has followed section three of the Guidance for MPTS Tribunals (MPT Hearings > Part B > Stage 2: Impairment) in terms of steps 2(a) to (e) as set out below:

Is there a legal basis for considering impairment?

139. The Tribunal has regard to the statutory over-arching objective in terms of public protection. It must act in a way that:

- protects, promotes and maintains the health, safety and well-being of the public ('patient safety')
- promotes and maintains public confidence in the profession ('public confidence'), and
- promotes and maintains proper professional standards and conduct for members of those professions ('uphold professional standards').

140. The Tribunal had regard to its findings as set out in its determination on the Facts. It has found that Dr Mia had failed to be candid with CQC investigators and his regulator, such that it demonstrated a pattern of concealing important information prior to its subsequent discovery. The Tribunal concluded that it was more likely than not that Dr Mia failed to provide or include the relevant information out of self-interest as he did not want to be involved in the CQC investigation or for it to have any impact on the GMC investigation.

141. In considering whether Dr Mia's actions amounted to misconduct, the Tribunal had regards to GMP (2013). It determined that the following paragraphs were applicable:

"1. Patients need good doctors. Good doctors... are honest and trustworthy, and act with integrity..."

23. To help keep patients safe you must:

...

e. respond to requests from organisations monitoring public health

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

66. You must always be honest about your experience, qualifications and current role.

68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

- a. You must take reasonable steps to check the information is correct.*
- b. You must not deliberately leave out relevant information.*

73. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality."

142. The Tribunal was of the view that these paragraphs of GMP were engaged in Dr Mia's case. It determined that Dr Mia's actions were serious departures from those principles and fell seriously below the standards expected as set out in GMP.

143. The Tribunal considered that Dr Mia's actions demonstrated a repeated pattern of behaviour having occurred on more than one occasion and that he failed to act with honesty and integrity by both act and omission. The Tribunal noted that Dr Mia was providing surgical procedures that needed to be regulated by the CQC. Dr Mia did not cooperate with the CQC investigators. He fabricated his identity and contact details upon questioning and further concealed his identity even when intercepted by a patient who disclosed to the investigators that Dr Mia was not a patient, he was a doctor. He dishonestly then went on to inform the investigators that he was a "scientist", not a medical doctor. There were a number of opportunities to tell the truth which Dr Mia failed to take advantage of, instead he continued in his efforts to conceal his involvement with The Clinic.

144. Furthermore, the Tribunal considered that Dr Mia's dishonest completion of his declaration form was a significant act of dishonesty by omission. The Tribunal is clear that a

doctor should be engaging with relevant regulators and that there would be an expectation from patients and the public for such voluntary and honest engagement rather than to frustrate matters. The Tribunal considered that it was mere luck that Dr Mia's actions did not hinder the CQC or GMC investigations and, as such, was of the view that the risk of harm to patients and the public could have been significant. The Tribunal accepted the GMC submissions that this behaviour in its entirety undermined a system put in place to protect patients and the public.

145. The Tribunal has found that the proven facts did engage one ground for impairment, namely misconduct. It found that Dr Mia's dishonesty, within his professional practice, amounted to significant failings that fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

146. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether Dr Mia's fitness to practise is currently impaired by reason of his misconduct.

Where on the spectrum of seriousness does the allegation lie?

147. The Tribunal considered the starting point for assessing seriousness. It appreciated that all allegations where a finding that the legal basis of misconduct is established are serious but that, within the range of these matters, some allegations will be more serious than others and the Tribunal's assessment of seriousness must reflect the individual circumstances of this case.

148. The Tribunal had regard to the Guidance for MPTS Tribunals, including the comment made within Part 1 as to seriousness in dishonesty cases:

"Whilst a range of behaviour can be seen, the nature of the departure from the standards expected may mean that a concern or allegation relating to dishonesty falls at the high end of the spectrum of seriousness. Even a single incident of dishonesty can have a significant harmful impact and pose a risk to public protection."

149. The Tribunal also had regard to Part 3 of the Guidance for MPTS Tribunals, which included that:

“28. Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:

...

an incident of dishonest behaviour which is limited in nature and had limited impact, such as where it occurred outside of the doctor’s professional role and the value of any financial or other benefit derived was low...”

31. Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

...

dishonesty, other than where it occurred outside of the doctor’s professional role and was not persistent or repeated, and the value or other benefit derived was not significant...”

150. As a starting point and having regard to its findings and the nature of the allegation, particularly as the dishonesty was carried out whilst Dr Mia was acting in a professional role, it was persistent, and it put the public at risk, the Tribunal was of the view that the allegation in this case lies at the higher end of the spectrum of seriousness.

151. The Tribunal then had regard to whether there were any relevant factors that might increase the seriousness of the allegation. It determined that the following were relevant in Dr Mia’s case:

- The behaviour was persistent and repeated (two separate regulators)
- There was a deliberate disregard for patient safety and professional standards
- There was evidence of premeditated behaviour (regarding the dishonesty to the GMC)
- The behaviour undermined a system designed to protect the public (the CQC’s statutory duty to investigate unregistered providers and the GMC’s statutory duty to investigate complaints made against doctors)
- Dr Mia put his own interests before those of patients.

152. The Tribunal determined that Dr Mia’s behaviour was repeated, deliberate and sustained over several weeks. The dishonesty commenced on 14 November 2023 at The Clinic, was continued in the phone call in December 2023 and through the omission of the information from the form on 3 January 2024. The Tribunal accepted that although the first

instance of dishonesty on 14 November 2023 was not premeditated as the CQC site visit was unexpected, Dr Mia's subsequent responses became progressively calculated culminating in his concerted effort to withhold employment information. The Tribunal considered that all of Dr Mia's actions stemmed out of the first instance of dishonesty on 14 November 2023 and this dishonesty was repeated with the intention of concealing the previous instances.

153. The Tribunal found that Dr Mia's actions had been dishonest and had the potential to put patients at risk and the potential to disrupt and frustrate regulatory investigations. Dr Mia had failed to act honestly and with integrity and showed a deliberate disregard for professional standards. The Tribunal also determined that, given the self-preservation aspect of this case, Dr Mia had disregarded patient safety and put his own interests before those of his patients.

154. The Tribunal appreciated that the starting point identified meant that the allegation falls at the higher end of the spectrum of seriousness and accepted the GMC's submission that, in applying Paragraph 31 of the MPTS Guidance, persistent and repeated dishonesty would likely fall at the higher end of the spectrum.

155. The Tribunal has identified a number of factors that would increase seriousness. Given the starting point, the allegation stays at the higher end of the spectrum. As such, the starting point for current and ongoing risk to public protection is that there is a high risk.

What is the impact of any relevant context known about Dr Mia and/or their working environment?

156. The Tribunal appreciated that there are three types of relevant context which it should consider: working environment context, role and experience, and personal context. The impact that evidence of relevant context has on the assessment of risk will depend on the nature of the allegation and individual circumstances of the case. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by the doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address.

157. The Tribunal has heard from Dr Mia, both in written and oral evidence, as to why he did what he did. The Tribunal has also most recently received Dr Mia's reflective statement dated 11 December 2025. As summarised at the top of this determination, Dr Mia advanced

submissions in respect of context which the Tribunal duly considered. These included the “fear” he felt due to his previous experience with XXX Clinic, stress/burnout at work, and feeling isolated having arrived in the UK to work from South Africa. Dr Mia alluded to a number of professional and financial pressures at the time of the incident and referred to the impact of this on his personal and family life. The Tribunal noted that Dr Mia felt that he had to lie to protect himself and was of the view that he recognised, within his statement, how his behaviour fell short and that he was regretful of how he dealt with the situation.

158. The Tribunal appreciated the context that Dr Mia sets out as to why he acted in the way that he did. However, the Tribunal did not consider that there was anything within that information that would affect Dr Mia’s behaviour such that it was appropriate to take that context into account. The Tribunal was clear that honesty and integrity are fundamental (and basic) principles for any doctor and was of the view that the context did not have any bearing on Dr Mia’s dishonesty. Neither did the Tribunal find anything exceptional as per the *Uppal* case and it rejected the assertion that Dr Mia did not directly benefit from the dishonesty. The Tribunal found that Dr Mia sought to distance himself from any investigatory processes that were ongoing at the time and consistently put his own interests above those of patients and the public.

159. The Tribunal determined that the current and ongoing risk to public protection remained high.

How has Dr Mia responded to the allegations?

160. The Tribunal noted from the Guidance for MPTS Tribunals that it should consider the evidence available to it to establish if Dr Mia has: (a) shown insight into his behaviour (b) taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and (c) kept his knowledge and skills up to date.

161. The Tribunal also noted from the Guidance for MPTS Tribunals that evidence of insight and remediation will have a different impact on the assessment of current and ongoing risk to public protection in each case, depending on the nature of the allegation and individual circumstances of the case. In cases where the allegation falls at the higher end of the spectrum of seriousness, and therefore the starting point for assessing current and ongoing risk to public protection is high, evidence of insight and remediation will usually carry less weight and therefore will have less impact, if any, on the assessment of current and

ongoing risk to public protection. This is because the risk to public protection arising from these allegations is generally more difficult to address, particularly where the allegation is connected to deep seated attitude issues and beliefs.

162. The Tribunal considered whether Dr Mia understands what happened, the consequences of his actions and accepts how he could have acted differently. The Tribunal had regard to Dr Mia's reflective statement in which he has shown remorse for his actions, set out his understanding of the importance of honesty and an acceptance that he should not have lied or acted in the way that he did. The Tribunal noted Dr Mia's "*reaffirmed commitment to regulatory compliance, expression of regret and acceptance of responsibility and the undertaking that his actions would not be repeated*". Dr Mia stated that, if he was now placed in a similar situation, he would act differently.

163. The Tribunal noted and accepted that Dr Mia chose to defend these proceedings and did not hold that against him. He submitted that there was no risk of repetition. The Tribunal noted that, in having insight, there is a requirement that the doctor would fully accept their wrongdoing. The Tribunal found that whilst Dr Mia acknowledged he had acted dishonestly, he continued to downplay the adverse impact of his behaviour. By suggesting there was no harm caused to patients and that regulatory proceedings were not disrupted, he continued to fail to appreciate the seriousness of his behaviour. Although there were also some admissions made to the allegation at the start of this hearing and in the reflective statement, the Tribunal determined that insight was limited and in the infancy stage.

164. The Tribunal determined that it had limited evidence before it of any in depth reflections by Dr Mia. It does not accept that he has fully recognised the impact of his dishonesty and that there was some attempt at minimising the seriousness of his actions in the submissions that no harm was caused by his actions and he did not, in fact, disrupt the CQC or GMC investigations.

165. The Tribunal was not satisfied that Dr Mia, as an experienced doctor, has reflected on what may have led him to be dishonest in the CQC investigation at The Clinic and subsequently to the GMC. It did not feel that Dr Mia had adequately explained his actions in terms of what led him to make those decisions and the wider impact of his actions on others, i.e. frustrating the CQC process or the potential of causing harm by being dishonest in regulatory investigations. Overall, the Tribunal determined that Dr Mia had shown limited insight.

166. The Tribunal considered whether Dr Mia's actions were remediable. It appreciated that dishonesty can be difficult to remediate but that remediation was possible.

167. The Tribunal next considered whether the allegations have been remedied. The Tribunal was conscious that, in his reflective statement, Dr Mia refers to what he would do differently in the future if similar issues were to arise and that he had engaged with an educational psychologist. Dr Mia also stated that he works monthly with a doctor specialising in medical ethics to review practice standards and ensure adherence to ethical principles, however, the Tribunal has not heard from this individual or understood from them or Dr Mia what that learning has entailed. The Tribunal has received limited evidence of CPD undertaken, including a number of quizzes on ethical issues taken in January 2024, and one course on 16 February 2025. The Tribunal has not had sight of any testimonials to demonstrate that Dr Mia has put into practice his learning as a result of these proceedings. The Tribunal acknowledge that some relevant CPD has been undertaken. Overall, the Tribunal was of the view that Dr Mia has demonstrated limited remediation.

168. The Tribunal determined that, given the lack of insight and remediation, it had no confidence that Dr Mia would act in a different way if put in the same or similar situation in the future. The Tribunal acknowledged that there was no evidence or suggestion of 'direct' risk to patients/public in these proceedings and that the misconduct arose out of specific circumstances at this Clinic. The Tribunal further noted that, although the dishonesty was not of a 'sophisticated' nature, it was repeated and persistent. The Tribunal was not satisfied that, if Dr Mia faced similar circumstances where he had to declare information that could have a negative impact upon him, he would be honest and open. The Tribunal determined that, especially given Dr Mia's safeguarding of his own interests before the interests of others, there was a high risk of repetition. Despite being an experienced doctor (qualifying in 1999) the Tribunal was of the view that Dr Mia had still not demonstrated that he fully understood or accepted the seriousness of his misconduct or its impact on public confidence or on fellow members of the profession.

169. The Tribunal is asked to consider if Dr Mia has kept his knowledge and skills up to date. It was conscious that this case does not relate to inadequacies in Dr Mia's clinical skills. The Tribunal noted the CPD provided by Dr Mia but, essentially, had limited information before it that he has kept his knowledge and skills up to date.

170. In consideration of all of these factors, the Tribunal determined that the current and ongoing risk to public protection remained high.

Tribunal's decision as to whether Dr Mia poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

171. The Tribunal, based on the above conclusions, determined that there is a current and ongoing risk to public protection. It found the level of risk to be high. It was of the view that all three limbs of the test for impairment as set out in *Grant* were engaged in this case such that impairment of fitness to practise was indicated. It considered that a finding of impairment was necessary to uphold proper professional standards and to protect, promote and maintain public confidence in the profession.

172. The Tribunal determined that all three parts of public protection were engaged. It was of the view that, by not engaging properly in CQC and GMC investigations there had been the clear potential for risk to patient safety and the safeguards in place to protect the public. In terms of public confidence, the Tribunal was mindful that patients and members of the public must have confidence in doctors to behave professionally and act with honesty and integrity. In terms of professional standards, the Tribunal noted that GMP requires that doctors are honest, trustworthy, act with integrity and uphold the law. The Tribunal was clear that honesty and integrity are fundamental tenets of the profession and that Dr Mia's actions were serious departures from those principles. The Tribunal determined that the public would be concerned given Dr Mia's actions.

173. The Tribunal has therefore determined that Dr Mia's fitness to practise is impaired by reason of misconduct. Furthermore, it was of the view that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in this case.

Determination on Sanction - 19/12/2025

174. Having determined that Dr Mia's fitness to practise is impaired by reason of misconduct, 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

175. The Tribunal has reviewed its findings at the facts and impairment stage and

taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. It received no further evidence at this stage other than the written submissions on sanction from both the GMC and on behalf of Dr Mia.

Submissions

Submissions on behalf of the GMC

176. Mr Birkby, Counsel, submitted that the decision as to the appropriate sanction is a matter for the Tribunal, exercising its independent judgment. The GMC's submissions are made pursuant to Rule 17(2)(l) of the General Medical Council (Fitness to Practise) Rules 2004.

177. Mr Birkby submitted that in light of the Tribunal's findings of fact and its conclusion that Dr Mia's fitness to practise is currently impaired, the only appropriate and proportionate sanction is erasure from the medical register. He submitted that the Tribunal must consider what regulatory action, if any, is necessary to protect the public. Public protection comprises three limbs: protecting the health, safety and well-being of the public; maintaining public confidence in the medical profession; and upholding proper professional standards and conduct.

178. Mr Birkby submitted that the Guidance for MPTS Tribunals requires the Tribunal, at the sanctions stage, to have regard to its earlier findings at the facts and impairment stages, and to assess the level of current and ongoing risk posed by the doctor to one or more aspects of public protection. He submitted that the Guidance further requires any sanction imposed to be proportionate, transparent and fair. The Tribunal must adopt a sequential approach, considering the least restrictive sanction capable of achieving public protection and assessing the sanctions immediately above and below the sanction under consideration.

179. Mr Birkby submitted that while the impact of a sanction on the individual doctor may be considered, established authority makes clear that the protection of the public and the maintenance of confidence in the profession must outweigh the interests of the practitioner. Although sanctions are not intended to be punitive, a punitive effect does not render a sanction disproportionate where it is necessary.

180. Mr Birkby submitted that the Tribunal found Dr Mia to have engaged in deliberate, persistent and multi-faceted dishonesty towards CQC investigators on 14 November 2023.

The misconduct was motivated by self-interest, namely a desire to avoid involvement in a potential CQC investigation, and represented a serious breach of his duty to engage openly with a statutory regulator in the interests of patient safety. Mr Birkby submitted that the Tribunal further found Dr Mia to have acted dishonestly in withholding information about his work at the Clinic from the GMC in his Declaration of Concerns form dated 4 January 2024, again motivated by a desire to protect his own professional position and to avoid scrutiny by either regulator. He submitted that the Tribunal expressly rejected the account advanced by Dr Mia at the facts stage, and that this finding was material to its later conclusions on insight and remediation.

181. Mr Birkby submitted that, at the impairment stage, the Tribunal concluded that the misconduct lay towards the higher end of the spectrum of seriousness, was aggravated by the factors identified in its determination, and that contextual explanations did not mitigate the level of risk. The Tribunal found only limited insight and remediation, and concluded that it could not be confident that Dr Mia would act differently in the future. Mr Birkby submitted that the Tribunal therefore determined that there remains a current and ongoing risk to public protection, that all three limbs of public protection are engaged, and that the level of risk is high.

182. Mr Birkby submitted that, in cases of dishonesty assessed as presenting a high level of risk, the MPTS Guidance identifies a sanctions banding ranging from suspension of nine months to erasure from the register. He stated that taking no action would be wholly inappropriate given the seriousness of the misconduct, the limited insight and remediation demonstrated, and the real risk of repetition. Such an outcome would fail to protect the public and would seriously undermine confidence in the profession.

183. Mr Birkby submitted that conditions would not be appropriate or workable. There are no identifiable aspects of clinical practice that could be restricted or monitored, and no conditions capable of addressing or preventing future dishonesty. The Guidance makes clear that conditions are unlikely to be proportionate where misconduct reflects a fundamental attitudinal failing. Mr Birkby submitted that suspension would also be insufficient. The absence of meaningful insight or remediation means that no period of suspension would adequately reduce the risk of repetition. Further, deliberate and sustained dishonesty towards both professional and industry regulators represents a serious departure from the standards expected of a registered doctor and is fundamentally incompatible with continued registration.

184. Mr Birkby submitted that erasure is therefore the only sanction capable of meeting the overarching objective of public protection. Neither conditions nor suspension would sufficiently mitigate the risk of future harm, Dr Mia has demonstrated a persistent lack of insight, and continued registration would substantially undermine public confidence and proper professional standards. He submitted that, although erasure would prevent Dr Mia from practising medicine in the United Kingdom, it represents the minimum sanction necessary to protect the public and uphold confidence in the profession.

Submissions on behalf of Dr Mia

185. Ms Nash, Counsel, submitted that Dr Mia accepts that the findings of dishonesty and the consequent finding of impairment are serious. She further submitted that Dr Mia recognises that the imposition of conditions would be of limited utility given that he currently practises in South Africa. Dr Mia is also conscious of the sanctions bandings within the Guidance, which indicate that the threshold for suspension is crossed where dishonesty is proved.

186. Ms Nash invited the Tribunal to step back from erasure and to consider whether a period of suspension would represent a proportionate response, having regard to the work undertaken by Dr Mia and his willingness to continue his professional development. She submitted that the Tribunal must ensure that any sanction imposed is proportionate to the misconduct and the need for public protection, and must adopt the sequential approach mandated by the Guidance, beginning with the least restrictive sanction before considering more serious outcomes. Ms Nash submitted that suspension must therefore be considered before erasure.

187. Ms Nash submitted that a period of suspension would have a clear deterrent effect and would send an appropriate message to Dr Mia, the profession and the public as to the unacceptability of the conduct found proved. She submitted that suspension is a serious sanction, capable of maintaining public confidence and upholding professional standards. Ms Nash submitted that based on the Tribunal's assessment at the impairment stage, it is properly conceded that the threshold for suspension has been met. She referred to the Guidance, which identifies that suspension may be appropriate where misconduct lies towards the higher end of seriousness but where evidence of insight and remediation reduces the level of ongoing risk such that there are no outstanding patient safety concerns.

188. Ms Nash submitted that Dr Mia falls within that category. While the Tribunal found his insight and remediation to be limited, she submitted that a period of suspension would allow Dr Mia to consolidate his learning while continuing to practise in South Africa, supported by the professional and personal measures he has already put in place. Ms Nash submitted that the Guidance expressly recognises suspension as a mechanism to prevent a doctor from practising while insight is developed and remediation undertaken. She submitted that a period of suspension would therefore provide Dr Mia with the opportunity to demonstrate meaningful progress by the conclusion of the suspension period.

189. Ms Nash submitted that erasure would be neither proportionate nor necessary in light of the risk posed by Dr Mia. While she acknowledged the Tribunal's assessment of the risk as high, she submitted that there is evidence that Dr Mia is capable of developing greater insight and has already commenced meaningful remedial work, both professionally and personally. Ms Nash invited the Tribunal to take into account Dr Mia's concessions during his oral evidence and his continued cooperation with the CQC investigation. Although the Tribunal expressed understandable scepticism regarding his initial motivation, she submitted that Dr Mia accepted that cooperation would not absolve him of regulatory responsibility and that his engagement has continued beyond the conclusion of the CQC investigation.

190. Ms Nash submitted that, although the Tribunal found insight to be limited, there is no finding of a persistent lack of insight, and the evidence demonstrates ongoing development in this regard. She submitted that the risk of repetition can be mitigated through continued remediation. She submitted that the dishonesty found proved arose in fact-specific and unusual circumstances, and that Dr Mia has undertaken targeted psychological work addressing the motivations underlying his conduct. A period of suspension would allow him to consolidate this work and further reduce the risk identified by the Tribunal.

191. Ms Nash submitted that, notwithstanding the Tribunal's assessment of the risk as high, the sanctions banding within the Guidance permits consideration of a suspension of between nine and twelve months before erasure is imposed. She submitted that suspension would allow Dr Mia to continue his remedial work while serving as a clear and proportionate marker that misconduct of this nature is serious and will be addressed robustly.

The Tribunal's Approach

192. The Tribunal reminded itself that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement having regard to the Sanctions Guidance

and MPTS guidance, decision on impairment, risk the doctor poses to public protection, and references or testimonials.

193. The Tribunal considered the MPTS Guidance, and in particular Section 3, Part C, “Stage Three – Sanction”. The Tribunal has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

194. The Tribunal also reminded itself that, in determining whether or not to impose a sanction, it should have regard to the principle of proportionality and weighed Dr Mia’s interests with those of the public. It also bore in mind that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

195. The Tribunal reminded itself that any sanction imposed must be proportionate, transparent and fair, and that it must adopt a sequential approach, considering the available sanctions in ascending order of seriousness. The Tribunal reminded itself that it should not reach a final decision until it had considered the sanctions immediately above and below the sanction it was minded to impose.

196. The Tribunal further reminded itself that, while it may take into account the impact of a sanction on Dr Mia, including the effect on his career, the overarching objective of public protection must take precedence. It bore in mind that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

197. In assessing sanction, the Tribunal reminded itself that it must have regard to its earlier findings at the facts and impairment stages, and in particular its assessment of the current and ongoing risk to public protection, the seriousness of the misconduct, and the extent of insight and remediation demonstrated.

The Tribunal’s Determination on Sanction

198. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding for dishonesty cases as set out in Part C of the Guidance for MPT Tribunals. It has also considered the impact of any specific sanction type, where applicable.

199. The Tribunal noted that it had already determined at the impairment stage that all three limbs of the overarching objective are engaged, and that the level of risk to public protection is high. In cases of dishonesty assessed as presenting a high level of risk, the Guidance identifies a sanctions banding ranging from nine months suspension to erasure from the register. The Tribunal considered the sanctions in ascending order.

No action

200. 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.

201. The Tribunal determined, that the seriousness of its findings required the imposition of a sanction. It determined that there were no exceptional circumstances present in this case, and it would not therefore be sufficient, proportionate or in the public interest to conclude this case by taking no action. Taking no action would seriously undermine public confidence in the profession.

Conditions

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

203. In its deliberations, the Tribunal took the view that it would not be possible to formulate conditions to address Dr Mia's dishonesty and, as such, conditions would be unworkable in this case especially as the level of insight was limited. The misconduct involved repeated dishonesty and reflected attitudinal concerns that could not be effectively addressed through conditions of practice. Moreover, given the seriousness of his conduct, the Tribunal did not consider that the imposition of conditions would be a proportionate response sufficient to satisfy its determined level of the current and ongoing risk to public protection.

204. The Tribunal concluded that conditions are insufficient to ensure public protection and would not meet the public interest or maintain proper professional standards of conduct for the members of the profession.

205. The Tribunal was satisfied that conditions would not sufficiently mitigate the risk of repetition or uphold professional standards and would not sufficiently mark the seriousness with which it viewed his dishonest conduct.

Suspension

206. The Tribunal then went on to consider whether imposing a period of suspension on Dr Mia's registration would be appropriate and proportionate. The Tribunal acknowledged that suspension has a deterrent effect .

207. In its deliberations, the Tribunal had regard to the Guidance which states:

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

- a. conditions are not appropriate, measurable and/or workable*
- b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
- c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards'*

208. In this instance, the Tribunal found that the said factors were indeed present. Conditions were not appropriate, (per Paragraph 45(a)) of the Guidance. The level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions, and suspension is necessary to stop the doctor from working and putting patients at risk while they gain full insight into any deficiencies and remediate (per Paragraph 45(b)). In addition, a suspension is needed both to maintain public confidence in the profession and to maintain professional standards.

209. The Tribunal accepted the GMC's submission that Dr Mia's conduct involved repeated dishonesty and raised concerns as to his attitude. It also accepted that the misconduct was serious and incompatible with the standards expected of a registered doctor. However, the

Tribunal noted that there were no clinical concerns, and that Dr Mia had engaged with the proceedings, expressed remorse, and undertaken some reflective and remedial work, albeit that insight and remediation were found to be limited and his understanding of the impact of his wrongdoing was not complete. Dr Mia also accepted that he would act differently in the future and made some admissions in this case. The Tribunal considered that the risk of repetition could be mitigated through continued remediation. The Tribunal considered that whilst his actions were repeated on more than one occasion they were all relevant to the index incident and there had been no repetition since the last incident. The Tribunal has already determined at the impairment stage that his insight into his misconduct was limited and was still in the early stages of development.

210. The Tribunal taking into account all of the evidence, submissions and its own assessment of Dr Mia's misconduct was satisfied that suspension would mark the gravity of its findings and maintain public confidence in the profession and maintain professional standards by affording Dr Mia the opportunity to gain further insight and "consolidate his learning and experience in South Africa." The Tribunal further noted the fact-specific psychological work that Dr Mia has commenced in order to address his motivation for the dishonesty and was of the view that a period of suspension would encourage further work to be undertaken by him to address his insight and remediate his conduct.

211. The Tribunal reminded itself of the seriousness of its findings and that Dr Mia's actions amounted to significant breaches of GMP and engaged all limbs of the test in Grant. The Tribunal noted that Dr Mia had acknowledged fault and reassured the Tribunal that the dishonesty would not be repeated when submitting further evidence at the Impairment stage. The Tribunal considered the intention by Dr Mia to engage in further work to remediate his behaviour and obtain further insight in order to ensure that his conduct would not be repeated and his understanding and appreciation of the impact of his actions. There was in fact no evidence that Dr Mia had repeated his dishonest conduct since the last incident.

212. The Tribunal carefully considered whether a period of suspension would be sufficient to protect the public and maintain confidence in the profession. It was not fully reassured that a short period of suspension would adequately mark the seriousness of the misconduct or address the identified risk of repetition. However, the Tribunal determined that a lengthy suspension was the appropriate and proportionate sanction and would provide Dr Mia with a structured opportunity to develop deeper insight, undertake further remediation, and demonstrate attitudinal change, while also sending a clear message to the profession and the

public about what is regarded as conduct unbefitting of a registered doctor. When determining the length of suspension the Tribunal had regard to paragraphs 100 and 101 of the SG.

213. The Tribunal took into account that Dr Mia is currently residing and practising in South Africa, and that a suspension from the UK register would prevent him from practising in the United Kingdom during that period. The Tribunal was satisfied that suspension would therefore serve both a protective and deterrent function, while allowing Dr Mia the opportunity to continue remedial work and obtain evidence relevant to any future review.

214. Having reached that provisional view, the Tribunal considered whether erasure might instead be the proportionate response. While it accepted that erasure would be justified in cases of serious dishonesty presenting a high level of risk, it concluded that erasure would be disproportionate in this case. The Tribunal attached weight to Dr Mia's complete engagement with this regulatory process, his expressions of remorse, and the evidence that he has embarked on a journey to reflect upon his conduct. The Tribunal determined that, in all the circumstances of this case, erasure would be a disproportionate response to Dr Mia's misconduct and that his actions were not fundamentally incompatible with continued registration. Although insight remains limited, the Tribunal was satisfied that suspension with a review provides a proportionate means of examining whether meaningful remediation and attitudinal change can be achieved.

215. The Tribunal therefore concluded that a period of 12 months suspension, at the upper end of the suspension banding, was the most proportionate sanction. This length properly reflects the seriousness of the misconduct, the high level of risk identified, and the need to maintain public confidence, while recognising the limited but genuine steps taken by Dr Mia towards insight and remediation.

Review hearing directed

216. The Tribunal determined to direct a review of Dr Mia's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to emphasise that at the review hearing, the onus will be on Dr Mia to demonstrate how he has developed insight into, and remediated, his misconduct and to demonstrate that he is fit to return to unrestricted practice in light of the findings.

217. The Tribunal considered that the reviewing Tribunal may be assisted by evidence including, but not limited to:

- A comprehensive reflective statement demonstrating developed insight, in particular into the impact of his dishonesty on patients, public confidence, and the reputation of the profession; focussing in particular on demonstrating his thought processes in taking the dishonest actions that he did and providing further reflections on the potential impact of his actions;
- Documentary evidence of remediation, including any relevant professional development, training, or therapeutic work undertaken to address the underlying causes of his misconduct;
- Testimonials or references from professional colleagues who are aware of the findings and can comment on his integrity, insight, and professional behaviour.

218. The reviewing Tribunal is also likely to require evidence to show he has kept his medical skills and knowledge up to date.

219. Dr Mia will also be able to provide any other information that he considers will assist a reviewing Tribunal.

Determination on Immediate Order - 19/12/2025

220. Having determined to suspend Dr Mia's registration for 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Mia's registration should be subject to an immediate order.

Submissions

221. On behalf of the GMC, Mr Birkby submitted that an immediate order is entirely appropriate in this serious case. He referred the Tribunal to the relevant parts of Section 3 of the MPTS Guidance. Mr Birkby submitted that paragraph 84 (b) and (c) are engaged. He submitted that, bearing in mind the Tribunal's findings in relation to impairment, the risk to one or more parts of public protection is high. Mr Birkby submitted that immediate action is needed to maintain public confidence in the medical profession.

222. On behalf of Dr Mia, Ms Nash stated that Dr Mia is practicing in South Africa and has absolutely no prospect of returning to the UK to return to practise within the next 28 days. She submitted that Dr Mia surrendered his registration a year ago, and so from a very practical perspective, for him to return to the UK and organise himself such that he would be in a position to be employed and practise pursuant to registration would be impossible.

223. Ms Nash submitted that there is no practical reality of Dr Mia practicing in the next 28 days, so an immediate order is not necessary to maintain public confidence.

The Tribunal's Determination

224. Pursuant to section 38(1) of the 1983 Act, on giving a direction for suspension, the Tribunal may impose an immediate order (suspension in this case) if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

225. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

"83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.

84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession.*

85 The MPT must give reasons for their decision on whether to impose an immediate order, with reference to any submissions made by the parties. The MPT should also refer to its decision on sanction and the reasons for it and ensure that any decision reached on whether to impose an immediate order is consistent."

226. The Tribunal considered its findings at previous stages in relation to Dr Mia's misconduct. It assessed the level of current and ongoing risk posed to public protection in relation to all three limbs of the overarching objective.

227. The Tribunal bore in mind that Dr Mia is currently practicing in South Africa and has no prospect to return to the UK in the next 28 days. However, given the seriousness of Dr Mia's misconduct, without sufficient insight and remediation and the risks identified, the Tribunal determined that an immediate order of suspension is necessary in this case in order to protect the public, protect the wider public interest and maintain proper professional standards.

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

229. The interim order of conditions currently imposed on Dr Mia's registration is revoked with immediate effect.

230. That concludes this case.

**Record of Determinations –
Medical Practitioners Tribunal**

Schedule 1 (Confidential)

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XXX

XXX

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