

**PUBLIC RECORD****Date:** 12/09/2025

**Doctor:** Dr Rajesh SHAH

**GMC reference number:** 4346052

**Primary medical qualification:** MB BS 1988 Bombay University

**Type of case** **Outcome on impairment**

Review - Misconduct Not Impaired

**Summary of outcome**

Suspension to expire

**Tribunal:**

Legally Qualified Chair	Mrs Alison Storey
Lay Tribunal Member:	Ms Victoria McCloud
Registrant Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Mr Matt O'Reilly
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Christopher Geering , Counsel, instructed by the MDDUS
GMC Representative:	Ms Fiona Clancy, Counsel

**Attendance of Press / Public**

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

## Overarching Objective

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

## Determination on Impairment - 12/09/2025

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

## Background

2. Dr Shah qualified with an MBBS, MS at Bombay University, India, in 1988.

3. At the time of the events which brought Dr Shah before a Medical Practitioners Tribunal (MPT) hearing, he was practising as a Consultant Thoracic Surgeon at Wythenshawe Hospital, Manchester ('the hospital').

4. The events which led to Dr Shah's hearing can be summarised as follows: on 14 October 2014 and 2 October 2019, it was alleged that Dr Shah behaved inappropriately towards female colleague B. It was also alleged that elements of his conduct constituted sexual harassment and were sexually motivated.

5. These matters were first considered before a Medical Practitioners Tribunal hearing from 12 to 29 August 2024 ('the 2024 Tribunal'). Dr Shah was present and represented at that hearing. The Tribunal found the following allegations proved, and that they amounted to serious misconduct:

### Colleague B

4. Whilst employed as a consultant cardiothoracic surgeon at the Trust you inappropriately touched Colleague B without consent in that:

a. on 11 October 2014:

- i. you put your arm around colleague B's shoulder and steered her towards the coffee room at the Trust ('the coffee room');  
**Determined and found proved**
- ii. in the coffee room you:
  - 1. leaned in to hug colleague B;  
**Determined and found proved**
  - 2. put both of your hands on the cheeks of colleague B's bottom; **Determined and found proved**
  - 3. squeezed colleague B's bottom cheeks;  
**Determined and found proved**
- b. on 2 October 2019 near the theatre allocation board outside of cardiothoracic theatre number three you:
  - i. brushed your body against colleague B's breasts;  
**Determined and found proved**
  - iii. put your left hand on colleague B's:
    - 1. right hip; **Determined and found proved**
    - 2. right buttock; **Determined and found proved**
  - iv. squeezed colleague B's right buttock cheek.  
**Determined and found proved**
- 5. Your actions as set out at paragraph 4:
  - a. constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of colleague B or creating an intimidating, hostile, degrading, humiliating or offensive environment for colleague B;  
**Determined and found proved**

b. were sexually motivated. **Determined and found proved**

7. Your actions as set out at paragraphs 1, 4 and 6 were an abuse of your professional position in that:

a. you were in a more senior position than colleagues A, B and C;  
**Determined and found proved**

6. The Tribunal noted these amounted to two occasions of unwanted touching of a sexual nature. The 2024 Tribunal was satisfied that Colleague B suffered distress as a result of Dr Shah's conduct on both occasions and that the unwanted and inappropriate sexual touching of a junior female colleague in the workplace can only be viewed as serious misconduct. The 2024 Tribunal also noted the fact of the repetition. The 2024 Tribunal concluded that any reasonable colleague or well-informed member of the public would find Dr Shah's actions in this regard deplorable and that it constituted serious misconduct.

7. When considering whether Dr Shah's fitness to practise was impaired by reason of his misconduct, the 2024 Tribunal was satisfied that limbs (b) and (c) of Dame Janet Smith's guidance were engaged. Namely;

b. Has in the past 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.

8. The 2024 Tribunal was also of the view that limbs (b) and (c) of the overarching objective were engaged:

b. to maintain public confidence in the profession;

c. to promote and maintain proper professional standards and conduct for members of the profession.

9. The 2024 Tribunal noted that Dr Shah had an excellent professional and personal reputation, his testimonials were impressive, and there had been no repetition of the conduct or further complaint since 2019. The 2024 Tribunal had regard to Dr Shah's awareness of the grave impact of these findings on his professional reputation and the

impact of these findings on his legacy. The 2024 Tribunal also noted that Dr Shah had made some efforts to remediate, including attending a two-day Professional Boundaries course and had subsequently created a reflective statement. The 2024 Tribunal did not find that there was a risk of repetition of the misconduct.

10. The 2024 Tribunal determined that Dr Shah's misconduct brought the medical profession into disrepute and that he had breached fundamental tenets of the medical profession. It was of the view that the misconduct was of such a serious nature that a finding of current impairment would still be necessary to maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession. The 2024 Tribunal concluded therefore that Dr Shah's fitness to practise was impaired by reason of misconduct.

11. The 2024 Tribunal determined that Dr Shah's sexual misconduct was a serious breach of GMP and fell far short of the standards of conduct reasonably expected of a doctor. It was of the view that the sexual misconduct was serious in its consequences for Colleague B and the reputation of the medical profession as a whole, and noted that such conduct made the sanction of erasure more likely, but not inevitable. The 2024 Tribunal determined that although the misconduct did involve unwanted sexual touching, it was not of such a nature that it was at the highest end of the spectrum as regards sexual misconduct. The 2024 Tribunal was of the view that the conduct was potentially remediable, that it had evidence Dr Shah had commenced that remediation, and it was satisfied that Dr Shah had displayed a developing level of insight.

12. The 2024 Tribunal determined that a period of suspension would be sufficient to uphold the overarching objective and would send a clear message to the profession and the wider public that conduct of this nature was unacceptable. It determined to suspend Dr Shah's registration for a period of 12 months and directed that a review hearing take place shortly before the end of his suspension.

13. The 2024 Tribunal clarified that at the review hearing, the onus would be on Dr Shah to demonstrate how he had remediated and developed full insight into his misconduct. It set out that a reviewing Tribunal may be assisted by:

- Evidence of reflection which focuses on his misconduct;
- Up-to-date testimonials;
- Evidence of how Dr Shah has kept his clinical knowledge up to date;
- Any other evidence which Dr Shah may wish to submit.

## Today's Hearing

### Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to, the determinations from the 2024 Tribunal on behalf of the GMC. It also received, on behalf of Dr Shah, a reflective statement with addendum reflections and 11 testimonial letters (various). Dr Shah also provided evidence of various Continuous Professional Development courses and certificates ('CPD'). These included 'Professional Boundaries in Health and Social Care - Level 2' dated 6 May 2025, with reflections. Dr Shah also provided a further 2 addendum reflections, a reading log, further CPD certificates from May 2025 onwards and CPD documents previously provided at Stage 2 for the 2024 Tribunal.

### Submissions on behalf of the GMC

15. Ms Fiona Clancy, Counsel, submitted that it is accepted that the decision on impairment is a matter for the Tribunal alone, but that the position of the GMC in terms of current impairment is neutral.

### Submissions on behalf of Dr Shah

16. Mr Christopher Geering, Counsel, referred the Tribunal to the decision of the 2024 Tribunal in that they determined that Dr Shah did not pose a risk of repetition, that Dr Shah had provided references speaking of his excellence as a clinician, his professionalism towards colleagues, including juniors and female staff, and of his developing insight. Mr Geering invited the Tribunal to conclude that Dr Shah is no longer impaired when considering the position now. He submitted that whilst it was important for the sanction to run its course to maintain public confidence in the profession, it would be inappropriate to extend it further in view of Dr Shah's insight. He invited the Tribunal to consider Dr Shah's reflective documents and that Dr Shah accepted he breached professional boundaries and engaged in unwarranted physical contact.

17. Mr Geering said that Dr Shah had accepted that behaviour was sexually inappropriate and that he failed to appreciate the seriousness of the power differential and the seniority of his position. Mr Geering referred the Tribunal to Dr Shah's reflections in which he set out that it was his responsibility to maintain clear professional boundaries and that he went on to recognise the impact his actions on Colleague B, and on the profession more widely. He

submitted that Dr Shah acknowledged that his behaviour would undermine trust and that trust is fundamental to the confidence placed in doctors.

18. Mr Geering submitted that the Tribunal had before it the evidence of Dr Shah's insight, that he has undertaken significant remediation, attended further courses on professional boundaries, on equality and diversity and on communication. Mr Geering said that these courses built on the earlier courses Dr Shah attended prior to his suspension, that it was an ongoing journey to remediate and demonstrate his devotion to the profession. He also referred the Tribunal to the detailed reading log provided by Dr Shah, which he said included for example, the Royal College of Psychiatrists Sexual Boundaries and Clinical Practise course; Reflective Practitioner Achieving Depth in Written Reflections; Differential of Power; Understanding of Sexual Harassment article; and Surgical Malpractice from a Barrister's Perspective. Mr Geering submitted that a number of the articles dealt with the issues in this case.

19. Mr Geering submitted that when looking at impairment globally, the 2024 Tribunal found that there was no risk of repetition, which he said must be reinforced by the passage of time and by the development of his insight. He referred the Tribunal to the 'superlative' references speaking to Dr Shah's excellence as a clinician and the legacy of his work as a thoracic surgeon, but also of his relationship to other junior colleagues who have worked alongside him. He referred the Tribunal to the testimonial evidence in detail in support of this.

20. Mr Geering submitted that the last instance of inappropriate behaviour, as found proved, was in 2019, and whilst he did not seek to diminish the seriousness of what was found proved, he invited the Tribunal to consider that those actions had become historic. He submitted that the passage of time was relevant. He invited the Tribunal to consider the salutary impact these proceedings have had upon Dr Shah. He said that it was no exaggeration to say that having been the leading light in thoracic surgery in Manchester, and having an extraordinary legacy that has been destroyed by these proceedings by the findings made against him, and that he appreciated that he has come within an ace of erasure, he would never do anything to imperil that.

21. Mr Geering submitted that Dr Shah has served his suspension, and the conduct has clearly been marked and that it should now be open to this Tribunal to draw a line and enable Mr Shah to return to clinical practise. He submitted that it was to the public benefit and public interest in enabling him to do so.

## The Relevant Legal Principles

22. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which have been identified have been adequately addressed, and that remediation has taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

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

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

## The Tribunal's Determination on Impairment

25. The Tribunal considered whether Dr Shah's fitness to practise is currently impaired by reason of his misconduct.

26. The Tribunal had regard to the findings and conclusions of the 2024 Tribunal, the submissions from both parties, and to the documentation that has been provided to this Tribunal.

27. The Tribunal reminded itself that the 2024 Tribunal was satisfied there was no risk of repetition of Dr Shah's inappropriate conduct, that he had provided some evidence of remediation and had developing insight. It also noted that the imposition of a period of suspension was in order to uphold the overarching objective and send a clear message to the profession and the wider public that conduct of this nature was unacceptable. This Tribunal acknowledged and accepted that there were no patient safety concerns in this case.

28. The Tribunal had regard to Dr Shah's evidence of remediation, courses he has undertaken, including a professional boundaries course and a detailed reading log he has undertaken, targeted at the concerns identified by the 2024 Tribunal.



29. Dr Shah also provided detailed reflections on the finding of the 2024 Tribunal, on the impact of his actions on Colleague B, his wider colleagues, on the profession and on the public. He also provided reflections on a number of the courses he has undertaken.

30. The Tribunal went on to consider the testimonial evidence provided. Colleagues spoke very highly of Dr Shah as an excellent clinician and colleague in a long career. There were also testimonials from female colleagues who spoke highly of Dr Shah and said that they did not have any concerns of any inappropriate behaviour towards them, or other female colleagues. The testimonials also spoke of having seen a positive change in Dr Shah.

31. The Tribunal considered that the courses Dr Shah has undertaken were relevant to the issues which had concerned the previous Tribunal and were supported by what the Tribunal considered to be genuine and insightful reflections. These were also supported by the positive testimonial evidence.

32. The Tribunal was satisfied that Dr Shah has remediated his conduct, has genuine insight into his conduct, and it remained the case that there was no risk of repetition.

33. The Tribunal was mindful that if it were to allow Dr Shah to return to unrestricted practise, it would have to be satisfied that he has kept his knowledge and skills up to date. The Tribunal considered that given the evidence of CPD before it, and the detailed reading log Dr Shah has completed, it was satisfied that he has kept his knowledge and skills up to date. He is a very senior doctor with long experience in his field.

34. The Tribunal was also reassured that Dr Shah had provided a plan for his future return to clinical practise and that this recognised that he would need to have some supervision or observership, which reassured the Tribunal that he understood that his skills may need re-honing.

35. The Tribunal was satisfied that the maintenance of public confidence in the medical profession, and the promotion and maintenance of proper professional standards and conduct for members of that profession has been served by the 12-month suspension imposed on Dr Shah's registration. The Tribunal considered that a finding of impairment would serve no useful purpose. Further, the public would be deprived of an otherwise able and competent doctor.

36. The Tribunal therefore concluded that Dr Shah was safe to return to unrestricted practise, having restored public confidence and maintained his clinical competence.

37. The Tribunal therefore determined that Dr Shah's fitness to practise is no longer impaired by reason of his misconduct.

38. The Tribunal was of the view that as his current suspension was imposed for 12 months, until 3 October 2025, it should run the full course. Once this has been fulfilled, Dr Shah can return to unrestricted practise.

39. That concludes this case.