

**PUBLIC RECORD****Date:** 11/09/2025

**Doctor:** Dr Ahmad RASLAN

**GMC reference number:** 7792160

**Primary medical qualification:** MB ChB 1996 South Valley 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 Muhammad Dadibhai

Tribunal Clerk:	Ms Hinna Safdar
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**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Ms Maryam Ahmad, 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 - 11/09/2025**

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

**Background**

2. Dr Raslan qualified in 1996 with MB ChB from the South Valley University, Egypt. Dr Raslan worked as a locum Consultant oncologist from August 2021 at the Yeovil District Hospital, Somerset NHS Foundation Trust ['the Trust']. He principally worked at St Margaret's Hospice ['the Hospice'] where he had his office.

August 2024

3. The Allegation related to complaints that were raised by Ms A, Ms B and Ms C who all, on occasion, worked with him XXX at the Hospice where the misconduct took place. The August 2024 Tribunal found that between April 2022 and November 2022, Dr Raslan sexually harassed Ms A, Ms B and Ms C whilst employed as a locum Consultant at the Trust. It was found that the nature of Dr Raslan's conduct towards Ms A, Ms B and Ms C was sexually motivated and amounted to sexual harassment as defined by s26(2) Equality Act 2010 ('the Act').

4. The August 2024 Tribunal determined that, in respect of the conduct found proven of Dr Raslan, although the conduct was at the lower end of sexual harassment, it was nonetheless serious misconduct. The Tribunal concluded that Dr Raslan's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct. Given the lack of insight and lack of evidence of any real remediation, the August 2024 Tribunal considered that there remained a significant risk of repetition. The August 2024 Tribunal had regard to the circumstances of this case and the overarching objective and found that Dr Raslan's fitness to practise was impaired by reason of misconduct.

5. The August 2024 Tribunal determined that a period of suspension would be sufficient to uphold all three limbs of the overarching objective and would send a message to the profession and the wider public. Further, it considered that a period of suspension was the appropriate and proportionate sanction in this case. The August 2024 Tribunal determined that Dr Raslan's registration should be suspended for a period of twelve months. It considered that this was an appropriate period in order to reflect the seriousness of the misconduct found proven both to Dr Raslan and the medical profession and to afford Dr Raslan a sufficient period of time to reflect and continue his journey of remediation.

6. The August 2024 Tribunal wished to clarify that at the review hearing, the onus would be on Dr Raslan to demonstrate how he has remediated and developed full insight into his misconduct. It set out that it would be beneficial if Dr Raslan was able to provide:

- Details of research or reading he has undertaken in relation to:
  - cognitive distortion and cultural differences;
  - good medical practice;
  - equality and diversity in the workplace; and
  - the use of appropriate language and behaviour in the workplace;
- A reflective statement that focused on his misconduct, the impact on others and the steps he would take to avoid repeating this type of behaviour;
- Up-to-date testimonials;
- Evidence of how Dr Raslan has kept his clinical knowledge up to date;
- Any other evidence which Dr Raslan may wish to submit.

### Today's hearing

### The Evidence

7. The Tribunal has taken into account all the evidence received, both oral and documentary.
8. Dr Raslan provided a written reflective statement and also gave oral evidence at the hearing.
9. The Tribunal received and had regard to documentary evidence which included but was not limited to:

- Record of Determination for review hearing, dated 5 -21 August 2024
- Email correspondence between the GMC and Dr Raslan
- Dr Raslan Course Certificates including:
  - Reflection Workshop- Insight, Reflect, Remediate, dated 7 September 2025
  - Professionalism and Professional Standards for Doctors, dated 6 September 2025
  - Ethical Boundaries with Patients and Colleagues, dated 27 August 2025
  - How to Ensure a similar Mistake or Misconduct will not be repeated in Future, dated 31 August 2025
  - Professional Boundaries for Clinicians, dated 2 September 2025.

### Submissions

#### On behalf of the GMC

10. Ms Maryam Ahmad, Counsel, took the Tribunal through the background of the case and the findings of the previous Tribunal.

11. Ms Ahmad submitted that the GMC had considered the further information received from Dr Raslan and that the GMC's position was to remain neutral on the impairment point and also to remain neutral as to whether any appropriate sanction would be necessary following the Tribunal's conclusion about impairment.

Dr Raslan

12. Dr Raslan had provided a written reflection where he fully acknowledged that his actions had been unprofessional and unethical, regardless of his intentions at the time. He said that he deeply regretted his actions and apologised for the severe stress and damage caused to colleagues. He realised that apologies alone could not undo the harm caused.

13. Dr Raslan stated that he had sought to understand the causes of his behaviour, which he felt may have stemmed from cultural differences as well as a lack of awareness regarding the effects of authority and influence. He acknowledged that he had been in need of education in relation to boundaries and ethics. This realisation had been humbling and had spurred him to re-evaluate his values, ethics and understanding of boundaries.

14. Dr Raslan stated that he had taken steps to grow from the experience, by extensive reading on ethics and professionalism and taking courses focussed on ethical conduct and addressing unacceptable behaviours in the workplace.

15. Dr Raslan stated that he had developed an action plan which included regular reflection on his actions and decisions. He was also seeking feedback from colleagues to monitor his progress. These steps were instrumental in starting a new chapter, guided by greater awareness, accountability and a commitment to ethical behaviour.

16. Dr Raslan submitted that the experience had been a catalyst for growth and that he would dedicate himself to upholding the highest standards of professionalism moving forward.

17. In oral submissions Dr Raslan began by acknowledging his misconduct and accepting responsibility for his unacceptable behaviour, which he submitted he now knows fell below the standards of Good Medical Practice (2013) ('GMP'). He offered an apology for the significant stress and pain he caused his colleagues and for undermining the trust within his team.

18. Dr Raslan submitted that his period of suspension has been a difficult but also transformative time for him, both personally and professionally. He told the Tribunal that he has worked hard to reflect, learn, and change, using a structured framework and maintaining a reflective journal for the entire year. He stated that this process has given him a deeper insight into why his actions were wrong, how they affected others, and how he must behave differently in the future.

19. Alongside his reflection, Dr Raslan submitted that he has undertaken extensive remediation. This includes completing over 20 online courses and two face-to-face workshops focused on professional boundaries and ethics, as well as over 100 hours of accredited continuing professional development to maintain his clinical knowledge. He provided certificates for these activities as evidence.

20. Dr Raslan also told the Tribunal that he has implemented concrete changes in his practice. He now insists on always having a chaperone present for any patient examination, without exception, and ensures he is never alone with a colleague in a non-professional setting, maintaining formal and respectful communication at all times. Further, he submitted that he has improved his work-life balance to become more resilient and less vulnerable to lapses in judgement, confirming these changes are now a permanent part of his daily routine. To validate his progress, Dr Raslan has submitted written testimonials from six colleagues who confirm that his behaviour has been professional, ethical, and respectful while working with them. This gives him confidence that his learning is being applied consistently in practice.

21. Dr Raslan submitted that he has developed a much stronger awareness of professional boundaries and the importance of perception. He has learned to be proactive in seeking advice from supervisors or mentors if faced with any future uncertainty, rather than acting impulsively. Dr Raslan told the Tribunal that he deeply regrets his past actions but believes he has used his suspension constructively to reflect, remediate, and demonstrate behavioural change. He stated that he is committed to upholding the highest professional standards and practising safely, ethically, and respectfully if restored to the register.

### The Relevant Legal Principles

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

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

### The Tribunal's Determination on Impairment

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

25. The Tribunal noted the submissions on behalf of the GMC that it maintained a neutral stance on impairment, in view of the contents of the documentation provided by him.

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

27. The Tribunal also considered Dr Raslan's misconduct and the seriousness of that misconduct. It endorsed and agreed with the reasoning of the August 2024 Tribunal's determination.

28. The Tribunal noted that the August 2024 Tribunal was of the view that Dr Raslan had demonstrated little insight and remediation and in the absence of this that there was a high risk of his misconduct being repeated.

29. The Tribunal acknowledged the efforts Dr Raslan had undertaken to gain insight and remediate his misconduct. He had completed appropriate courses and reading. The Tribunal considered that his actions were what would have been expected of a doctor in his position seeking to demonstrate insight and change. The courses appear to be relevant to the misconduct and capable of providing Dr Raslan with a good understanding of the effects of such behaviour. The Tribunal considered that he did have that understanding.

30. The Tribunal considered that in his written reflections and oral evidence and submissions he had accepted responsibility for his misconduct, he was no longer seeking to deflect blame. He expressed genuine regret and apologies. He appeared to have an understanding of the pain and stress he had caused to the victims and that they would have felt unsafe. He also acknowledged that he had undermined their suffering when he denied the veracity of the allegations.

31. Dr Raslan's oral evidence, his reflections and the courses undertaken led the Tribunal to conclude that he presented a low risk of repeating the misconduct in the future. It concluded that he had sufficient insight and had remediated his misconduct.

32. Dr Raslan had continued to work since the suspension, in Egypt and then in Saudi Arabia. He had maintained his medical knowledge and clinical skills, ensuring they remained current. He had provided testimonials from colleagues who spoke highly of his clinical skills as well as his ethics and communication skills. The Tribunal was satisfied that he had kept his clinical skills up to date.

33. 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 Raslan's registration. The Tribunal considered that a finding of impairment

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would serve no useful purpose. Further, the public would be deprived of an otherwise able and competent doctor.

34. The Tribunal therefore concluded the Dr Raslan was safe to return to unrestricted practice, having restored public confidence and maintained his clinical competence.

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

36. The Tribunal was of the view that as his current suspension was imposed for 12 months, until 30 September 2025, it should run the full course. Once this has been fulfilled, Dr Raslan can return to unrestricted practice.

37. The concludes this case.