

**PUBLIC RECORD****Dates:** 17/02/2025 - 19/02/2025**Doctor:** Dr Ijaz HAYAT**GMC reference number:** 5151187**Primary medical qualification:** MB BS 1985 Bahauddin Zakariya University**Type of case**

Restoration following disciplinary erasure

**Summary of outcome**

Restoration application refused. No further applications allowed for 12 months from last application.

**Tribunal:**

Legally Qualified Chair	Mr Paul Moulder
Registrant Tribunal Member:	Dr Tim Oakley
Registrant Tribunal Member:	Dr Ammar Ghouri

Tribunal Clerk:	Ms Kanwal Rizvi
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**Attendance and Representation:**

Doctor:	Present, not represented
Doctor's Representative:	N/A
GMC Representative:	Ms Colette Renton, Counsel

**Attendance of Press / Public**

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

## Overarching Objective

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

### Determination on Restoration following disciplinary erasure - 19/02/2025

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

### Determination on Restoration

2. The Tribunal has convened to consider Dr Hayat's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in 2017.

3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

4. This is Dr Hayat's first application to be restored to the Medical Register.

### Background

5. Dr Hayat qualified from Bahauddin Zakariya University in 1985. The circumstances that led to Dr Hayat's erasure were considered at a hearing before a Fitness to Practise Tribunal in November 2016 and February 2017 ('the 2017 Tribunal'). Dr Hayat was present for parts of the hearings but was not represented.

6. The circumstances can be summarised as follows: Dr Hayat dishonestly made fraudulent claims on his critical illness and travel insurance following his trip to Pakistan in September 2012. It was also alleged that he had provided misleading information regarding the history of his health pursuant to those claims.

7. It was found proved by the 2017 Tribunal that:

*'In June 2010 Dr Hayat made an on-line application for Illness Cover in which he failed to disclose his family history of medical conditions in that he falsely claimed that he was*

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*unable to answer this section due to being adopted or similar circumstances which was not true, and he did not amend the proposal summary to correct his disclosure.*

*On 18 October 2012, Dr Hayat submitted an Illness Cover claim form to Friends Life in which he falsely claimed that he had suffered a heart attack and that he was not aware of any family history which may be linked to his condition which was not correct.*

*On or before 7 December 2012 Dr Hayat prepared a draft GP medical report in which he stated he had been admitted to FIC [Faisalabad Institute of Cardiology] on 8 November 2012. Dr Hayat also submitted the forged discharge letter from FIC to his GP.*

*On 12 December 2012 Dr Hayat did not amend the 8 November 2012 date when he reviewed the signed GP medical report prior to it being submitted to Friends Life.*

*Between 8 and 15 April 2013 Dr Hayat made arrangements which resulted in forged documents which he knew were false being submitted to Friends Life in support of his Illness Cover claim. These comprised of a fax purporting to be from Dr A at FIC which wrongly claimed that Dr B had retired from FIC, a Medical Attendants Report purporting to be from Dr A stating Dr Hayat had developed chest pain and been admitted to FIC on 8 November 2012, an ECG dated 8 November 2012, and two blood test results dated 8 and 9 November 2012, respectively.*

*On 23 June 2013 Dr Hayat falsely claimed to Mr C, an investigator from Friends Life that various photographs proved he was a patient at FIC in September 2012, when he knew he had not been treated at FIC in September 2012 and that the photographs had not been taken at that time.*

*On 25 September 2013 and 23 April 2014 during police interviews Dr Hayat falsely claimed that he told Mr C that the photographs he showed him were taken in February 2013, that Mr C had not shown Dr Hayat copies of the endorsed letters from doctors at FIC, that Dr Hayat purchased a Sony digital camera on 11 September 2012 in Islamabad until he was challenged about the date and that the results of [XXX] Dr Hayat had on 1 October 2013 confirmed he had a heart attack, until he was challenged about the report findings.*

*Between 17 October 2012 and 24 April 2014 Dr Hayat falsely claimed that he had been admitted and treated at FIC during September 2012. '*

### Misconduct

8. The 2017 Tribunal determined that Dr Hayat breached the principles of probity contained within Good Medical Practice. Having considered all the evidence placed before it, the 2017

Tribunal concluded that Dr Hayat's actions in relation to falsely claiming that he had suffered a heart attack and reliance upon forged documents to submit a false claim for an illness cover claim were dishonest and designed to further his own ends. It concluded that Dr Hayat's behaviour fell seriously short of the standards of conduct that the public and patients are entitled to expect from all registered medical practitioners and that these amounted to serious misconduct. The 2017 Tribunal was satisfied such behaviour would be viewed by the public and patients as wholly unacceptable.

9. The 2017 Tribunal accepted that there were no concerns relating to Dr Hayat's clinical practice in the facts found in this case. It concluded that Dr Hayat's actions had brought the profession into disrepute and that he had acted dishonestly on a number of occasions and thus breached a fundamental tenet of the medical profession. Three of the four criteria outlined by Dame Janet Smith for a finding of impairment were therefore satisfied. In all these circumstances, the 2017 Tribunal concluded that Dr Hayat's fitness to practice was impaired by reason of his misconduct.

10. The 2017 Tribunal determined that Dr Hayat had shown a blatant disregard for the fundamental tenets of the medical profession. His dishonest behaviour consisted of different types of dishonesty, including relying on forged documents and lying to the police, the insurance company and the GMC. Dr Hayat had a number of opportunities to address these matters, but he had failed to do so. He attempted to cover up his dishonesty over an extended period of time.

11. The 2017 Tribunal determined that Dr Hayat's dishonest behaviour, which he had sought to cover up over a prolonged period of time, is fundamentally incompatible with continued registration as a medical practitioner. As such, the Tribunal determined that his name be erased from the medical register.

12. Dr Hayat's appeal to the High Court in June 2017, was successful and the MPT's decision, dated February 2017 was quashed. The case was remitted back to an MPT to be reconsidered by a differently constituted Tribunal. The GMC thereafter brought a successful appeal against the High Court decision. The Court of Appeal, on 13 December 2018, allowed the GMC's appeal and the effect of this was to reinstate the decision to erase Dr Hayat's registration.

### **The Current Restoration Hearing**

#### **The Outcome of Applications made during the hearing**

13. The Tribunal granted Dr Hayat's application to admit witness statements of Dr D and Dr E as written documents and evidence on his behalf, notwithstanding their absence at the hearing. The GMC did not oppose the admission of the documents but reserved the right to make submissions regarding the weight that could be given to the evidence, because the

witnesses would not be attending to provide live evidence or be cross-examined or questioned by the Tribunal.

### **The Evidence**

14. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

### **Witness Evidence**

15. The Tribunal received evidence from Dr Hayat in the form of his own personal statement, which was undated. Dr Hayat also gave oral evidence at the hearing. In addition, the Tribunal received live witness evidence from the following witnesses on behalf of Dr Hayat via videolink:

- Dr F, Medical Officer at Shifa Care Clinic; and
- Dr G, Family Physician.

### **Summary of Dr Hayat's Evidence**

16. In his oral evidence, Dr Hayat provided a chronology of the events that had led to his erasure. Dr Hayat said that he accepted the Tribunals finding made in 2017. He admitted that his actions were deliberately misleading and dishonest, motivated by financial gain. Dr Hayat elaborated on his written statement regarding the context of his dishonest behaviour concerning the merged practices he had taken on, stating that he had expected his income to rise with the growing number of patients. However, he ultimately found himself in financial difficulties and facing financial hardship. He informed the Tribunal that, despite much correspondence sent, he received no help or support from NHS England. As a result, Dr Hayat told the Tribunal, the financial difficulties placed significant pressure and stress on him, ultimately leading to domestic disputes.

17. Dr Hayat stated that he had made poor judgment calls between 2010 and 2019. However, he now felt at peace with himself and was confident that he will not repeat the dishonesty identified by the MPT in 2017. He told the Tribunal that he had reflected on his actions. He expressed his remorse and offered an apology to the MPT services, the insurance company, his patients, his family, and the general public.

18. Dr Hayat provided details of his current employment in Pakistan and the CPD work that he has been undertaking to keep his medical skills and knowledge up to date. He stated

that he continued to provide care to patients, ensuring that he practises to the highest ethical standard. This had reinforced his commitment to patient welfare and the importance of maintaining trust in the profession. Dr Hayat provided a Certificate of Good Standing from the Pakistan Medical and Dental Council, issued on 26 August 2024 and showing a registration date of 08 April 1986.

19. Dr Hayat initially told the Tribunal that his journey towards insight and remediation began in 2012. He later clarified that his insight and remediation developed after his arrival in Pakistan in June 2019. He assured the Tribunal that he would never again allow his personal interests to interfere with his duties as a doctor. He stated that he believed he has taken positive steps in the right direction and that he has gained full insight into the allegations upheld by the MPTS in 2017.

#### Submissions on behalf of the GMC

20. On behalf of the GMC, Ms Colette Renton, Counsel, presented written submissions to the Tribunal. At the conclusion of the evidence presented by Dr Hayat, Ms Renton submitted that Dr Hayat's application for restoration should be refused. She said that the Tribunal must consider Dr Hayat's level of remediation and insight and whether he is fit to practise, having regard to the overarching objective.

21. Ms Renton submitted that Dr Hayat had provided a written submission in his application in which he had asserted that he had been facing significant financial hardship which led to the dishonesty. In his oral evidence Dr Hayat expanded that he was motivated by the financial gain, and he was open to the suggestion of committing fraud proposed by others. He described getting caught in the situation and not feeling he could get out. Ms Renton submitted that the GMC remains concerned that there is a risk of repetition should similar circumstances arise, in the sense of Dr Hayat feeling under strain, and not being mentally well-equipped to deal with the issues he might face. The GMC noted that, unfortunately, Dr Hayat appeared to be lacking a support system, in the event of difficulty.

22. Ms Renton submitted that, since events were finalised in 2019, Dr Hayat has made some progress in relation to insight, remorse and remediation, but that this is far from complete. It is important the Doctor's level of progress is balanced against the very serious and sustained actions of the Doctor and his level of denial. As such the GMC remained concerned that the risk of repeated dishonesty still existed.

23. In relation to keeping medical knowledge and skills up to date, Ms Renton submitted that Dr Hayat had stated that he had been working full time in Pakistan as a GP; he stated he had done an online course and "regularly" works on Clinical Professional Development. Ms

Renton stated that Dr Hayat has not provided evidence that he has remained up to date with the practices within the UK. He had asserted that he is undertaking training through "Red Whale" but not provided evidence of this or of any completed modules. She submitted that the Tribunal could not be satisfied that Dr Hayat's knowledge and skills are up to date to such an extent that he could return to practice in this jurisdiction.

24. Ms Renton submitted that the misconduct in the original Fitness to Practise findings involved a flagrant disregard for professional conduct, which had arisen out of dishonesty sustained over a significant period of time. This would always give rise to concerns as to a risk of repetition and a risk of failure to maintain public confidence in the profession. She submitted that, regrettably, Dr Hayat's progress is not sufficient, and the actions of the Doctor had been so serious that restoration would not uphold the overarching objective, particularly in respect of second two limbs of the overarching objective.

### **Dr Hayat's submissions**

25. Dr Hayat reiterated the points outlined in oral evidence and his written statement. He submitted that the incident had occurred in 2012, and that he has lived with his remorse for a long time. Dr Hayat stated that he had reflected on his actions, had shown genuine remorse, and had hopes of redemption.

26. Dr Hayat submitted that he had reached a point where he could openly acknowledge everything. He stated that he felt at peace with himself and was determined never to place himself in such a situation again. He affirmed that his previous mistake would not be repeated and expressed a deep sense of shame and regret for the harm he had caused to patients, colleagues, and the wider healthcare system.

27. Dr Hayat submitted that he believes that there has been no deterioration in his medical knowledge or practice, nor any subsequent dishonesty or misconduct. He stated that, otherwise, he would not have been able to maintain his position as a General Practitioner from 2019 to April 2024 in Pakistan. Dr Hayat submitted that he is confident that there is no risk of repeating his misconduct. He stated that he made a mistake for which he apologises and believes he deserves a second chance. He submitted that justice should be fair regardless of age or nationality and that he should be granted restoration to the medical register.

### **Legal Advice**

28. The Legally qualified Chair advised the Tribunal as to its powers under Section 41 of the Medical Act 1983 (as amended) and referred the Tribunal to the MPTS '*Guidance for*

*medical practitioners tribunals on restoration following disciplinary erasure' ('the guidance'). He also advised the Tribunal on the Court's judgement in the case of *GMC v Chandra* [2018] EWCA Civ 1898.*

### The Tribunal's Approach

29. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

30. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Hayat's name to the medical register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Hayat's name should be restored to the medical register, it can do so only without restrictions on his practice.

31. Throughout its consideration of Dr Hayat's application for restoration, the Tribunal was guided by the approach laid out in the guidance.

32. The Tribunal reminded itself that the onus is on Dr Hayat to demonstrate that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction.

33. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

*'Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?'*

34. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the guidance which address:

- a. *the circumstances which led to the erasure;*
- b. *whether Dr Hayat has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;*
- c. *what Dr Hayat has done since his name was erased from the register;*
- d. *the steps Dr Hayat has taken to keep his skills and knowledge up to date; and*

*e. the lapse of time since erasure;*

and, having made findings on these matters, the Tribunal should then go on to determine whether restoration will meet the overarching objective.

### The Tribunal's Decision

35. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Hayat is fit to practise.

#### The circumstances which led to Dr Hayat's erasure

36. The Tribunal took into account the determination of the 2017 Tribunal. It noted the seriousness of Dr Hayat's misconduct, which had involved repeated dishonesty in relation to falsely claiming that he had suffered a heart attack and relying on forged documents to submit a false claim for an illness cover claim. The 2017 Tribunal determined that Dr Hayat had not shown any real insight into his dishonest behaviour and that there had been a lack of any remediation. The 2017 Tribunal had determined that Dr Hayat had shown a blatant disregard for the fundamental tenets of the medical profession and that his dishonest behaviour, which he had sought to cover up over a prolonged period of time is fundamentally incompatible with continued registration as a medical practitioner.

#### Whether Dr Hayat has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

37. The Tribunal noted that the onus is on Dr Hayat to produce evidence to satisfy the Tribunal that he has now demonstrated insight into the matters that led to his erasure.

38. This Tribunal considered Dr Hayat's current level of insight. In doing so, it had regard to the following paragraph of the guidance:

**'B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:**

*a considered the concern, understood what went wrong and accepted they should have acted differently*

*b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)*

- c demonstrated empathy for any individual involved, for example by apologising fully (see below)*
- d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising'*

39. The Tribunal considered that Dr Hayat had made multiple statements during his evidence that he accepted responsibility for his actions and understood their impact. He accepted the Tribunal's decision in 2017 and admitted that his actions were deliberately misleading.

40. The Tribunal considered that Dr Hayat appeared to have some understanding of the impact and seriousness of his actions. However, it was concerned by what appeared to be a degree of minimisation as to his responsibility for his dishonesty, as expressed by the Doctor. The Tribunal noted that Dr Hayat had stated that some of his acts of dishonesty were prompted by suggestions of others. He also referred to the online insurance proposal form having been filled out by his financial advisor, not by him. However, upon further questioning by the Tribunal, Dr Hayat confirmed that he had approved the form. The Tribunal considered that it was bound by the findings of the original Tribunal and that by referring to the involvement of others, Dr Hayat did not accept his full responsibility for his misconduct.

41. The Tribunal considered that, when discussing his insight, Dr Hayat, in presenting his evidence, focused primarily on the impact that his misconduct had on himself. While there was an acknowledgment of wrongdoing and an expression of remorse and apology to others, there was limited reflection on the actual impact of his dishonesty on others, including other professionals, his own family and the wider public. Further, Dr Hayat had not outlined any detailed measures designed to protect himself from any future similar pressures, nor how he would deal with any temptation to respond dishonestly in the future.

42. The Tribunal also took account of the written notes from Dr Hayat's self-directed study, which covered a broad range of topics and included some written reflections by the Doctor. It observed that the majority of self-directed medical ethics work was not specific to the key question of dishonesty which was limited to a two-page document. Dr Hayat said that his ability to demonstrate his further reflections on dishonesty was limited as a result of the loss of a notebook, which the Doctor stated he had completed but which he had since lost. The Tribunal determined that, although there was some work provided on medical and other ethical issues, the reflections on dishonesty provided by Dr Hayat were very limited and lacked depth.

43. The Tribunal considered the witness evidence from Dr F, who stated that Dr Hayat had reflected on and regretted his dishonest actions which led to his erasure in the UK. However, Dr F was unable to provide evidence from his knowledge of the Doctor on how Dr Hayat had taken steps to remediate his conduct. Further, the Tribunal observed that Dr F appeared to be more of a personal friend and, as Dr F stated, had not worked with Dr Hayat in a professional capacity.

44. The Tribunal also considered witness evidence from Dr Hayat's business partner, Dr G, who had worked with Dr Hayat in a professional capacity and spoke highly of him. Upon questioning by the Tribunal, it became apparent that Dr G did not recall having a clear and in-depth discussion regarding Dr Hayat's financial dishonesty being the reason for his erasure from the register. It was noted that Dr G appeared surprised when questioned about Dr Hayat's 'persistent' dishonest behaviour. The Tribunal was not satisfied that Dr Hayat had been fully open and honest, nor that he had engaged in a detailed discussion with the witnesses who provided their recommendations. Therefore, the Tribunal did not believe that either Dr F or Dr G had provided significant evidence that Dr Hayat had fully reflected on his misconduct.

45. The Tribunal considered the written testimonials from Dr D and Dr E, who did not attend to provide oral evidence but submitted general character statements on behalf Dr Hayat. The Tribunal found the written witness evidence to be superficial and lacking in depth, failing to provide any examples or opportunities they saw for Dr Hayat to show his insight had developed since working in Pakistan. Unfortunately, due to their non-availability, the Tribunal had been unable to hear further evidence from either doctor, or to test their written statements. Accordingly, the Tribunal was only able to afford limited weight to their evidence.

46. The Tribunal considered that Dr Hayat had demonstrated a degree of empathy by apologising for his actions and 'wasting the time' of various individuals and bodies. However, it noted that he had not made any personal apology to those that were affected by his dishonest conduct. The Tribunal took into account that the Doctor had stated that there may be cultural issues around making an apology. However, the Tribunal was not able to give Dr Hayat any credit for having made any direct apology. The Tribunal observed that Dr Hayat, in his evidence and submissions was to a considerable extent focused on his own position and himself. At times he struggled to step outside of his perception of his own loss, failing to recognise the broader impact his behaviour had on others.

47. The Tribunal gave careful consideration to the question of remediation and whether Dr Hayat's misconduct is remediable. It is aware that dishonesty is difficult to remediate. The Tribunal considered that, in principle, the misconduct is remediable. However, in light of the

serious and persistent dishonesty in this case, the Tribunal was of the view that a considerable level of remediation is required. The Tribunal considered that Dr Hayat had provided insufficient evidence to demonstrate his full reflection and insight into his past dishonest misconduct and the effects that it had on public confidence in the profession. He had failed to provide sufficient evidence that steps had been taken to protect himself from external pressures and to identify how he will act differently in the future to avoid similar issues arising. The Tribunal took into account the seriousness of persistent dishonesty, noting that Dr Hayat had breached a fundamental tenet and brought the profession into disrepute. It considered that remediation follows insight and concluded that Dr Hayat does not fully understand the implications of his actions.

48. Taking into account Dr Hayat's still developing insight and very limited evidence of remediation, the Tribunal concluded that he had not demonstrated that he has fully remediated his dishonest misconduct.

49. In considering the risk of repetition, the Tribunal took into account Dr Hayat's current level of insight and remediation. It concluded that, in the circumstances, there remained a risk that Dr Hayat might repeat his misconduct.

What Dr Hayat has done since his name was erased from the register, any steps he has taken to keep his medical knowledge and skills up to date, and lapse of time since erasure

50. The Tribunal next considered what Dr Hayat has done since his erasure and the steps he has taken to keep his medical skills and knowledge up to date.

51. The Tribunal had regard to the documentation it had been provided and the evidence provided by Dr Hayat to support his restoration application including the supportive testimonials. The Tribunal acknowledged that Dr Hayat had continued his medical practice in Pakistan and had completed CPD to maintain his clinical knowledge. In addition, Dr Hayat provided written reflections of lectures and case discussions with colleagues and his mentor.

52. In relation to Dr Hayat keeping his ethical knowledge up to date, the Tribunal was concerned that he had not demonstrated how he had applied his learning in the context of his misconduct and dishonesty. The Tribunal considered that Dr Hayat needs to be able to provide reflections of a greater depth regarding dishonesty. The Tribunal determined that Dr Hayat's insight lacked sufficient depth despite his remediation efforts.

53. The Tribunal found that although it was satisfied that Dr Hayat had taken steps to keep up to date with his clinical knowledge and had practiced in Pakistan, there has been a significant lapse of time, during which Dr Hayat has not practised in the UK. The Tribunal

considered that therefore it could not conclude that his current level of knowledge or skill is adequate to resume unrestricted practice in the UK.

Will restoration meet the overarching objective?

54. Having made the above findings as to whether Dr Hayat is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the profession, and
- To promote and maintain proper professional standards and conduct for members of that profession.

55. The Tribunal reminded itself that Dr Hayat's erasure was for persistent, deliberate dishonesty. The dishonest misconduct in the case was very serious, and the Tribunal considered that the public would need to be reassured that any doctor returning to practice in these circumstances had full insight and that safeguards were in place to guard against future dishonesty, such that there was no risk of repetition.

56. In conclusion, the Tribunal considered that Dr Hayat had not provided sufficient evidence that he is fit to return to practice in the UK. Accordingly, it determined that Dr Hayat's name should not be restored to the medical register, as to do so would not meet the overarching objective. Therefore, the application for restoration is refused.

**Dr Hayat's right to make further applications for restorations**

57. It remains open for Dr Hayat to reapply for restoration of his name to the Medical Register. If he wishes to do so, he must wait at least 12 months from the date of his application (not the date of the Tribunal's decision not to restore) before submitting any further application.

ANNEX A – 19/02/2025

### Determination on Proceeding in absence

58. On day three of the hearing, Dr Hayat was neither present nor represented at the hearing.

### Submission

59. On behalf of the GMC, Ms Renton submitted that the Tribunal should proceed in Dr Hayat's absence as it was simply handing down its decision. She acknowledged that Dr Hayat had already indicated that he was happy for the Tribunal to proceed in his absence.

### The Tribunal's Approach and Decision

60. The Tribunal had regard to the advice of the LQC that the discretion to proceed in the absence of a doctor should be exercised with great care, that fairness to both sides must be taken into account, balancing the interests of the doctor with the wider public interest.

61. The Tribunal took into account that Dr Hayat had communicated with the MPTS staff that he will not be attending the hearing and would like the determination to be sent to him via email. It also considered the correspondence between the MPTS staff and Dr Hayat that he was content for the Tribunal to proceed in his absence.

62. The Tribunal considered that Dr Hayat had been present for the previous two hearing days and has chosen not to attend today. It considered that it was reasonable to conclude that if Dr Hayat wished to participate in the hearing, either by being present or providing documents for consideration by the Tribunal, he would have indicated this. The Tribunal concluded that Dr Hayat was aware of today's hearing and has voluntarily chosen not to attend.

63. The Tribunal determined that it was appropriate to proceed in Dr Hayat's absence. It concluded that no useful purpose would be served by adjourning to a later date. In accordance with Rule 31 of the Rules, the Tribunal determined to proceed in Dr Hayat absence.