

PUBLIC RECORD**Dates:** 06/10/2025 - 07/10/2025**Doctor:** Dr Dharmesh SHAH**GMC reference number:** 3664069**Primary medical qualification:** MB ChB 1992 University of Leeds

Type of case Review - Misconduct	Outcome on impairment Impaired
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Summary of outcome

Erasure

Tribunal:

Legally Qualified Chair	Mr Paul Moulder
Lay Tribunal Member:	Ms Sirah Abraham
Registrant Tribunal Member:	Dr Charlotte Jones

Tribunal Clerk:	Mr Francis Ekengwu
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr John Morrison, 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 - 07/10/2025

1. At this review hearing the Tribunal had 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 is currently impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed in Dr Shah's absence. The Tribunal's full decision on the application is included at Annex A.

Background

3. Dr Shah qualified as a doctor from the University of Leeds in 1992 and, prior to the events which were the subject of his Medical Practitioners Tribunal (MPT) hearing in 2018, he worked as a General Practitioner ('GP') partner at the Brentfield Medical Centre for 15 years. Dr Shah stopped working as a GP in 2011 but returned to work in 2014 at The Old Courthouse Surgery ('the Surgery') in Barnet as part of the GP Returner's Scheme. He had worked in this role for approximately three to four months prior to the events which led to the 2018 hearing.

4. There is a lengthy history to the case and a summary of the key issues is set out below.

The 2018 Tribunal

5. At the initial MPT hearing which concluded in June 2018 ('the 2018 Tribunal'), Dr Shah admitted all factual paragraphs of the Allegation. He admitted that in or around 4 December 2014, he consulted with Patient A and conducted a breast examination which was not clinically indicated. He admitted that he failed to explain the reasons for conducting the examination, explain the examination process, or offer her a chaperone for the examination. Dr Shah admitted that he failed to record any discussions regarding the combined oral contraceptive pill, that he had conducted a breast examination, or that he had obtained Patient A's consent to carry out the breast examination. Dr Shah also admitted that, on 2 December 2014, he consulted with Patient B and requested to conduct a breast examination and listen to Patient B's chest when neither were clinically indicated. He admitted that he had advised Patient B that a breast examination was required so that the combined oral contraceptive pill could be prescribed. Dr Shah further admitted that he had failed to prescribe the combined oral contraceptive pill to Patient B and that he had failed to record his request to perform a breast examination and Patient B's refusal of it.

6. The 2018 Tribunal found certain aspects of the treatment of those patients amounted to serious misconduct. It found that Dr Shah had only demonstrated partial insight, that his conduct fell short of the standards expected and that his clinical skills were out of date, such that his fitness to practise was impaired by reason of his serious misconduct.

7. The 2018 Tribunal determined that 18 months conditional registration was an appropriate length of time for Dr Shah to develop his insight, obtain a substantive clinical post and bring his clinical practice up to date.

The 2019 Tribunal

8. Dr Shah's case was reviewed and concluded in December 2019 (the 2019 Tribunal). The 2019 Tribunal noted that, as Dr Shah had not been working in a clinical setting, no workplace supervisor reports had been provided. The 2019 Tribunal was concerned that no reflective statement had been provided by Dr Shah to address his insight and detail the development of his clinical practice since the initial 2018 hearing. The 2019 Tribunal noted that Dr Shah had not provided the majority of the documentation that the 2018 Tribunal had suggested would be helpful for the next review. The 2019 Tribunal was concerned that Dr Shah had not demonstrated that he had remediated and addressed the concern that his medical practice was out of date.

9. The 2019 Tribunal determined that Dr Shah's fitness to practise remained impaired by reason of his misconduct. A further period of conditions was imposed for 12 months with a view to Dr Shah returning to clinical practice in the near future.

The 2021 Tribunal

10. Dr Shah's case was reviewed and concluded in January 2021 (the 2021 Tribunal). The 2021 Tribunal acknowledged that Dr Shah had made some progress since the 2019 hearing, in that he had completed an abundance of CPD relevant to general practice. However, it was concerned that Dr Shah had not undertaken any CPD relevant to the concerns of the 2018 and 2019 Tribunals. Further, although he had undertaken a significant amount of CPD, the 2021 Tribunal was concerned that he had provided no reflections upon his learning. The 2021 Tribunal concluded that Dr Shah's progress since the 2019 Tribunal hearing had been very limited. He had produced no evidence of reflection, insight or remediation in relation to his misconduct.

11. The 2021 Tribunal determined that Dr Shah's fitness to practise remained impaired by reason of his misconduct. It had concerns about the appropriateness of a further order of conditional registration. The 2021 Tribunal determined that an order of suspension was the minimum sanction required to uphold the overarching objective. Therefore, it imposed a 12-month suspension order on Dr Shah's registration instead.

The 2022 Tribunal

12. Dr Shah's case was reviewed and the review concluded in April 2022 ('the 2022 Tribunal'). The 2022 Tribunal concluded that Dr Shah's fitness to practise remained impaired by reason of his misconduct. It noted that Dr Shah had a mentor who was prepared to continue to help with his aim of returning to work. The 2022 Tribunal was concerned with Dr Shah's minimal efforts as regards his PDP but accepted that his actions in obtaining a mentor were a positive step forward. The 2022 Tribunal considered Dr Shah could have been more proactive in taking proper steps to remediate his misconduct despite having increased personal obligations. It concluded his attitude towards remediating his misconduct remained at best "passive". It was concerned that there was a risk of repetition of the failures originally found due to the lack of evidence of developed insight and remediation.

13. As a result, the 2022 Tribunal considered that a period of conditions, working under direct supervision, would be the only way to satisfy the overarching objective. Therefore, it imposed a 4-month order of conditions on Dr Shah's registration.

The January 2023 Tribunal

14. Dr Shah's case was reviewed and concluded in January 2023 ('the January 2023 Tribunal'). The January 2023 Tribunal considered that Dr Shah's efforts in pursuing mentorship and supervised clinical attachment work were particularly positive. It was of the view that he had sufficient insight into the misconduct, and that he had clearly set out in his reflections what he had done wrong and what he would do differently in the future. That Tribunal was satisfied that Dr Shah had now resolved all the elements raised in both the original 2018 Tribunal hearing in terms of the past impairment and ongoing concerns of the last Tribunal in 2021. This January 2023 Tribunal was satisfied there was nothing more that was required in order to demonstrate remediation.

15. The January 2023 Tribunal determined to impose conditions on Dr Shah's registration but to remove the previous requirement for a PDP and reduced the level of supervision from 'direct' to 'supervised'. It imposed a 7-month order of conditions on Dr Shah's registration.

The September 2023 Tribunal

16. Dr Shah's case was reviewed further in September 2023 ('the September 2023 Tribunal'). The September 2023 Tribunal was aware of the positive conclusions of Dr Shah's insight and remediation from the January 2023 Tribunal. It credited Dr Shah for having engaged with the last Tribunal in January 2023, and for engaging with the current review. However, the September 2023 Tribunal did not consider that the progress recorded by the January 2023 Tribunal had continued. The September 2023 Tribunal accepted that Dr Shah had insight into the original failings, however it was disappointed that he had not followed the list of recommendations provided at the last review, which was to provide an updated PDP. There was not a comprehensive review of all the learning he had done in terms of CPD or subsequent reflections. Neither was there any progress on attempts at revalidation, to complete his appraisal, or to ensure that he continued to have access to a mentor. Even if he felt he needed a RO to have a mentor, he could have at least maintained the existing supportive conversations with Dr B.

17. This September 2023 Tribunal, like others before it, considered that Dr Shah's misconduct was remediable, and it accepted that he had provided evidence of remediation. However, it considered that Dr Shah had reverted to his 'passive' approach with intermittent efforts to pursue his journey back to full clinical practice. The recommendations of the January 2023 Tribunal, which were intended to assist both him and this Tribunal, had not been followed.

18. The September 2023 Tribunal found that Dr Shah's fitness to practise was still impaired and determined to impose conditions for a period of 18 months and directed a further review.

The March 2025 Tribunal

19. Dr Shah's case was reviewed for the sixth time in March 2025 ('the March 2025 Tribunal'). Dr Shah was not present or represented at this hearing.

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20. The March 2025 Tribunal noted that Dr Shah had relinquished his licence to practise in June 2024 and further considered that his progress towards a return to clinical practice identified by a previous Tribunal, had not only stalled but had receded since the hearing in September 2023.

21. In the absence of any evidence to demonstrate that Dr Shah had kept his clinical knowledge and skills up to date, the March 2025 Tribunal concluded that a finding of impairment was necessary in order to satisfy the overarching objective.

22. The March 2025 Tribunal noted that Dr Shah had not practised medicine in over 10 years and that he undoubtedly remained de-skilled. It considered that it was not in the public interest for Dr Shah to return to unrestricted practice because a de-skilled doctor would pose a risk to members of the public that he might treat.

23. The March 2025 Tribunal was satisfied that Dr Shah's lack of remediation and failure to keep his medical knowledge and skills up to date was liable to undermine the public's trust in the profession. The March 2025 Tribunal determined that public confidence in the profession would be undermined, and proper standards and conduct for members of the profession would not be maintained, if a finding of impairment was not made. Further, reasonable and fully informed members of the public and the medical profession would be surprised if a finding of impairment was not made in these circumstances, particularly given Dr Shah's apparent inactivity since the September 2023 review. The March 2025 Tribunal determined that Dr Shah's fitness to practise was impaired by reason of misconduct.

24. The March 2025 Tribunal noted that Dr Shah's original hearing had been in 2018. Whilst previous Tribunals had found that Dr Shah had made some progress towards a safe return to clinical practice, it found that his progress had not only stalled but had receded. Whilst the GMC did not submit that Dr Shah had breached the current conditions on his registration, the March 2025 Tribunal was of the view that he had failed to engage with those conditions and also with the suggestions made by the previous Tribunal.

25. The March 2025 Tribunal determined that it was not in the public interest for Dr Shah to return to unrestricted practice because a de-skilled doctor would pose a risk to members of the public that he might treat.

26. The March 2025 Tribunal considered that Dr Shah's lack of engagement with his Regulator and these proceedings, together with his failure to demonstrate he had kept his medical skills and knowledge up to date, was unacceptable and would undermine the public's trust in the profession. Further, public confidence in the profession would be undermined, and proper standards and conduct for members of the profession would not be maintained, if he was allowed to return to clinical practice.

27. The March 2025 Tribunal directed the suspension of Dr Shah's registration for a period of six months. The March 2025 Tribunal gave consideration to an order erasing Dr Shah from the medical register, in light of the fact that Dr Shah had failed to show sufficient and ongoing progress in the almost seven years since his misconduct was found proved. It stated that it was only just able to step back from the course of erasure. The March 2025 Tribunal noted that it was Dr Shah's sixth review hearing and found that on each occasion there had been limited and, latterly, no progress made by Dr Shah despite being given clear and achievable guidance from the review Tribunals.

28. The March 2025 Tribunal stated that at the next review hearing, the onus would be on Dr Shah to demonstrate how he had kept his practice up to date. It considered that a future Tribunal reviewing this matter would be assisted by:

- An up-to-date PDP showing his pathway to remediation over time with evidence of learning and reflection;
- Evidence of ongoing CPD;
- Any evidence that he may have submitted in respect of his revalidation and/or his appraisal;
- Any other development actions or progress updates that Dr Shah or his mentor considers to be appropriate;
- Dr Shah's attendance at the future review; and
- Any other information that Dr Shah considered would assist.

29. The March 2025 Tribunal considered it was fair and in Dr Shah's best interests to again make the observation that, if he failed to show adequate progress by the next review hearing, he would be at significant risk of being erased from the medical register. However, it did not seek to bind any future Tribunal, which would exercise its own discretion.

The Evidence

30. The Tribunal has taken into account all the evidence. It received the following documentary evidence which included but was not limited to:

- Record of Determinations from 2018, 2019, 2021, 2022, January and September 2023 and March 2025;
- Correspondence from the GMC and the MPTS to Dr Shah since the March 2025 hearing.

Submissions

On behalf of the GMC

31. Mr Morrison submitted that this was now Dr Shah's seventh review hearing and added that, according to the January 2023 tribunal, Dr Shah had remediated the misconduct that led to the initial 2018 substantive hearing, and that the purpose of this review was for Dr Shah to demonstrate that he has brought his clinical knowledge and skills up-to-date in a way that will enable him to return to practice, given that Dr Shah has been out of clinical practice for 10 years and had relinquished his license to practise in June 2024.

32. Mr Morrison submitted that there is no evidence before the Tribunal that Dr Shah has or is intending to learn the necessary skills to practise in a modern general practice setting and added that the persuasive burden fell on Dr Shah to show that he is fit to practise. He further added that Dr Shah's lack of remediation and failure to keep his medical knowledge and skills up to date poses a risk to members of the public that he treats and undermines the public's trust in the profession and so Dr Shah's fitness to practise remains impaired by way of misconduct.

The Relevant Legal Principles

33. 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 Dr Shah would be safe to return to unrestricted practice.

34. This Tribunal must determine whether Dr Shah's fitness to practise is impaired today, taking into account their 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. It also has to consider the wider public interest issues, of maintaining public confidence in the profession and declaring and upholding proper professional standards.

The Tribunal's Determination on Impairment

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

36. The Tribunal first considered the risk of repetition of his misconduct. It noted that Dr Shah was advised by the previous reviewing Tribunal that the next reviewing Tribunal might be assisted by:

- An up-to-date PDP showing his pathway to remediation over time with evidence of learning and reflection;
- Evidence of ongoing CPD;
- Any evidence that he may have submitted in respect of his revalidation and/or his appraisal;
- Any other development actions or progress updates that Dr Shah or his mentor considers to be appropriate;
- Dr Shah's attendance at the future review; and
- Any other information that Dr Shah considered would assist.

37. The Tribunal noted the specific reasons for the original misconduct findings which were linked to the finding that Dr Shah was not clinically up to date with his knowledge of proper professional practice at the time of the misconduct. The Tribunal did not hold against Dr Shah the fact that he had not attended the hearing. However, it took into account that Dr Shah has not provided any recommended or other evidence (documentary or otherwise) to this Tribunal for the purposes of the review.

38. Notwithstanding that a previous Tribunal had found that Dr Shah had reflected on and remediated the particular failings, they had consistently decided that there was a need for Dr Shah to demonstrate that he was now up to date with his clinical skills and knowledge and that he was safe to return to practice.

39. The Tribunal also noted Dr Shah's lack of engagement with his regulator in recent times and that he had not met the requirements in particular of the previous September 2023 and March 2025 tribunals. It noted the information that Dr Shah had relinquished his licence-to-practise in June 2024. This suggested to the Tribunal that Dr Shah was not intending to continue medical practice and therefore did not intend any further Continuing Professional Development.

40. The Tribunal bore in mind the guidance of the court in *Abrahaem v GMC* [2008] EWHC 183, that there is a persuasive burden on the doctor at the review to demonstrate that they have

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addressed past concerns. Taking this into account, it was the Tribunal's view in light of the lack of any information from Dr Shah that he had addressed the concerns, the Tribunal found that the persuasive burden had not been met.

41. In addition to his failure to meet the recommendations made by the previous reviewing Tribunal, the Tribunal also had not been provided with any evidence of Dr Shah's efforts to keep his general clinical knowledge and skills up to date. The Tribunal was of the view that the concerns were exacerbated by the period of time for which Dr Shah had now been out of clinical practice and this therefore increased the risk to the public.

42. The Tribunal therefore concluded that a risk of repetition remains, in relation to the concerns over a failure to become and remain up to date in his professional skills.

43. The Tribunal took into account the overarching objective of the GMC, which has the objectives to:

- (a) *to protect, promote and maintain the health, safety and well-being of the public,*
- (b) *to promote and maintain public confidence in the medical profession, and*
- (c) *to promote and maintain proper professional standards and conduct for members of that profession.*

44. In considering those three limbs, the Tribunal considered that there would be a failure to protect the health, safety and well-being of the public, unless there was a finding of impairment. The Tribunal was also of the view that public confidence in the profession would be undermined, if Dr Shah was permitted to resume unrestricted practice, taking into account both the concerns set out above and the sustained lack of sufficient address by Dr Shah to those concerns over time. There would also be prejudice to the maintenance of proper professional standards as a result. The Tribunal concluded that Dr Shah's fitness to practise remains currently impaired having regard to each of the limbs of the overarching objective.

45. In conclusion, the Tribunal determined that Dr Shah's fitness to practise is currently impaired by reason of his misconduct.

Determination on Sanction - 07/10/2025

46. Having determined that Dr Shah's fitness to practise is impaired by reason of misconduct the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to his registration.

The Evidence

47. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing in determining what action, if any, it should take with regard to Dr Shah's registration.

Submissions

On behalf of the GMC

48. Mr Morrison submitted that erasure is now the most appropriate sanction to ensure patient safety and the upholding of the overriding objective. Mr Morrison further submitted that Dr Shah has shown a lack of engagement in recent times and had not met the requirements of previous tribunals to demonstrate his clinical skills and knowledge had been brought up to date.

49. Mr Morrison added that it is unlikely that Dr Shah would make further progress to develop full insight and remediation should a further suspension be ordered, given that this hearing was Dr Shah's seventh review hearing. He submitted that Dr Shah continued to pose risks to patient safety and maintaining public confidence in the profession.

The Tribunal's Determination

50. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Shah's interests with the public interest.

The Tribunal considered the original misconduct and impairment finding in 2018 and the previous review determinations provided, however, it applied its own decision-making to the concerns in the case. The Tribunal paid close attention to the guidance of the GMC/MPTS' Sanctions Guidance (February 2024) ('SG').

51. Before considering what action, if any, to take in respect of Dr Shah's registration, the Tribunal first considered the aggravating and mitigating factors present and referred itself to its findings on impairment.

Aggravating and mitigating factors

52. The Tribunal identified Dr Shah's lack of demonstrated insight as aggravating this case. It was of the view that Dr Shah's insight remains incomplete, given that this is now Dr Shah's seventh review hearing following the substantive hearing in 2018. Further, Dr Shah's persistent failure to meet the requirement set by previous tribunals to demonstrate up to date clinical knowledge and skills remained a factor.

53. The Tribunal considered mitigating factors in this case. It noted that while Dr Shah had previously shown some limited insight into his misconduct, and had remedied the particular acts of misconduct, according to the January 2023 tribunal, he has also consistently failed to demonstrate that he has brought his clinical skills and knowledge up to date and he had not fulfilled recommendations made by previous tribunals.

No action

54. In coming to its decisions as to the appropriate sanction, if any to impose in Dr Shah's case, the Tribunal decided that, given the lack of demonstration of up to date skills and knowledge and the lack of engagement, taking no action was not appropriate to ensure patient safety and protect public confidence in the medical profession. The Tribunal had decided that there was a risk to the public, due to the failure to demonstrate his knowledge and skills, and a lack of insight into the necessity to do so. Taking no action would fail to protect the public.

Conditions

55. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Shah's registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable. The Tribunal decided that the circumstances in which conditions might be suitable, as set out in the SG at paragraphs 81 to 84 were not met. It was of the view that the doctor had limited insight, and he had not taken the opportunities offered to him by previous conditions. Therefore, the Tribunal did not consider that Dr Shah would comply with conditions going forward. Further, since Dr Shah had persistently not met the previous conditions in full, the Tribunal considered that it undermined public confidence in the profession to impose yet further conditions on his registration.

Suspension

56. The Tribunal then considered whether a further period of suspension was the most appropriate sanction to secure patient safety and the public's confidence in the medical profession. It was of the view that previous periods of suspension and/or conditions, as detailed in the previous reviews (of which this is the seventh review), had demonstrated Dr Shah's inability and/or unwillingness to fully develop his insight and demonstrate that his knowledge and skills are up to date.

57. The Tribunal reminded itself that it had found a risk of repetition of Dr Shah's previous misconduct and that this was due to his apparent inability and/or unwillingness to fully develop such insight and to demonstrate that his knowledge and skills are indeed up to date.

58. The Tribunal considered paragraph 97 of the SG and noted that several of the factors concerning the suitability of suspension were either not present or were contra-indicated. The Tribunal considered that it had evidence that it was unlikely that Dr Shah would use a period of suspension to demonstrate updating of his knowledge and skills. The Tribunal was of the view that it had evidence of previous unsuccessful attempts and an unwillingness to engage. The Tribunal was concerned as to a lack of insight on the part of Dr Shah and it had found a risk of repetition.

59. The Tribunal considered that all the circumstances of the case now strongly indicated that a further suspension would not be the appropriate sanction, would not serve the need to protect the public, nor would it maintain public confidence in the profession.

60. The Tribunal therefore went on to consider if erasure was the most appropriate sanction to impose on Dr Shah's registration.

Erasure

61. In coming to a decision of whether erasure was the most appropriate sanction to impose, the Tribunal was guided by paragraphs 108, 109(b, i and j) of the SG which state:

"108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect

members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

...

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

(b) A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

(i) Putting their own interests before those of their patients (see Good medical practice introduction on page 7 ‘Patients must be able to trust medical professionals with their lives and health. To justify that trust you must make the care of patients your first concern, and meet the standards expected of you in all four domains.’ and paragraphs 94–97 regarding conflicts of interest).

(j) Persistent lack of insight into the seriousness of their actions or the consequences.

62. The Tribunal accepted as well-made the GMC’s submission that while Dr Shah’s misconduct was remediable, he had persistently demonstrated his inability to fully remediate by fulfilling basic duties of a practising medical doctor to keep his clinical skills up to date.

63. The Tribunal acknowledged that there was some evidence, noted in the January 2023 tribunal determination, that Dr Shah had made some effort to show how he was keeping his clinical skills up to date. However, it considered that subsequent tribunals were correct that this had subsequently regressed.

64. The Tribunal was of the view that medical practitioners are subject to a requirement, in line with the requirements of Good Medical Practice ('GMP') to demonstrate that they have kept their knowledge and skills up to date. It noted sections of GMP as follows:

“Develop and maintain your professional performance

7 You must be competent in all aspects of your work, including management, research and teaching.

8 You must keep your professional knowledge and skills up to date.

9 You must regularly take part in activities that maintain and develop your competence and performance.

10 You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.

11 You must be familiar with guidelines and developments that affect your work.

12 You must keep up to date with, and follow, the law, our guidance and

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other regulations relevant to your work.” [GMP April 2019]

65. The Tribunal considered that these requirements are necessary in order to protect patients, to uphold public confidence in the medical profession and to promote proper professional standards. It was of the view that Dr Shah had continually failed to demonstrate how he has fulfilled his obligations in this respect. The Tribunal concluded that Dr Shah had persistently failed to provide his regulator with the evidence to confirm that he had the relevant clinical knowledge and skills in order to ensure patient safety and to maintain public confidence in the medical profession.

66. The Tribunal took into account that, on the occasion of the March 2025 review, in its determination the tribunal had made clear to Dr Shah that he:

“cannot be left in any doubt that a failure to take significant action to re-engage with proceedings by showing development of his skills and knowledge will likely result in the next review Tribunal considering that he has been given all reasonable opportunities to do so and should be erased from the register.”

67. This Tribunal decided that Dr Shah had been given all reasonable opportunity to show development of his skills and knowledge. It considered that Dr Shah’s position was fundamentally incompatible with continued registration.

68. The Tribunal took into account that erasure from the register is a sanction of ‘last resort’ and is likely to have a serious professional and, potentially financial, effect on Dr Shah. It took into account that there was a record of Dr Shah having indicated that he did not intend to resume medical practice, however. In any event, the Tribunal considered that the public interest outweighed Dr Shah’s interests and its sanction was proportionate. The Tribunal concluded that erasure from the medical register was therefore the appropriate sanction.

69. The Tribunal therefore determined to erase Dr Shah’s registration from the Medical Register.

70. The MPTS will send Dr Shah a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

71. This concludes the case.

ANNEX A – 07/10/2025

Application on Proceeding in Absence under rule 31

Service

72. Dr Shah is neither present nor legally represented at this hearing.

73. The Tribunal was provided with a copy of a service bundle from the General Medical Council (GMC). The bundle included:

- A screen shot of Dr Shah's registered postal and email address;
- GMC Information Letter and draft bundle, dated 22 August 2025;
- Proof of delivery of GMC Information Letter and draft bundle, dated 3 September 2025;
- MPTS Notice of Hearing letter, dated 7 August 2025;
- Proof of delivery of MPTS Notice of Hearing, dated 11 August 2025;
- GMC CMD Letter and final bundle, dated 18 September 2025; and
- Proof of delivery of GMC CMD Letter and final bundle, dated 22 September 2025.

74. Mr Morrison, counsel, on behalf of the GMC, referred the Tribunal to the documents in the service bundle and submitted that all reasonable efforts have been made to serve Dr Shah with the Notice of Hearing by email and by post at Dr Shah's registered addresses held by the GMC. Mr Morrison added that the attempts at contact had been unanswered.

75. The Tribunal was satisfied that the Notice of Hearing had been served by post on Dr Shah in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

76. Mr Morrison invited the Tribunal to proceed in the absence of Dr Shah. Mr Morrison submitted that Dr Shah has been made aware of this review hearing and has therefore voluntarily absented himself.

77. Mr Morrison said the decision to proceed in absence of Dr Shah was a decision for the Tribunal, balancing the interests of the doctor with that of the wider public interest.

78. Mr Morrison further submitted that all reasonable efforts had been made to serve the Notice of Hearing on Dr Shah and that the issue of proceeding in his absence now fell on the side of the wider public interest. He submitted that if this hearing was to be adjourned and relisted, there was no indication that Dr Shah would attend.

The Tribunal's decision

79. The Tribunal then went to consider if it should proceed in absence of Dr Shah. The Tribunal took into account that it had decided that service had been effected in accordance with the Rules. It also noted that the GMC had taken considerable additional efforts to bring the matter of the upcoming review to Dr Shah's attention, according to the documents in the service bundle. The Tribunal was satisfied that all reasonable steps had been taken.

80. The Tribunal noted that this case has been ongoing since 2018 and had been reviewed on several occasions previously. Dr Shah had been personally present at some of the review hearings and would have been aware of the process of reviewing sanctions before expiry. On the occasion of the last review, in March 2025, Dr Shah had not been present. However, he had been written to in May 2025 concerning the date of this review and on subsequent occasions.

10. The Tribunal took into account that, if proceeding with the review, it would not hear from Dr Shah or any representative of his. There would therefore be some prejudice to the doctor, if the Tribunal proceeded with the review. However, the Tribunal at the March 2025 review noted that Dr Shah had relinquished his licence to practise in June 2024. It had also mentioned in its determination an attendance note of a telephone conversation dated 12 March 2025 between the doctor and the GMC and Dr Shah's expressed intention to not return to medical practice. The Tribunal considered that this position was consistent with Dr Shah not having attended today, nor responded to the various correspondence sent by the GMC concerning the impending review. The Tribunal had not been made aware of any request to postpone or adjourn the review. The Tribunal therefore took the view that Dr Shah is unlikely to attend should this hearing be adjourned to a future date.

81. The Tribunal bore in mind that the current suspension order imposed in March 2025 is due to expire and if the review was not carried out, Dr Shah's registration would become potentially unrestricted upon that expiry. The Tribunal was mindful that, at the last review, the Tribunal had concluded that the public would be placed at risk by the return of a de-skilled doctor to unrestricted practice and also that public interest concerns were engaged in its finding of ongoing impairment at that time.

82. The Tribunal concluded that it was in the public interest to proceed with the review and determined to proceed with the hearing in the absence of Dr Shah.