

## PUBLIC RECORD

Dates: 03/09/2025 - 05/09/2025

Doctor: Dr Ijaz KHAN

GMC reference number: 7077022

Primary medical qualification: MB BS 1993 University of Punjab (Pakistan)

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

### Summary of outcome

Erasure  
Immediate order imposed

### Tribunal:

Legally Qualified Chair	Mr Adrian Phillips
Lay Tribunal Member:	Ms Jo Palmiero
Registrant Tribunal Member:	Dr Richard Vautrey
Tribunal Clerk:	Mrs Rachel Horkin

### Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr James Halliday, 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 Facts and Impairment- 04/09/2025**

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

**Background**

2. The allegation that has led to Dr Khan's hearing can be summarised as: on 12 May 2023 at Liverpool Crown Court, Dr Khan was convicted of engaging in controlling/coercive behaviour towards Ms A. Further, on 26 May 2023, Dr Khan was sentenced to a 3-year custodial sentence and an indefinite Restraining Order not to contact Ms A directly or indirectly by any means whatsoever.

**The Evidence**

3. The Tribunal had regard to all of the evidence before it which included:

- Certificate of Conviction dated 26 May 2023 (date certified: 14 Jun 2023);
- A transcript of the sentencing hearing dated 26 May 2023;
- A transcript of the sentencing remarks of HHJ Potter dated 26 May 2023;
- Five Testimonials;
- 42 continuing professional development (CPD) certificates;
- Letter from Ms B (Probation Officer) dated 29 July 2025;
- Letter from Dr Khan addressed to the Tribunal members dated 31 July 2025.

**The Outcome of Application Made during the Facts Stage**

4. The Tribunal granted an application made by the GMC application pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 ('the Rules'), to amend the allegation against Dr Khan (which is recorded on the hearing information sheet) to refer to the complainant as Ms A. Dr Khan agreed to this amendment. The Tribunal considered that this amendment, which was agreed between the parties and is minor, to be appropriate.

**The Allegation and the Doctor's Response**

5. The Allegation made against Dr Khan (as amended as mentioned in the previous paragraph) is as follows:

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

1. On 12 May 2023 at Liverpool Crown Court you were convicted of engaging in controlling / coercive behaviour XXX, in that you between XXX and XXX and at a time when you were personally connected to XXX Ms A engaged in behaviour towards XXX Ms A that was controlling or coercive which had a serious effect on XXX Ms A, namely that it caused XXX Ms A to fear, on at least

**Record of Determinations –  
Medical Practitioners Tribunal**

two occasions, that violence would be used against XXX Ms A at a time when you knew or ought to have known that the behaviour would have a serious effect on XXX Ms A.

**Amended under Rule 17(6)**

**Admitted and Found Proved**

2. On 26 May 2023 you were sentenced to:

- a. a 3-year custodial sentence;

**Admitted and Found Proved**

- b. an indefinite Restraining Order not to contact XXX Ms A directly or indirectly by any means whatsoever save for correspondence from XXX.

**Amended under Rule 17 (6)**

**Admitted and Found Proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

**The Admitted Facts**

6. The Tribunal considered the submissions of on behalf of the GMC, Mr James Halliday,

*6. The Tribunal will have access to the full transcript of the sentencing hearing, which includes the victim person statement of Ms A. In summary, Dr Khan and Ms A were [XXX] for a period some [XXX] years. [XXX]. Dr Khan remained in practice throughout this period. [XXX], throughout the indictment period, Dr Khan engaged in behaviour which HHJ Potter described as going “far beyond the normal dynamics [XXX] ...The abuse Ms A was subject to over the [XXX] year indictment period included “verbal abused, physical abuse, psychological abuse and financial control,” ...*

*7. Specific examples of this type of abuse were led in evidence at trial, and are detailed in the victim personal statement which was read out at the sentencing hearing by Ms A ... Ms A described that Dr Khan would “grind [her] down slowly, day by day, using taunts, ridicule and violence,” ... [XXX].*

*8. HHJ Potter, who heard the evidence at trial, confirmed that he was sure that Dr Khan “used [Dr Khan’s] appetite for sex, and [his] demand for sex from Ms A as a tool of further element of coercion and control.” He further concluded that “the reality is that I am sure [Ms A] was trapped in a gilded cage with neither*

*the confidence nor the means to escape your persistent an criminal behaviour,"...*

*9. Ms A was “left powerless for “years” to do anything or to complain. She knew the high standing you had with your peers and in the community at large, and knew the financial risk that she would take [XXX],” ... The effect on Ms A was described a “profound.” HHJ Potter summed up Dr Khan’s behaviour as a “prolonged period of time in the mental and physical torture [XXX]” ...*

*10. In sentencing Dr Khan to three-year immediate imprisonment, a restraining order was made against him preventing him from contacting Ms A. This was made for an indefinite period.*

7. At the outset of these proceedings, Dr Khan made admissions to all of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004. In accordance with Rule 17(2)(e) of the Rules, the Tribunal Chair announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

### Determination on Impairment

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

9. The Chair asked Dr Khan if he wished to give oral evidence in the hearing, and explained to him the significance of doing so. Dr Khan chose not to give oral evidence to the Tribunal and referred to the written statement he had already provided.

10. The Tribunal did not receive any further evidence at the impairment stage.

### Submissions on impairment

#### On behalf of the GMC

11. Mr Halliday provided the background to the conviction. Mr Halliday submitted that this is a significant and serious conviction. Mr Halliday referred the Tribunal to the length of the sentence and submitted that this reflected the severity of the offence. Mr Halliday also referred the Tribunal to the sentencing remarks of Judge Potter and the sentencing guideline for the offence of “[XXX]” under section 76 of the Serious Crime Act 2015, published by the Sentencing Council. Mr Halliday pointed out that HHJ Potter, in his sentencing remarks, found the criminal case to be a “higher culpability” case and “higher” category of harm case (a “1A offence” under the sentencing guideline) and stated that the Tribunal should consider the nature and seriousness of the conviction when assessing the effect on the public interest and the reputation of the profession.

12. Mr Halliday acknowledged that there have been no previous findings against Dr Khan but submitted that there is a concern significant enough to find that Dr Khan's fitness to practise is currently impaired. In relation to the health, safety and well-being of the public, Mr Halliday invited the Tribunal to find that Dr Khan's fitness to practise is impaired on those grounds. Mr Halliday submitted that a finding of impairment is necessary to order to protect and promote the safety and well-being of patients, and indeed the public at large, whether that be XXX. Mr Halliday reminded the Tribunal of Judge Potter's description of Dr Khan behaviour: "*you engaged persistently and for a prolonged period of time in the mental and physical torture of [Ms A].*

13. Regarding the public interest, Mr Halliday submitted that a member of the public looking at these matters and the conviction would be concerned if a finding of impairment were not made. Mr Halliday submitted that a finding of impairment must be made to protect the public interest and trust in the profession.

14. Mr Halliday acknowledged that professional standards are not an issue in this matter however, he submitted that there needs to be a mark put down to say that this is unacceptable conduct for a member of the profession and a finding of impairment should be made to promote and maintain those proper standards required of the profession.

15. Mr Halliday submitted that Dr Khan's actions have brought the medical profession into disrepute and that Dr Khan had breached fundamental tenets of the profession.

16. Mr Halliday reminded the Tribunal that Ms A was subject to abuse that resulted in a prison sentence and a restraining order. Mr Halliday also reminded the Tribunal that Dr Khan pleaded not guilty. Mr Halliday submitted that, whilst Dr Khan had made good progress with his probation officer, a finding of impairment is necessary in these circumstances.

#### Dr Khan

17. Dr Khan submitted that he intends to rely on the document that he submitted into evidence and wishes to say nothing further.

18. Mr Halliday stated that Dr Khan does not make a positive submission one way or the other in relation to impairment. Dr Khan agreed with this statement.

#### **The Relevant Legal Principles**

19. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

20. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in a conviction case under section 35C(2)(c): first, whether the existence of a conviction of the practitioner has been established, and then whether, in light of the conviction, the practitioner's fitness to practice is impaired.

21. The Tribunal must determine whether Dr Khan's fitness to practise is impaired today, taking into account Dr Khan'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.

22. In making its finding on impairment, the Tribunal found of assistance guidance entitled *What we mean by fitness to practise (Doctors)*, which was published by the GMC in December 2023. The guidance says, at paragraphs 22-23:

22. ... MPTS tribunals can only assess a doctor's fitness to practise where there is a legal basis† for doing so [†A concern must fall under one or more of the categories of impairment set out in Section 35C of the Medical Act 1983.]. Where the concern is supported by evidence, an assessment will need to be made about whether the doctor poses any risk to one or more of the three parts of public protection.

23. This assessment of risk includes considering:

- the seriousness of the concern
- any relevant context, and
- how the doctor has responded to the concern.

### The Tribunal's Determination on Impairment

#### Conviction

23. In reaching its decision the Tribunal reminded itself of the test set out by Dame Janet Smith's test in The Fifth Shipman Report, cited in *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council & Paula Grant* [2011] EWHC 927 (Admin) at paragraph 76:

“Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.”

24. The Tribunal reminded itself that the circumstances of this case did not occur in a clinical setting and did not involve any patients and so is satisfied that paragraph (a) of the test is not relevant.

25. The Tribunal has reminded itself that there are no allegations before it regarding Dr Khan's probity. The Tribunal decided, rejecting a suggestion by Mr Halliday, that no significance can be attached in the current hearing to the fact that Dr Khan pleaded not guilty to the offence he was convicted of, as the Tribunal has no knowledge of what Dr Khan's defence was. And so, the Tribunal are satisfied that paragraph (d) of the test is not relevant to this case.

26. In reaching its conclusion the Tribunal was assisted by the sentencing remarks made by Judge Potter, which included:

*'I agree that your behaviour was persistent and over a prolonged period, it used multiple methods of control and coercion, and at times it was designed and intended to humiliate and degrade... I have no hesitation in categorising your "culpability" as "high".'*

...

*'... you engaged persistently and for a prolonged period of time in the mental and physical torture of...[Ms A].'*

...

*'...[Ms A] was made to fear violence on many occasions and was subjected to violence on many occasions.'*

*'[XXX]'*

*'She notes the effect of your behaviour upon [XXX].'*

27. The Tribunal also had regard to the Victim Personal Statement which was read out at the Sentencing Hearing by Ms A. In one part Ms A said, XXX

28. The Tribunal noted the mitigating comments by Judge Potter:

*'Your behaviour is mitigated by the fact that you were previously of good character. You have demonstrated exemplary conduct in the NHS and I have read the testimonials that speak to your work as a doctor.'*

29. The Tribunal is satisfied that this is a serious conviction which led to a significant custodial sentence and an indefinite Restraining Order.

30. The Tribunal considered Dr Khan's written statement in which he wrote,

*'I sincerely apologise to [Ms A] for causing physical and mental trauma and to the public for bringing disrepute to the medical profession'*

...

*'I have no hesitation to accept in clearest words possible that, I am filled with profound regret, shame and utmost guilt for my actions, which I recognise were completely unacceptable. There is no justification for my severe criminal and unjustified coercive behaviour, and I take full responsibility for the hurt, disappointment, and consequences it has caused. Every single day, I am haunted by the weight of my mistakes, and I deeply regret the pain, I have inflicted on [XXX]. I wish, I could undo my actions, but since I cannot, I am committed to learning from this painful experience, making amends where possible, and proving through my future conduct that this does not define, who I truly am.'*

...

*'I want to express my profound respect for the medical profession... Medicine is not just a career. It is a calling rooted in compassion, integrity, and service to others. Every day I spent without caring for patients leaves me with an empty mark on my life. The lessons I have learnt about humility, responsibility, and human connection will stay with me forever. With a positivity and hope, I humbly assure you that, if I would have given a chance to start practicing, my reverence for the oath I took and the trust placed in me by patients and colleagues will never waver.'*

31. The Tribunal noted this is not a detailed statement. It acknowledged that Dr Khan has apologised to the victim of the offence but not to others who would have experienced the behaviour. The Tribunal also noted that Dr Khan, whilst commenting on his respect for the medical profession, did not sufficiently reflect on the impact his actions had had on the reputation on the medical profession. The Tribunal also found that Dr Khan's statement lacks adequate reflection and insight around the circumstances that led to his conviction and the steps he has taken to remediate since.

32. The Tribunal noted the CPD certificates that Dr Khan provided and that he had attended a Building Better Relationships course. However, the Tribunal considered that Dr Khan did not provide any reflection regarding this course or how he had changed as a result.

33. The Tribunal noted that the majority of certificates provided by Dr Khan date between 9 June 2025 and 6 August 2025 and few were specific to Dr Khan's area of specialty as a stroke consultant. The Tribunal noted that it has little evidence before it of Dr Khan's ongoing learning and professional development between release from prison and start of majority of CPD (16 May 2024 to 9 June 2025), a period of some 13 months.

34. The Tribunal noted the majority testimonials provided refer to Dr Khan's clinical work. The Tribunal acknowledged that Dr Khan was held in good standing with his patients and

colleagues. The Tribunal gave consideration to the testimonial from Dr C who knew Dr Khan XXX personally. The Tribunal noted that Dr C stated that they were not aware of the specific details of the case but they had seen a real change in Dr Khan since his being released from prison. Dr C commented positively on XXX Dr C also wrote that Dr Khan, '*...was a role model for many people [XXX]...*' The Tribunal noted that this evidence was not consistent with that found in the trial.

Insight, remediation, and risk of repetition

35. The Tribunal had regard to the letter from Dr Khan's Probation Officer in which she wrote,

*'Mr Khan is now assessed as medium risk of serious harm towards the public and known adults. This is in the context of [XXX].'*

...

*The actuarial predators, based on static risk factors, indicate that Mr Khan is low risk of serious reoffending over the next two years and a low risk of violent re-offending over the next two years.'*

36. The Tribunal is satisfied that the letter from the Probation Office is contemporaneous evidence of the current risk that Dr Khan poses.

37. Given all of the evidence before it the Tribunal is satisfied that Dr Khan has taken some steps to remediate his behaviour however, the Tribunal found that whilst Dr Khan's insight was developing it is currently inadequate.

38. The Tribunal found that Dr Khan had breached fundamental tenets of the profession and had brought the medical profession into disrepute, satisfying paragraphs (b) and (c) of test of impairment in paragraph 76 of *CHRE v NMC & Paula Grant*. The Tribunal was also of the view that given the serious nature of Dr Khan's conviction and public confidence in the profession would be seriously undermined if a finding of impaired fitness to practise were not made.

39. The Tribunal has therefore determined that Dr Khan's fitness to practise is impaired by reason of his conviction.

**Determination on Sanction - 05/09/2025**

40. Having determined that Dr Khan's fitness to practise is impaired by reason of his conviction the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

## The Evidence

41. The Tribunal did not receive any further evidence at the sanction stage.

## Submissions

### On behalf of the GMC

42. Mr Halliday reminded the Tribunal that the decision as to what, if any, sanction to impose is a matter for the Tribunal exercising its own judgement. Mr Halliday further reminded the Tribunal that it should consider the sanctions in order of least severe to most severe. Mr Halliday submitted that erasure is the only appropriate sanction which can follow in this case.

43. Mr Halliday reminded the Tribunal that conditions might be most appropriate in cases involving the doctor's health, issues around the doctor's performance, where there is evidence of the shortcomings of a doctor in a specific area or where the doctor lacks the necessary English language to practise medicine without direct supervision. Mr Halliday stated that this case does not concern such things and conditions are not appropriate and would not be workable in this case.

44. Mr Halliday submitted that suspension is not appropriate in this case as Dr Khan's actions are fundamentally incompatible with his continuing to be registered as a doctor. Therefore, erasure is the appropriate sanction. Mr Halliday submitted that Dr Khan's behaviour represents a serious departure from Good Medical Practice (GMP) and has brought the profession into disrepute. Mr Halliday reminded the Tribunal of the sentencing remarks of Judge Potter and Victim Personal Statement of Ms A and stated that there was serious harm XXX and there was a conviction of causing Ms A to fear violence on at least two occasions.

45. Mr Halliday conceded that Dr Khan has taken steps to remediate but that erasure is the appropriate sanction in this case. Mr Halliday submitted that it was reasonable to consider that Dr Khan's actions were a serious departure from Good Medical Practice with a conviction of controlling or coercive behaviour being fundamentally incompatible with continued registration.

### Dr Khan

46. Dr Khan stated that it was only when he was convicted that he realised that his behaviour was wrong. He had believed that his conduct was culturally acceptable. Dr Khan said that he was not aware of coercive control until he had been found guilty of the offence and, when this happened, he decided to change his behaviour. He said that his Probation Officer helped him to address his behaviour. Dr Khan informed the Tribunal that he did take some courses in prison, and he went through the Building Better relationship course over 4 months following his release.

47. Dr Khan stated that he does not agree with the GMC submissions that his name should be erased from the Medical Register. Dr Khan submitted that he has cooperated with the courses and programmes. Dr Khan said that the public was never at any risk from him. None of his patients has ever complained about him and he has an unblemished service record. Dr Khan said that he has tried his best to accept that he has committed a mistake. Dr Khan also informed the Tribunal that he has not missed any of his sessions with his Probation Officer.

48. Dr Khan stated that his CPD was done within the few last months due to his experiencing XXX. He had previously read books but this was not recorded in the evidence. Dr Khan informed the Tribunal that the risk that he posed (according to the Probation Officer) reduced from “high” to “medium”.

49. Dr Khan indicated that he would comply with conditions that the Tribunal may impose and suggested a condition that he inform police if he XXX. He stated that he just wants to continue with his medical career and to erase him would be a duplication of the punishment that he received following the legal trial.

#### Tribunal questions

50. Upon being questioned by the Tribunal, Mr Halliday advised that Dr Khan remains under license following his release from prison and submitted that, until the license expires in November 2025, the sentence is not completed. Mr Halliday submitted that this precludes the Tribunal from taking no action as a possible outcome in this case. Mr Halliday referred the Tribunal to para 119 of the Sanctions Guidance ('SG'):

*119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.*

51. Mr Halliday submitted that there is nothing, in principle, that precludes the Tribunal from imposing a condition requiring that Dr Khan inform the police if he XXX. However, Mr Halliday submitted that this would not be a workable or measurable condition as the GMC would not be able to monitor this. Mr Halliday drew the Tribunal's attention to paragraph 85 of SG:

*85 Conditions should be appropriate, proportionate, workable and measurable.*

#### **The Tribunal's Determination on Sanction**

52. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account the parties submissions, the Sanctions Guidance (2024) and Good Medical Practice (GMP). It has borne in mind that the purpose of a sanction is not to punish, but to protect patients and the wider public interest, although it may have a punitive effect.

53. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Khan's interests with the public interest and has taken account of the overarching objective.

### Mitigating and Aggravating Factors

54. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the over-arching objective.

#### Mitigating

55. Dr Khan was, before his conviction on 12 May 2023, held in good clinical standing as referenced by Judge Potter and the testimonials provided.

56. Dr Khan had taken some steps regarding his CPD and learning, however the Tribunal reminded itself of its previous finding that this learning was limited.

57. Dr Khan engaged with his Probation Officer and acknowledged that he had a lack of understanding at the time of the conduct and only gained this understanding at the time he was convicted. The Tribunal reminded itself that Dr Khan attributed some of his behaviour to cultural attitudes.

58. Dr Khan expressed his remorse in his written statement.

59. The Tribunal reminded itself of its previous finding that Dr Khan had developing insight.

60. The Tribunal had no information before it of any other fitness to practise history.

#### Aggravating

61. The Tribunal did not accept Dr Khan's submission that he only understood that there may have been problems with his behaviour at the time of his sentencing. Further, the Tribunal did not accept Dr Khan's submission that his behaviours were as a result of culturally acceptable behaviours. The Tribunal considered it reasonable that, throughout his training in the UK, Dr Khan would have undertaken CPD that addressed concerning behaviour in adult relationships.

62. The Tribunal reminded itself of its finding that Dr Khan's insight remained developing and considered that he did not demonstrate the timely development of insight nor take timely steps to remediate.

63. Paragraph 56(c) of the SG says:

56. Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (this list is not exhaustive):

...

c inappropriate behaviour towards children or vulnerable adults ...

The Tribunal was satisfied that Ms A was a vulnerable adult and that Dr Khan's behaviour towards her was inappropriate.

64. The Tribunal reminded itself of Judge Potter's comments that,

*'It is important to note that violence in [XXX] is as bad if not "worse" than violence [XXX] because of the pervasive nature of it and the vulnerability of the people who are exposed to it.'*

The Tribunal was satisfied that Ms A was vulnerable and that Dr Khan's behaviour towards her was inappropriate.

65. The Tribunal reminded itself that it gave the testimonials that referred to Dr Khan's XXX little weight in the light of the conviction.

#### No action

66. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude the case by taking no action.

67. The Tribunal reminded itself of paragraph 119 of the SG and that Dr Khan's sentence does not expire until mid-November 2025. The Tribunal was satisfied that there were no circumstances to justify departing from the Sanctions Guidance, taking no action in this case and that taking no action would not address the concerns raised and would not satisfy the over-arching objective.

#### Conditions

68. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Khan's registration. The Tribunal has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

69. The Tribunal considered paragraph 81 of the SG:

*81 Conditions might be most appropriate in cases:*

*a involving the doctor's health*

*b involving issues around the doctor's performance*

*c where there is evidence of shortcomings in a specific area or areas of the doctor's practice*

*d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

70. The Tribunal was satisfied that none of the circumstances as outlined above were relevant in this case. The Tribunal reminded itself that the conviction does not relate to Dr Khan's clinical skills.

71. The Tribunal accepted Mr Halliday's submission that the suggested condition that Dr Khan inform the police if he XXX was neither workable nor measurable. The Tribunal determined that there are no conditions which are measurable, proportionate or workable and concluded that an order of conditions would not satisfy the over-arching objective.

### Suspension

72. The Tribunal then considered whether it would be appropriate to impose an order of suspension.

73. The Tribunal had regard to the relevant paragraphs of the SG, including paragraph 116:

*116 The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor's fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor's registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation of the profession. The tribunal should take account of paragraphs 65–67 of Good medical practice regarding the need to be honest and trustworthy, and to act with integrity.*

74. The Tribunal determined that it was not realistic that Dr Khan could complete sufficient remediation that would merit his being allowed to return to clinical practice within 12 months of this hearing.

75. The Tribunal considered that a reasonable and properly informed member of the public would be surprised and concerned if Dr Khan were not erased from the Medical Register given the seriousness of the offence. The Tribunal was satisfied that an order of suspension would not satisfy the statutory over-arching objective of "the protection of the public" (Medical Act 1983, section 1(1A)) and, in particular, would not satisfy the objective "to promote and maintain public confidence in the medical profession" (Medical Act 1983, section 1(1B)(b)).

## Erasure

76. The Tribunal reminded itself of the following relevant paragraphs of the SG:

*32 However, there are some cases where a doctor's failings are irremediable. This is because they are so serious or persistent that, despite steps subsequently taken, action is needed to maintain public confidence. This might include where a doctor knew, or ought to have known, they were causing harm to patients, and should have taken steps earlier to prevent this.*

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

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

*...*

*c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence ...*

77. The Tribunal reminded itself of Mr Halliday's submission:

*'Paragraph 92 of the sanctions guidance states that suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration...'*

*It is submitted that Dr Khan's actions are fundamentally incompatible with continuing to be registered as a doctor, and therefore continued registration of any kind should not be considered. As a result, it is submitted that erasure should be the sanction imposed.*

*...*

*Paragraph 109(f) ... of the Sanctions guidance provides scenarios where erasure may be appropriate. The following subparagraphs are submitted to apply in Dr Khan's case:*

- a. A particularly serious departure from the principles set out in Good Medical Practice where the behaviour is difficult to remediate;*
- b. A deliberate or reckless disregard for the principles set out in Good Medical Practice and/or patient safety;*
- c. Doing serious harm to others (patients or otherwise), either deliberately or through incompetence;*
- g. Offences involving violence;'*

78. The Tribunal also reminded itself of the sentencing remarks of Judge Potter that Dr Khan's behaviour '*...is "harm" at the higher category*' of the sentencing guideline for the offence of controlling or coercive behaviour XXX.

79. The Tribunal bore in mind of the decision in *Yeong v The General Medical Council* [2009] EWHC 1923 (Admin) at [51]:

*Secondly, where a FPTP [Fitness to Practise Panel] considers that fitness to practise is impaired for such reasons, and that a firm declaration of professional standards so as to promote public confidence in that medical practitioner and the profession generally is required, the efforts made by the practitioner to address his problems and to reduce the risk of recurrence of such misconduct in the future may be of far less significance than in other cases...*

80. The Tribunal considered paragraph 65 of Good Medical Practice (published in 2013 and in effect until it was superseded by the current version on 30 January 2024), which was in effect when Dr Khan was committing the offence for which he was convicted:

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

81. The Tribunal concluded that, in light of Dr Khan's conviction, three year custody and an indefinite restraining order, this was a serious departure from the principles set out in GMP with his behaviour being fundamentally incompatible with being a doctor. Taking all of the evidence before it into account the Tribunal was satisfied that erasure is the only measure which would satisfy the over-arching objective.

82. The Tribunal therefore determined to erase Dr Khan's name from the medical register.

#### Determination on Immediate Order - 05/09/2025

83. Having determined to erase Dr Khan's name from the Medical Register the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Khan's registration should be subject to an immediate order.

#### Submissions

84. Mr Halliday informed the Tribunal that Dr Khan is currently suspended by way of an interim order. He submitted that paragraphs 172 to 178 of the SG deals with the relevant factors for the panel to assess. Paragraph 173 sets out that an immediate order might be particularly appropriate in cases where immediate action must be taken to protect public confidence in the medical profession. Mr Halliday submitted that this is one of those cases where the public confidence in the profession demands that an immediate order of suspension be imposed.

85. Mr Halliday asked that the Tribunal revoke the interim order and replace it with an immediate order of suspension.

86. Dr Khan agreed that an immediate order of suspension can be imposed.

### The Tribunal's Determination

87. In making its decision the Tribunal had regard to the SG, including paragraph 178 as quoted above, and paragraph 172:

*"172. The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order."*

88. The Tribunal reminded itself that Dr Khan did not oppose the GMC's application to immediately suspend his registration. The Tribunal considered that in order to promote and maintain public confidence in the profession an immediate order of suspension should be imposed.

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

### Determination on Interim Order - 05/09/2025

90. Having determined that Dr Khan's registration should be subject to an immediate order the Tribunal now has to consider whether to impose an interim order.

### Submissions

91. Mr Halliday informed the Tribunal that there is a current interim suspension in place until May 2026. Mr Halliday invited the Tribunal to revoke the currently imposed interim order of suspension because the immediate order that the Tribunal has made will cover any appeal period.

92. Dr Khan agreed that the interim order should be revoked.

93. The Tribunal determined to revoke the interim order of suspension.
94. The interim order is revoked.
95. This concludes the case.