

PUBLIC RECORD**Dates:** 01/12/2025 - 03/12/2025**Doctor:** Dr Mukhtar HUSSAIN**GMC reference number:** 5179929**Primary medical qualification:** MB BS 1992 University of Peshawar

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

Summary of outcomeErasure
Immediate order imposed**Tribunal:**

Legally Qualified Chair	Ms Rachel Jones
Lay Tribunal Member:	Mr Greg McGill
Registrant Tribunal Member:	Dr James Lucas

Tribunal Clerk:	Mr Joel Taylor-Garratt
-----------------	------------------------

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Chloe Fordham, 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 Facts - 01/12/2025

Background

1. Dr Hussain qualified from the University of Peshawar in Pakistan in 1992. He worked in various NHS roles from 1999 and gained membership to the Royal College of Physicians and the Royal College of General Practitioners. At the time of the events which are the subject of this hearing, Dr Hussain was practising as a General Practitioner.
2. The allegations against Dr Hussain are that on 2 March 2023 at Chelmsford Crown Court, he was convicted of committing an act with intent to pervert the course of justice, and which had a tendency to pervert the course of public justice. He pleaded guilty to the offence. The conviction was in respect of an incident on 12 April 2021 when Dr Hussain – who was subject to a police investigation concerning a complaint by one of his patients (Patient A) – attended Patient A's home with £5000 and a retraction statement.
3. It is further alleged that, on 5 February 2025, Dr Hussain was sentenced to 14 months' imprisonment in respect of the above conviction.
4. Concerns were initially raised with the GMC on 14 January 2021 by Essex Police in relation to their original investigation into Patient A's complaint. In short, the original police investigation concerned allegations that Dr Hussain had visited the home of Patient A (who was an adult female patient) on several occasions between 1 March and

1 November 2020 for medical examinations, and had sexually assaulted her. Dr Hussain pleaded not guilty and he was ultimately acquitted in relation to that first investigation following a trial by jury.

5. On 14 April 2021, Essex Police again wrote to the GMC to inform them that Dr Hussain had been arrested in relation to the incident on 12 April 2020, set out above; ultimately this led to Dr Hussain's conviction, on 2 March 2023, for committing an act tending and intending to pervert the course of justice.

The Outcome of Applications made during the Facts Stage

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

The Allegation and the Doctor's Response

7. The Allegation made against Dr Hussain is as follows:

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

1. On 2 March 2023 at Chelmsford Crown Court, you were convicted of doing an act tending and intending to pervert the course of justice, contrary to the Common Law, in that on 12 April 2021, with intent to pervert the course of public justice, you attended Patient A's address with £5,000.00 and a retraction statement which had a tendency to pervert the course of public justice. **To be determined**
2. On 5 February 2025 you were sentenced to 14 months' imprisonment. **To be determined**

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

Documentary Evidence

8. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included the following:

- Certificate of conviction, 5 February 2025
- The Judge’s sentencing remarks, 5 February 2025

The Tribunal’s Approach

9. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.
10. The Tribunal considered Rule 34 of the GMC’s Fitness to Practise Rules, in respect of convictions.

The Tribunal’s Decision

11. The Tribunal was provided with a certified copy of a Certificate of Conviction dated 5 February 2025, setting out that on 2 March 2023, Mukhtar Hussain entered a guilty plea and was convicted at Chelmsford Crown Court of committing an act with intent to pervert the course of public justice. Specifically, the Certificate stated that, on 12 April 2021 at Essex, with intent to pervert the course of public justice, he attended Patient A’s address with £5000 and a retraction statement, which had a tendency to pervert the course of public justice.
12. The Certificate with which the Tribunal was originally provided had redacted the address of the defendant, however during the GMC’s submissions, the Tribunal requested an unredacted copy of that page. The GMC provided this, which confirmed that the address and date of birth of the defendant were those of Dr Mukhtar Hussain (the address matching his registered GMC address).
13. The Tribunal considered Rule 34(3) of the GMC’s Fitness to Practise Rules. It considered that the production of a Certificate of Conviction from a court in the United Kingdom was conclusive evidence of the offence committed by the practitioner. There is an exception in Rule 34(5), namely that the doctor may prove that they were not the person referred to in the Certificate of Conviction. This was not alleged by Dr Hussain.

14. The Tribunal also had regard to the section of the Certificate of Conviction which set out that Dr Hussain had been sentenced to be '*Committed to prison for 14 Months*' for committing an act with intent to pervert the course of justice.
15. In accordance with Rule 34(3) and Rule 17(2)(e) of the Rules, the Tribunal found the Allegation proved in its entirety.

The Tribunal's Overall Determination on the Facts

16. The Tribunal has determined the facts as follows:

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

1. On 2 March 2023 at Chelmsford Crown Court, you were convicted of doing an act tending and intending to pervert the course of justice, contrary to the Common Law, in that on 12 April 2021, with intent to pervert the course of public justice, you attended Patient A's address with £5,000.00 and a retraction statement which had a tendency to pervert the course of public justice. **Determined and found proved**
2. On 5 February 2025 you were sentenced to 14 months' imprisonment. **Determined 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**

Determination on Impairment - 02/12/2025

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether Dr Hussain's fitness to practise is impaired by reason of his conviction.

The evidence

2. The Tribunal reviewed its findings of fact at Stage 1. The Tribunal also bore in mind the evidence that it had received at that stage.

3. Dr Hussain was neither present nor represented. However, the Tribunal received a signed letter from Dr Hussain dated 27 November 2025.

Submissions

Submissions on behalf of the GMC

4. Ms Fordham, counsel for the GMC, submitted that Dr Hussain's fitness to practise was impaired by reason of his conviction. She reminded the Tribunal that Dr Hussain had been convicted of an act intended and tending to pervert the course of justice, in the context of a sexual assault investigation. She noted he was ultimately acquitted of the underlying allegations. Ms Fordham submitted that the relevant offence was serious. Dr Hussain had acted in a premeditated way, approaching Patient A with a drafted statement retracting her allegations against him and offering her a financial incentive to drop her complaint.
5. Ms Fordham referred the Tribunal to the MPTS Guidance for Tribunals ('the MPTS Guidance') (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)). She submitted that cases involving a criminal conviction with a custodial sentence, such as this case, are likely to fall at the higher end of seriousness. She submitted that there were additional factors that further increased the seriousness of Dr Hussain's actions: pointing to a number of factors including that Dr Hussain had demonstrated premeditated behaviour, and that Patient A was vulnerable. She further submitted, however, that the relevant conduct did not take place within the doctor's working life, as Patient A had ceased to be Dr Hussain's patient by the time of the relevant offence.
6. Ms Fordham addressed the Tribunal on relevant context, and Dr Hussain's letter of 27 November 2025. While, Dr Hussain had made reference to stress, the GMC submitted that his personal circumstances did not reduce the seriousness of the case. Ms Fordham said that Dr Hussain was a senior GP, with 19 years experience in his post, and that he therefore should have known that his actions were unlawful.
7. Overall, Ms Fordham submitted that the seriousness of the allegation remained at the higher end as there was limited evidence of any relevant context, or any other relevant factors, that could reduce seriousness.

8. Ms Fordham reminded the Tribunal of the judge's sentencing remarks, which she said provided valuable context for the Tribunal to consider. The GMC's position was that there was no evidence that Dr Hussain had any insight into his actions, their impact or any understanding about what he could have done differently and had shown no true remorse. Further, that there was no evidence of remediation and no evidence to demonstrate how Dr Hussain had maintained his clinical skills and knowledge.
9. Ms Fordham submitted that Dr Hussain's conviction breached paragraph 1 of *Good Medical Practice (2013)* ('GMP'), which states that '*Good doctors ... are honest and trustworthy, and act with integrity and within the law.*' She submitted that this case was not a dishonesty case. However, Dr Hussain's acts did show a lack of integrity and would, if his attempt to pervert the course of justice had been successful, have resulted in the police being misled into thinking that Patient A wished to withdraw her complaint. She also submitted that Dr Hussain's conduct towards Patient A on 12 April 2021 demonstrated that he was putting his own interests before hers.

The relevant legal principles

10. The Tribunal considered section 35C(2)(c) of the Medical Act 1983, which in summary provides that conviction is a possible ground for impairment.
11. 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. Further, that it should determine whether the doctor's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
12. The Tribunal further considered that, whilst there is no statutory definition of impairment, the guidance provided by Dame Janet Smith in the Fifth Shipman report as adopted by the *High Court in CHRE v NMC and Paula Grant [2011] EWHC 927 (Admin)* ('Grant') would be of assistance in its consideration of impairment. In particular, in this case, the Tribunal was reminded it may wish to consider whether its findings show that the doctor's fitness to practise is impaired in the sense that 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 or is likely 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....’
13. As to insight, the Tribunal reminded itself of *Sawati v GMC [2022] EWHC (Admin)*, paragraph 76, and *Sayer v General Osteopathic Council [2021] EWHC 370 (Admin)*, in particular paragraph 25. Those paragraphs in their entirety were relevant, but in particular the Tribunal was taken to the following principles:
- a) As a general principle insight means “an acknowledgment and appreciation of a failing, its magnitude, and its consequences for others”.
 - b) Insight is essential for the doctor’s failing to be “properly understood, addressed and eliminated for the future”. If the doctor’s conduct is faulty, but they do not have insight into that, that can give good grounds for concern that the doctor is unlikely to be able to address the conduct, and hence that they pose a continuing risk.
 - c) However, denial of misconduct is not an “absolute bar” to a finding of insight. It is possible for a doctor to deny the misconduct, and still demonstrate that they understand the gravity of the offence and are unlikely to repeat it. Nonetheless, attitude to the underlying allegation is properly to be taken into account when assessing insight. Where the doctor continues to deny that they acted improperly, that makes it more difficult for them to demonstrate insight.

The Tribunal’s determination on impairment

The Tribunal’s approach

14. Throughout its deliberations, the Tribunal bore in mind the statutory overarching objective: to protect and promote the health, safety and wellbeing 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 the medical profession.

Background: the offence on 12 April 2021: an act/acts tending and intending to pervert the course of justice ('the relevant offence')

15. The Tribunal reminded itself of the allegations found proven at Stage 1. Dr Hussain's convictions related to his actions, on 12 April 2021, intended and tending to pervert the course of justice. Specifically, he attended Patient A's home with £5000 and a retraction statement. This was the relevant offence.
16. The undisputed context for the relevant offence was that in January 2021, Patient A had made a police complaint about Dr Hussain alleging that he had sexually assaulted her on several occasions between 1 March and 1 November 2020 ('the underlying allegations'). On her account, intimate touching had taken place, which she had originally understood to be for medical purposes. Dr Hussain provided the Tribunal with a letter dated 27 November 2025, in which his account of events in 2020 was that he had a personal, intimate relationship with Patient A and there was "*no pretence of medical examination*" (although he accepted that Patient A was, during this period, registered at his GP surgery). The Tribunal bore in mind that Dr Hussain was acquitted, at a trial by jury, of sexually assaulting Patient A. It was not required to reach conclusions about any disputed events in 2020. The Tribunal's focus was on the relevant offence: namely, Dr Hussain's conviction in respect of his actions on 12 April 2021.
17. The Tribunal accepted the GMC's submission that it should have regard to the sentencing remarks of Judge Wilkin, insofar as relevant to its determination on impairment. The Tribunal considered Judge Wilkin's remarks to be comprehensive and fair. It bore in mind the different context for those remarks: sentencing Dr Hussain for a criminal offence. However, Judge Wilkin heard evidence from both Dr Hussain and Patient A at the trial for the underlying allegations, and was well-placed to assess both witnesses and to make findings about the factual circumstances of the relevant offence. The Tribunal also considered carefully Dr Hussain's letter dated 27 November 2025.
18. Overall, the Tribunal determined the following factors were supported by the documentary evidence, in particular Judge Wilkin's sentencing remarks read together with the Certificate of Conviction. It considered these factors to be particularly relevant circumstances of the relevant offence, in addition to the facts found proven at Stage 1. Quotations are from the sentencing remarks:

- a) Up until the relevant events, i.e. up until early 2021 when the initial police complaint was made, Dr Hussain was a GP, and had been for around 19 years. He was *“a liked and well respected doctor”*.
- b) Patient A had a number of health problems, *“causing her significant pain”*. She also had a fear of intimate medical examinations. The judge’s assessment of Patient A was that she was *“highly trusting... to the point of being naïve”* and that this *“played into”* the way in which Dr Hussain behaved towards her in relation to his attempt to pervert the course of justice, i.e. his behaviour on 12 April 2021.
- c) In early January 2021, Patient A made a police complaint about Dr Hussain about the underlying allegations, i.e. allegations of sexual assault.
- d) Dr Hussain was interviewed on 9 January 2021 by police about the underlying allegations, released under investigation, and made subject to bail conditions not to contact Patient A. However, those bail conditions were not in place on 12 April 2021, the date of the relevant offence.
- e) Patient A was Dr Hussain’s patient throughout 2020. However, having made her police complaint in January 2021, the judge found that Patient A was *“in fear”* of seeing Dr Hussain and *“she changed her GP surgery as a consequence.”* Therefore, the Tribunal’s understanding of the chronology was that Patient A had ceased to be Dr Hussain’s patient as at the date of the relevant offence, 12 April 2021.
- f) On 12 April 2021, Dr Hussain went to Patient A’s house and *“begged her”* to speak to him. Patient A spoke to Dr Hussain at the door; he talked about his family and their problems. He told her *“about the cost of having to pay for a lawyer”*, that *“she shouldn’t involve the police”* and that he and Patient A *“should sort out the issues between [themselves]”*. Dr Hussain begged Patient A to drop the underlying allegations she had made to the police and begged for her forgiveness. The judge also found that Dr Hussain had told Patient A that they were both religious: *“attempting, I’m sure, to play on her committed faith that you knew about.”* Dr Hussain took out envelopes which contained £5,000 in cash, a USB stick containing an email that he had drafted for her, and requested that Patient A send the email to the police to withdraw her complaint and end their investigation. The content of the email which Dr Hussain drafted for Patient A, on the USB stick, said that Patient A *“had realised what happened was a misunderstanding.”* Patient A told Dr Hussain that she could not accept the £5,000 he

had offered her, but Dr Hussain left it on the side table by the door. Patient A called the police to report what had happened.

- g) Dr Hussain sought to try to get Patient A to withdraw her police complaint *“by seeking both to emotionally manipulate her in what [he] discussed with her, including about her religion”* and also seeking to *“pay her off”* i.e. offering £5000 to withdraw her complaint.
- h) Dr Hussain’s acts on 12 April 2021 involved *“a considerable degree of planning in withdrawing the cash, drafting the email and attending the complainant’s address”*.
- i) From Patient A’s evidence at trial it was apparent that Dr Hussain’s actions on 12 April 2021 caused her some distress and anxiety: *“inside she was panicking and she was freaking out, shaking, scared and on edge.”* After Dr Hussain left, Patient A phoned her XXX and said she was really upset by the incident. Her XXX also described seeing Patient A in tears. Patient A’s distress was however *“short-lived and not serious”*.
- j) In respect of the incident of 12 April 2021, Dr Hussain was charged with the relevant offence. Dr Hussain pleaded guilty at the first opportunity.
- k) The judge emphasised that Dr Hussain was, ultimately, acquitted of the underlying allegations. However, as to the doctor’s actions on 12 April 2021, the judge found this was *“not a case in which an obviously untrue allegation was made [by Patient A] and [Dr Hussain] made a misguided attempt to stop it by unlawful means”*. Rather, Patient A had made *“credible allegations”* of sexual assault: there was no dispute between Dr Hussain and Patient A that sexual touching had taken place, and when trying to get Patient A to drop her police complaint on 12 April 2021 Dr Hussain had referred to what had happened as a *“misunderstanding”*. Overall, the underlying allegations *“were serious and credible”* and *“needed to be properly investigated and prosecuted for a jury to determine”* whether or not Dr Hussain was guilty. Dr Hussain tried to stop this happening by going to Patient A’s house and trying to bribe her to drop the allegations, despite his being subject to a criminal investigation and having been interviewed by the police in relation to the underlying allegations (albeit that he was not, on 12 April 2021, subject to bail conditions specifically prohibiting contact with Patient A).
- l) Dr Hussain gave evidence in his criminal trial that he *“did not think that paying money to a witness to stop an investigation was a problem and only appreciated that after you*

were advised by a solicitor". However, having heard Dr Hussain's witness evidence overall, the judge concluded that he was *"an intelligent man"* and found that Dr Hussain *"knew attempting to pay off a complainant to stop a serious criminal investigation was wrong..."* The judge further concluded that Dr Hussain's attitude overall was one of *"downplaying your offending"* and that *"you are sorry you got caught but nothing more than that"*.

- m) While ultimately Dr Hussain's actions had a limited impact on the course of justice, there was a *"very high intended impact"*: that Patient A *"should accept [his] bribe and tell the police that there had been a misunderstanding so the investigation would end"*. The judge noted that Dr Hussain's actions had the potential to have a *"serious impact on the administration of justice"* because, as the underlying criminal case involved sexual assault allegations, *"the only real evidence"* was that of the complainant (Patient A) about what took place in private. He found that the harm which Dr Hussain had intended to cause, by the relevant offence, was that the underlying allegations would not have been further investigated by the police and the alleged sexual assault offence would not have been tried, and determined by a jury, as it needed to be.
- n) In the context of deciding the appropriate sentence for Dr Hussain, the judge noted that XXX.

19. The judge sentenced Dr Hussain to 14 months' imprisonment for the relevant offence.

20. The Tribunal noted that the judge reached conclusions on both Dr Hussain's culpability for the offence, and the harm from the offending. However, those conclusions were for the different purpose of imposing a criminal sentence, applying guidelines relevant to criminal proceedings. The Tribunal considered that it was required to make its own, independent assessment of the seriousness of the relevant offence for the purpose of these, regulatory proceedings, in light of the factual context overall, and of the MPTS Guidance.

The MPTS Guidance on impairment: Steps 2A to 2E

21. The Tribunal considered each of the Steps in the MPTS Guidance, Section 3, Part B in turn.

Step 2A: legal basis for considering impairment

22. The Tribunal was satisfied that, this being a case of conviction, there was a legal basis for a finding of impairment.

Step 2B: spectrum of seriousness

23. The Tribunal considered that this was a conviction for a serious offence, which was indictable only and which attracted a significant custodial sentence of 14 months.
24. The Tribunal found the following paragraphs of the MPTS Guidance, in particular, to be engaged:
- a) Paragraph 31: *“a criminal conviction ... resulting in a custodial sentence”* and
 - b) Paragraph 26: a departure from professional standards which breaches *“fundamental tenets of the profession”* such as failing to act with integrity, and *“uphold the law”*.
The Tribunal considered that Good Medical Practice 2013 ('GMP'), the relevant professional guidance for doctors in April 2021, required doctors to act with integrity, to act within the law, and to justify the trust which patients and the public place in them (p.2 *“duties of a doctor”* and paragraph 1 of GMP). Having regard to all the circumstances of the relevant offence, as set out above, the Tribunal concluded that Dr Hussain's conduct had seriously departed from these fundamental tenets of the medical profession.
25. Therefore, the Tribunal considered that the starting point for its assessment of the seriousness of the allegation was high.
26. The Tribunal next considered whether there were any features increasing the seriousness of the allegation, and the seriousness of the doctor's departure from professional standards. The Tribunal considered that the following points listed in paragraph 36 of the MPTS Guidance were applicable:
- a) Vulnerable person: in Patient A's specific characteristics and circumstances, set out in paragraph 18 (b) above, in particular her naïve nature, the Tribunal considered her to be vulnerable.
 - b) Premeditated behaviour: the Tribunal considered the doctor to have acted *“intentionally and with planning”*, indeed the relevant offence involved a

“considerable degree of planning”, in agreement with the judge’s conclusion in paragraph 18 (h) above.

- c) Predatory behaviour: the Tribunal found the relevant offence to have involved emotional manipulation of Patient A including playing on her religious beliefs, which it viewed as predatory, noting paragraph 18 (g) above.
 - d) Abuse of professional position: while noting Patient A was a former patient as at the date of the relevant offence, as she had changed GPs after making the initial police complaint, the Tribunal nonetheless considered that in all the circumstances, there was an unequal relationship and abuse of power between Dr Hussain and Patient A, at the point when he attempted to persuade her to drop her police complaint. The Tribunal considered this related to Patient A’s own characteristics, i.e. her vulnerability, as well as Dr Hussain’s emotional manipulation of her, and therefore overlapped to some extent with its conclusions set out above.
27. The Tribunal considered that a number of other factors set out in paragraph 36 of the MPTS Guidance did not strictly apply to this case, as they were expressed to *“only arise inside a doctor’s working life”*: as at 12 April 2021, Dr Hussain had ceased to be Patient A’s GP, and the offence occurred at her home, not in a clinical setting or in the course of providing medical care.
28. However, the Tribunal noted that the list of features which may increase the seriousness of an allegation at paragraph 36 are not exhaustive. It felt that on the specific facts of this case, having regard to all the factors set out above in paragraph 18, the seriousness of the allegation was further increased for the following reasons. Dr Hussain put his own interests first by attempting to subvert the course of justice, instead of cooperating with the police investigation as he ought to have done. By attempting to ‘bribe’ the complainant into dropping her police complaint, Dr Hussain sought to undermine the proper functioning of the criminal justice system. There was a *“very high intended impact”* even though, because Patient A reported his behaviour to the police, Dr Hussain’s attempt to pervert the course of justice was unsuccessful. The system of a police investigation and, ultimately, a trial is meant to protect the public by providing an independent system to determine the veracity of serious allegations. The Tribunal recognised that Dr Hussain was ultimately acquitted of the underlying allegations. However, it does not consider that this ‘excused’ his conduct in seeking to pervert the course of justice, rather than cooperating with the investigation.

29. Overall, the Tribunal concluded that the allegation was at the high end of the spectrum of seriousness, which meant that the starting point for assessing the current and ongoing risk to public protection was also high, having regard to paragraphs 43 and 44 of the MPTS Guidance.
30. It further followed, as set out in paragraph 44, that evidence of relevant context, and of how the doctor responded to the concerns, “*will usually have less impact and carry less weight*”.

Step 2C – Relevant context

31. By reference to paragraph 45 of the MPTS Guidance, the Tribunal considered if there was any relevant context in this case and whether it had any effect on its assessment that the allegation was at the high end of the spectrum of seriousness.
32. The Tribunal noted the GMC’s submission that Dr Hussain was an experienced GP of 19 years. It concluded that this was not a particularly relevant factor in this case. The Tribunal considered that any doctor, regardless of seniority, can or should be expected to know that it is wrong to seek to bribe and/or manipulate a complainant into withdrawing a complaint made to the police. The Tribunal also had regard to paragraph 18 (l) above: the judge found that Dr Hussain, an intelligent man, knew that his behaviour on 12 April 2021 was wrong.
33. The Tribunal next considered the personal context set out in Dr Hussain’s letter dated 27 November 2025. In particular, the doctor stated that he was subject to a great deal of stress at the time of the relevant offence. The Tribunal also considered the matters referred to in paragraph 18 (n) above relating to Dr Hussain’s family circumstances. The Tribunal did not consider this personal context minimised the seriousness of the relevant offence, nor was there any obvious causal link between these circumstances and Dr Hussain’s offence, which was premeditated and involved a considerable degree of planning.
34. Overall, the Tribunal did not consider that in this case, there was any relevant context which decreased the seriousness of the allegation or impacted on the level of risk posed to public protection.

Step 2D – How the doctor responded to the allegations

35. As to the doctor's response, the Tribunal first considered Dr Hussain's insight, if any.
36. The Tribunal had regard to the MPTS Guidance, in particular paragraph 81.
37. The Tribunal first considered, as set out in paragraph 18 (l) above, that the sentencing judge had assessed Dr Hussain's attitude as being to 'downplay' his offending. The Tribunal considered that this was suggestive of limited insight.
38. The Tribunal next considered whether or not Dr Hussain had cooperated with these regulatory proceedings. It referred to an email dated 19 September 2025 in which Dr Hussain had refused to attend interim order reviews, in disrespectful terms, and considered his non-attendance at the hearing before the Tribunal. The Tribunal considered that Dr Hussain had not fully cooperated with the regulatory proceedings, however it also bore in mind that Dr Hussain was not legally represented and that he had provided the Tribunal with a letter dated 27 November 2025.
39. The Tribunal next considered that letter, in which Dr Hussain stated that he offered an unreserved apology for his actions and that he felt ashamed. The Tribunal considered whether this suggested that the doctor's insight had developed since he received his custodial sentence in February 2025. However, the Tribunal considered that the letter read as a whole did not demonstrate full or meaningful insight by the doctor into his wrongdoing. Rather – consistent with the doctor's attitude as the judge had described it in his sentencing remarks – the letter represented an attempt by Dr Hussain to downplay his offending. In particular, it contained no reflection by Dr Hussain of the seriousness of seeking to pervert the course of justice, nor of the impact or potential impact on his behaviour on Patient A, who had been distressed by his visit on 12 April 2021.
40. The doctor's letter also stated that people who received a custodial sentence "*should not automatically*" be considered to be criminals, and made reference to the Horizon scandal and to postmasters who were innocent people who had pleaded guilty to crimes. The Tribunal bore in mind the legal advice that it had received as to insight, and considered that a doctor can in theory deny his guilt of an offence while, at the same time, showing he understands and appreciates the seriousness of that offence and its impact or potential impact. However, it considered that in all the circumstances, and despite the passage of time since Dr Hussain had pleaded guilty to the relevant offence, Dr Hussain

has not shown that he has any such understanding. Despite the doctor's apology the Tribunal concluded that he has, at best, very limited insight into his wrongdoing.

41. The Tribunal also considered a passage in the judge's sentencing remarks in which the judge stated that *"it is very, very unlikely that you will offend again"*, reasoning that Dr Hussain was unlikely to present a risk to the public *"provided, as is probable, that you are no longer licensed to practice [sic] in medicine."*
42. The Tribunal determined that these remarks by the judge were in a different context, namely determining the proper criminal sentence. The remarks were also premised on an assumption that Dr Hussain would no longer practise medicine, which was not a proper basis for this Tribunal to consider whether the doctor poses any risk to public protection. Moreover, the Tribunal noted that, in his letter of 27 November 2025, Dr Hussain said that he would like to resume practising medicine in the form of *"non face to face patient consultation"*.
43. The Tribunal further noted that Dr Hussain has provided no evidence of remediation, nor evidence of keeping up-to-date with his skills and knowledge.
44. The Tribunal considered that it was required to reach its own, independent view as to Dr Hussain's insight and the risk of repetition, if any. In all the circumstances, and given Dr Hussain's apparent lack of full or meaningful insight into the seriousness of his wrongdoing, the Tribunal concluded that there was a real risk of repetition of the wrongdoing in this case.
45. Overall, after having considered paragraph 107 of the MPTS Guidance and the following passages, the Tribunal considered that the allegation was difficult to remediate, it had not in fact been remediated – in particular because of the doctor's lack of full or meaningful insight – and the Tribunal was not satisfied that the allegation was *"highly unlikely to be repeated"*.

Step 2E – Overall conclusion on impairment

46. Considering all the circumstances and having regard to its conclusions at Steps 2A-2D above, the Tribunal next had to consider, overall, whether Dr Hussain posed any current and ongoing risk to public protection and make its decision on impairment.

47. The Tribunal considered, in this respect, the Introduction section of the MPTS Guidance, Case Type 8, which concerns criminal convictions. In particular, the Tribunal had regard to the Table at paragraph 238, *“Impact on public protection”*.
48. The Tribunal considered each of the three limbs of the overarching objective in turn, to inform its overall conclusion on the risk to public protection.
49. As to the first limb, patient safety, the Tribunal considered that this was engaged in this case. It noted, as set out in paragraph 18 (i) above, that Patient A had suffered some, albeit limited, emotional harm as a result of Dr Hussain’s actions. It also had regard to its conclusion that there was a risk of repetition, given the doctor’s limited insight.
50. As to the second limb, public confidence, the Tribunal concluded that public confidence was heavily engaged in the circumstances of this case, in light of the conclusions it had reached at Steps 2A-2D.
51. As to the third limb, professional standards, the Tribunal considered this limb, too, to be engaged: and reminded itself of its earlier conclusion that Dr Hussain’s conduct represented a serious departure from professional standards.
52. In all the circumstances, the Tribunal concluded the current and ongoing risk posed to public protection is high, and that a finding of impairment is necessary, by reference to all three parts of public protection. In particular, the Tribunal considered that a finding of impairment is needed to uphold public confidence and proper professional standards and conduct.

Determination on Sanction - 03/12/2025

1. Having determined that Dr Hussain’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, the appropriate sanction, if any, to impose.

The Evidence

2. The Tribunal has taken into account the evidence which it received and the findings which it made at the earlier stages of the hearing, where relevant, in reaching a decision on sanction.

Submissions

Submissions for the doctor

3. Dr Hussain was neither present nor represented. However, the Tribunal considered the doctor's letter dated 27 November 2025, which included representations relevant to sanction. In summary, Dr Hussain stated that he is an able doctor and would like to be able to contribute his services to society. He pointed out that he had already been subject to a lengthy period of interim suspension of his registration. He said this was "enough punishment" and requested that the Tribunal allow him to carry out non face-to-face consultations with patients "like Tele-consultation", as well as administrative and other non-patient work.

Submissions for the GMC

4. On behalf of the GMC, Ms Fordham said that the Tribunal should form its own, independent view when deciding upon the appropriate sanction. The GMC's view was that the only proportionate and appropriate sanction is erasure.
5. Ms Fordham relied on passages in the Tribunal's impairment determination, in particular its finding that the current and ongoing risk posed to public protection is high, and that all three limbs of the public protection test are engaged.
6. Ms Fordham said that the Tribunal ought to consider available sanctions starting with the least restrictive and working up. She directed the Tribunal to the sanctions bandings table in the MPTS Guidance, Section 3, Part C, paragraph 62.
7. Ms Fordham said that no action would be inappropriate because this is not a case in which exceptional circumstances justify that course.
8. As to conditions, the GMC's position was that, by reference to paragraphs 17, 20-23 of the relevant section of the MPTS Guidance and viewing the case overall, conditions were plainly inappropriate. Counsel for the GMC further submitted that conditions are suitable

where the doctor's behaviour is "*currently*" incompatible with unrestricted registration. In this case, both the nature and seriousness of the risk posed went beyond behaviour which is "*currently*" incompatible: it would not be possible to manage the current and ongoing risk posed to public protection by conditional registration. Counsel for GMC placed particular emphasis on limbs 2 and 3 of the public protection test (upholding public confidence and proper professional standards and conduct). Conditions were unsuitable to address this risk. Similarly, Ms Fordham submitted that conditions would not be "*appropriate, workable and measurable*" nor would they address the "*specific findings*" which the Tribunal had made at the impairment stage, as required by paragraphs 20-21.

9. Further, Ms Fordham submitted it was impossible to conceive of any conditions which would send an appropriate message to the public and the profession, given that the Tribunal has found that the doctor was convicted of a serious criminal offence and received a 14-month custodial sentence.
10. Finally, as to paragraphs 22-23, Ms Fordham submitted that the conditions would simply be unworkable in this case given the Tribunal's findings, at the impairment stage, in relation to insight and remediation.
11. Turning to suspension, Ms Fordham referenced paragraphs 41, 43 and 45 of the relevant section of the MPTS Guidance. In summary, she argued that suspension was inappropriate because the conviction in this case was very serious and fundamentally incompatible with continued registration. The aim of suspension should be that the doctor should be able to safely return to unrestricted practice in future and to manage any current and ongoing risk. That does not apply, and is not appropriate, in this case because the risk posed to public protection, and particularly to public confidence, is not something that can be addressed by a period of suspension.
12. Further, Ms Fordham said that paragraph 45(b) suggests that suspension is intended to allow a period for the doctor to stop working "*while they gain insight...*" but the GMC's submission was that there is no reasonable expectation that this doctor would gain insight if he is suspended, or would remediate the behaviour. Indeed, the GMC's submission was that the behaviour in this case is not remediable. In sum, Ms Fordham argued that suspension would be insufficient to maintain public protection: in particular, to maintain public confidence and uphold proper professional standards.

13. In respect of erasure, Ms Fordham referred the Tribunal to paragraphs 55 and 57 of the relevant section of the MPTS Guidance. She submitted that each sub-paragraph of paragraph 57 was engaged in this case, and that the doctor's behaviour was "incompatible with continued registration at the current time", as required by paragraph 55, and by reference to the Tribunal's findings at the impairment stage.
14. In her submissions as to the appropriate sanction, Ms Fordham addressed the Tribunal in respect of the doctor's letter, in which he requested to return to practising medicine albeit without conducting face-to-face consultations with patients. She argued that this request should be given little weight by the Tribunal and that there was no further evidence to take into account when deciding which sanction is the most appropriate course.
15. Overall, it was submitted on behalf of the GMC that the current and ongoing risk posed to public protection is high, that all three parts of the public protection test are engaged, and that erasure is the least restrictive sanction necessary in order to protect the public in this case.

The Tribunal's Approach

16. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement.
17. The Tribunal was directed to the MPTS Guidance, and in particular two sections, together referred to as "the Sanctions Guidance": (a) Section 3, Part C, "Stage Three – Sanction" and (b) Introduction, Case Type 8, paragraphs 249 to 256, "Decision on sanction". The Tribunal was further advised to have regard to, and give case-specific reasons for any departure from, that guidance. This included, but was not limited to, the paragraphs on which counsel for the GMC had relied.
18. The Tribunal was asked to bear in mind that the purpose of a sanction is not to be punitive, albeit that a sanction may have a punitive effect on the doctor.
19. The Tribunal reminded itself that, in determining whether to impose a sanction and if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option.

20. The Tribunal was, finally, advised that the reputation of the medical profession as a whole is more important than the interests of an individual doctor: *Bolton v Law Society* [1993] EWCA Civ 32.

The Tribunal's Determination on Sanction

21. The Tribunal had regard to the statutory overarching objective in section 1 of the Medical Act 1983 throughout its deliberations.
22. The Tribunal considered the submissions it had received from both parties, as relevant to the issue of sanction.
23. The Tribunal determined that it should consider sanctions in ascending order of severity. It bore in mind Dr Hussain's representations in his letter dated 27 November 2025, set out above. In effect, the doctor submitted that conditions on his registration would be the appropriate sanction in his case.
24. The Tribunal also had regard to the sanctions banding table at paragraphs 62 and 253 of the Sanctions Guidance. Those tables state that in conviction cases where there is a higher level of risk to public protection, as in this case, the appropriate sanction is likely to fall between 12 months suspension to erasure.

No action

25. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal determined that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that the taking of no action would not be sufficient, proportionate, or in the public interest.

Conditions

26. The Tribunal next considered whether to impose conditions on the doctor's registration. The Tribunal had regard to the relevant sections of the Sanctions Guidance.
27. The Tribunal gave careful consideration to Dr Hussain's representations, as set out above, effectively asking that he be allowed to practise medicine subject to conditions.

28. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. In light of its findings at the impairment stage, and given the nature of this case (i.e. a serious criminal conviction), the Tribunal determined that it would be impossible to formulate a set of appropriate or workable conditions which could adequately address the risk to public protection.
29. The Tribunal also considered Sanctions Guidance paragraph 28, which says conditions may be appropriate where the doctor has “*shown a degree of insight*” and a willingness to remediate, and paragraph 30, which states that conditions are “*unlikely to be a proportionate response in cases where the nature of the allegations about the doctor’s behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.*” The Tribunal, considering its findings at the impairment stage as to insight and remediation, felt these paragraphs operated firmly against conditions as the appropriate sanction.
30. In any event conditions would, in the Tribunal’s view, plainly be insufficient to mark the seriousness of the conviction in issue. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

31. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Hussain’s registration. The Tribunal bore in mind the sanctions banding tables, referred to above.
32. The Tribunal considered paragraph 45(b) of the Sanctions Guidance, which indicated that suspension was likely to be appropriate if it was necessary to stop the doctor working “*while they gain insight into any deficiencies and remediate...*”
33. At the impairment stage, the Tribunal had found that the wrongdoing in this case involved a serious criminal offence attracting a significant custodial sentence. The Tribunal had found that a doctor can be expected to know that it is wrong to seek to bribe and/or manipulate a complainant into withdrawing a police complaint. In this case, Dr Hussain knew that his behaviour was wrong.

34. In this context, the Tribunal considered that the doctor's current, very limited insight was concerning. Dr Hussain has not developed full or meaningful insight into his wrongdoing, despite the passage of time: his conviction was in 2023, and the custodial sentence of 14 months was imposed in February 2025. Further, as set out in more detail in its impairment determination, the Tribunal has found that the doctor's letter dated 27 November 2025 for these proceedings sought to 'downplay' his offending. Nor has the doctor provided the Tribunal with any evidence of remediation. In all the circumstances, the Tribunal considered that it had no reasonable expectation that a period of suspension would result in the doctor gaining insight into his wrongdoing or remedying it.
35. The Tribunal considered that the position as to insight and remediation strongly pointed against suspension being an appropriate or proportionate sanction in his case. The Tribunal further considered that, in all the circumstances of this case, suspension would be insufficient to address the risk to public protection which it had found. In particular, suspension would not sufficiently mark the gravity of the doctor's offence and would not uphold either public confidence in the profession, or proper professional standards and conduct.
36. Before reaching a final view, however, as to whether suspension or erasure was the appropriate course, the Tribunal went on to consider the passages in the Sanctions Guidance relevant to erasure.

Erasure

37. The Tribunal considered its findings at the impairment stage overall, both parties' submissions, and the relevant parts of the Sanctions Guidance, in particular as follows:

'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively,¹² is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

...

57 Erasure may be the proportionate response where:

- a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
- b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
- c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
- d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

38. The Tribunal considered it to be highly relevant that, at the impairment stage, it had found that the current and ongoing risk posed to public protection is high. Further, that a finding that Dr Hussain's fitness to practise is impaired by his conviction was necessary by reference to all three parts of the public protection test. In particular, in order to uphold public confidence and promote proper professional standards and conduct.

39. In addition, the Tribunal considered the following parts of paragraph 57 of the Sanctions Guidance were clearly engaged:

- Subparagraph (a): conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public for the reasons set out above and in the Tribunal's impairment determination.
- Subparagraph (c): the doctor has shown a "*persistent*" lack of insight into the seriousness of the allegation "*and the potential or actual consequences*". Having regard to its findings at the impairment stage, and as set out above, the Tribunal considered Dr Hussain's insight to be very limited and that this has persisted despite the passage of time.
- Subparagraph (d): "*the seriousness of the facts found proven ... increased the current and ongoing risk to public protection*" and the doctor continuing to hold registration would "*undermine public confidence in the profession*". The Tribunal noted that, at the impairment stage, the starting point for its assessment of seriousness was high;

it had found that various factors in this case increased seriousness further; and overall, its assessment of the risk to public protection was high, with all three limbs of public protection engaged.

40. The Tribunal next considered paragraphs 66-73 of the Sanctions Guidance, *“Additional evidence that may be relevant to the decision on what sanction is proportionate”*. This includes, as noted at paragraph 66(a), any evidence about the impact which taking a specific type of action may have on patients, members of the public, or the doctor themselves. The Tribunal also had regard to paragraph 254 of the Sanctions Guidance: in conviction cases *“falling at the higher end of the spectrum of seriousness”* evidence about impact of a possible sanction *“will have limited, if any, relevance”* to the decision as to the appropriate sanction.
41. In this case, the Tribunal considered that there was limited, if any, relevant additional evidence. For example, there were no references or testimonials. The Tribunal had, at the impairment stage, considered the doctor’s personal context both by reference to his letter dated 27 November 2025, and the judge’s sentencing remarks. The Tribunal has, at the sanction stage, considered the doctor’s representations and in particular, his wishes as to the future. The Tribunal did not consider that this evidence affected its decision as to the appropriate sanction. The Tribunal considered that suspension would be insufficient to uphold public confidence in the profession, or professional standards, given the serious nature of the wrongdoing in this case. It concluded that the interests of the individual doctor are not as important as upholding the reputation of the profession as a whole.
42. Overall, the Tribunal determined that, in accordance with paragraph 55 of the Sanctions Guidance, the doctor’s conviction was incompatible with continued registration and that erasure was the only proportionate and appropriate sanction in this case.

Determination on Immediate Order - 03/12/2025

1. Having determined that Dr Hussain’s name should be erased from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Hussain’s registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Ms Fordham submitted that an immediate order was necessary in this case to protect members of the public or was otherwise in the public interest.
3. Ms Fordham referred the Tribunal to the relevant Parts of Section 3 of the MPTS Guidance. She said that the Tribunal should balance the interests of the doctor with the public interest. She submitted that Dr Hussain had been out of practice for some time and there was little information to suggest that difficulties may arise should the Tribunal impose an immediate order. Ms Fordham submitted that the public interest outweighed the doctor's interests in this case as the Tribunal had found there was a high risk to public protection in this case, particularly with regard to public confidence and professional standards.

The Tribunal's Determination

4. Pursuant to section 38(1) of the 1983 Act, on giving a direction for erasure the Tribunal may, "if satisfied that to do so is necessary for the protection of members of the public or is otherwise in the public interest, or is in the best interests of [the doctor]", make an immediate order of suspension.
5. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.

84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession.'*

6. The Tribunal considered, in light of its findings at previous stages of the hearing, that the proven allegation has a high level of seriousness and that the level of current and ongoing

risk posed to public protection is high. The Tribunal considered that an immediate order was necessary in this case in order to properly protect public confidence in the profession and to uphold proper professional standards. It considered 84(b) and (c) above to be of particular relevance in this respect. The Tribunal considered that the seriousness of Dr Hussain's conviction and of the risk to public protection meant that an immediate order was necessary.

7. This means that Dr Hussain's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him: section 38(5) of the 1983 Act (and see paragraph 86 of the MPTS Guidance, Section 3). The substantive direction, as already announced, will take effect 28 days from that date, 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.
8. The Tribunal, having regard to this and to its power to revoke interim orders at section 41A(3)(a) of the 1983 Act, therefore directed that Dr Hussain's interim order of suspension should be revoked at the point when the immediate order takes effect.

ANNEX A – 01/12/2025

Service and Proceeding in Absence

1. Dr Hussain is neither present nor legally represented at this hearing.

Service

2. The Tribunal was provided with a Proof of Service bundle containing various documents, including but not limited to:
 - An email attaching a Rule 34(9) letter, dated 24 October 2025 with a return receipt.
 - Notice of Hearing letter, dated 24 October 2025, sent via email and first class mail with a signed delivery confirmation.
3. The Tribunal was provided with emails between the GMC, MPTS and Dr Hussain as well as a statement from Dr Hussain dated 27 November 2025 in which he apologised for not attending the hearing.
4. Ms Fordham submitted that service had been effected on Dr Hussain. She referred the Tribunal to the Proof of Service bundle.
5. The Tribunal considered whether notice had been served on Dr Hussain in accordance with Rule 15 of the Rules, taking account of evidence and submissions.
6. The Tribunal was satisfied that Dr Hussain was aware of the hearing today, taking account of his emails and the Notice of Hearing, served upon Dr Hussain on 24 October 2025. The Tribunal concluded that notice of hearing had been provided in accordance with the Rules.

Proceeding in Absence

7. Ms Fordham made an application for the Tribunal to proceed in Dr Hussain's absence under Rule 31. She said that emails provided by the GMC show that service was made in accordance with the Rules and/or that reasonable efforts had been made to serve the

doctor. She submitted that Dr Hussain was aware of this hearing and had waived his right to attend the Tribunal.

8. Ms Fordham also referred the Tribunal to Dr Hussain's letter dated 27 November 2025, and submitted that this made it clear that Dr Hussain was aware of the proceedings and was voluntarily absent.
9. Ms Fordham said that there was an onus on Dr Hussain to engage. The Tribunal had to consider fairness to Dr Hussain, but also to the GMC representing the public interest. Ms Fordham submitted that an adjournment at this stage would not result in Dr Hussain's attendance as he had made clear he did not wish to attend the proceedings.

The Tribunal's decision

10. The Tribunal concluded that reasonable efforts had been made to serve Dr Hussain and that notice of the hearing had been provided to him. It went on to consider whether it was fair and just to continue in the absence of Dr Hussain. It reminded itself of Dr Hussain's letter of 27 November 2025, which it considered clearly indicated that Dr Hussain was aware of the proceedings. The doctor had informed the Tribunal through this letter that he did not wish to attend.
11. The Tribunal acknowledged that Dr Hussain would potentially be disadvantaged by his non-attendance and lack of legal representation. However, in all the circumstances, the Tribunal was satisfied that Dr Hussain had voluntarily absented himself from the hearing. The Tribunal also considered the main statutory objective of the regulator which is to protect the public and bore in mind that fair, expeditious and efficient disposal of hearings is important. Having balanced Dr Hussain's interests and the interest of the public the Tribunal decide that it is fair and in the interests of justice to proceed.
12. Accordingly, the Tribunal granted the GMC's application and determined to proceed in Dr Hussain's absence.