

Meeting of the s.40A Panel to consider the case of Mr Suhail Anjum (7098389)

Held on 13 October 2025

Panel members present ('the Panel')

Charlie Massey, Chief Executive (in the Chair)

Pushpinder Mangat, Medical Director and Director, Education and Standards

Elizabeth Jenkins, Assistant Director - Legal Team

In attendance

Anthony Omo, General Counsel and Director of Fitness to Practise (observing)

Jim Percival, Deputy General Counsel and Principal Legal Adviser

Dawn Crook, Senior Legal Adviser

Katherine Ince, Head of Office of the Chair and Chief Executive (Panel Secretary)

Purpose of this note

- 1 This meeting note records a summary of the Panel's consideration of the relevant decision of the Medical Practitioners Tribunal ('MPT') which considered the Doctor's case ('the decision'), and the Panel's decision on behalf of the General Medical Council as to whether or not to exercise the power to appeal the decision pursuant to section 40A Medical Act 1983 (as amended) ('the Act').

The relevant decision

- 2 The Deputy General Counsel confirmed that the decision was a relevant decision for the purposes of s.40A of the Act. The decision not to find the doctor's fitness to practise impaired and to issue a warning was a decision not to give a direction under s35D of the Act, and accordingly fell within the meaning of s40A(1)(d) of the Act as confirmed by the Court of Appeal in its judgment in the case of *Raychaudhuri v General Medical Council* [2019] 1 WLR 324, at [47]-[53].

Consideration

- 3 The Panel considered the record of the MPT's determination and the legal advice in detail.
- 4 The Panel was concerned that Dr Anjum had not fully accepted the seriousness of his actions

in leaving an anaesthetised patient in surgery, who was undergoing a major procedure, albeit under the care of an anaesthetic nurse. This was against both national guidelines and the Trust's expectations that anaesthetists should remain with their patients at all times.

- 5 Dr Anjum admitted that he had lost track of time. Had he not been interrupted he may have been away for longer. His absence from the theatre put the patient at risk of harm. The Panel was concerned that Dr Anjum had put his own interests ahead of the welfare of the patient he had left in surgery.
- 6 The Panel discussed that the tribunal had erred in treating the misconduct as Dr Anjum taking a 'comfort break', which was not an accurate representation of what happened. Dr Anjum may have initially left the theatre intending to go for a comfort break, but he admitted that he had hoped to bump into Nurse C. Having bumped into her he then engaged in sexual activity in another theatre, leaving his colleagues unaware of his true whereabouts which may have made it more difficult to find him if needed. The Panel felt that Dr Anjum's characterisation of his misconduct as a breach of guidelines around breaks further demonstrated a lack of full insight.
- 7 The Panel was concerned that the finding of no impairment and the imposition of a warning does not satisfy the overarching objective and has the potential to undermine public confidence in the profession, particularly in the field of anaesthetics, and also has the potential to undermine the maintenance of proper professional standards. Based on their assessment of all the relevant information, the Panel concluded that the outcome of the tribunal was not sufficient to protect the public.
- 8 The Panel therefore decided to appeal the MPT's decision pursuant to section 40A of the Act.



31 October 2025

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Charlie Massey (Chair)

Dated

Background

- 9 This case concerns the determination of an MPT, which concluded on 16 September 2025, considering the matter under Part 4 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules').
- 10 The determination of the MPT, which includes the background, allegations and the MPT's determinations on Facts, Impairment and Sanction, can be accessed [here](#).

The General Medical Council's power to appeal pursuant to s.40A

- 11 With effect from 31 December 2015, the General Medical Council acquired the power to

appeal to the High Court (or equivalent courts in Scotland and Northern Ireland where relevant) against relevant decisions of a MPT if it considers that the decision is not sufficient (whether as to a finding or a penalty or both) for the protection of the public.

- 12** The basis upon which the GMC will consider whether or not to exercise this power to appeal is described in “Appeals by the GMC pursuant to s.40A of the Medical Act 1983 (‘s.40A appeals’) – Guidance for Decision-makers” (‘the Guidance’).
- 13** Decisions concerning the exercise of the s40A power to appeal were originally delegated by the Council to the Registrar. However, following recommendations from Sir Norman Williams’ Review Council agreed that decision-making in prospective appeals involving decisions of MPTs be delegated to a three person Executive Panel comprising: the Chief Executive and Registrar as Chair; the Medical Director and Director of Education and Standards; and the Director of Fitness to Practise (or their nominated Deputies if not available).
- 14** As the Guidance makes clear, when considering whether to bring a s.40A appeal in a particular case, it will be necessary to consider the following questions:
- a. Based on their assessment of all of the information held, and in the particular circumstances of the case, and having regard to the factors set out in the Guidance, does the Panel consider that the MPT’s decision is not sufficient to protect the public?
 - b. If the Panel is of the view, on its assessment of all the information held, in the particular circumstances of the case, that there are grounds to consider that the MPT’s decision is not sufficient, it will consider whether exercising the power of appeal would further, rather than undermine, the achievement of the over-arching objective.
 - c. If the answer is yes, then the GMC may exercise its power of appeal.
 - d. In considering that question the Panel will be required to consider and weigh a number of competing factors (including its assessment of the prospects of success of the appeal, and the nature and importance of the issues which would be aired).