

**PUBLIC RECORD****Dates:** 21/07/2025 - 13/08/2025**Doctor:** Dr Vinesh NARAYAN**GMC reference number:** 5208737**Primary medical qualification:** MB BS 1999 University of Kerala

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

**Summary of outcome**

Suspension, 12 months.  
Review hearing directed  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Mrs Amanda Webster
Registrant Tribunal Member:	Dr Frances Burnett
Tribunal Clerk:	Mr Michael Murphy

**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Mr Christopher Rose, Counsel
Special Counsel:	Ms Rina-Marie Hill, 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 - 01/08/2025

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

## Background

2. Dr Narayan obtained MBBS in India in 1999. He then undertook work in a number of hospitals as a junior doctor in India before moving to the UK in 2002. Prior to the events which are the subject of the hearing Dr Narayan had joined the psychiatric training rotation in Manchester in August 2003 completing both Core and Higher specialist training and obtaining his Certificate of Completion of Training in December 2009. At the time of the alleged misconduct in the Allegation Dr Narayan was practising as a substantive Consultant Psychiatrist from 2010 to 2018 in the Five Boroughs Partnership. He then worked as a locum Consultant Psychiatrist at Devon Partnership NHS Trust (the Trust) from 2018 to 2021 and took on further locum roles into 2022. At the time of the allegations relating to XXX he was not undertaking any medical work as he voluntarily withdrew his GMC licence to practise in October 2023.
3. The allegation that has led to this hearing can be summarised as Dr Narayan's conduct towards Ms A, XXX, amounting to controlling and/or coercive behaviour as defined by Section 76 of the Serious Crime Act 2015. The GMC alleged that Dr Narayan's behaviour towards Ms A had a serious effect on her which he knew or ought to have known. XXX.
4. The referral to the GMC was further to a local investigation conducted by Ms K, Medical HR Manager at the Trust. Ms K asked Ms A to provide an account of XXX, which she emailed on 25 February 2022. The GMC contacted Ms A in relation to their investigation into Dr Narayan's fitness to practise on 24 March 2022. XXX.

### The Outcome of Applications Made during the Facts Stage

5. The Tribunal refused Dr Narayan's application, made pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, the entirety of proceedings should be heard in private session. The Tribunal's full decision on the application is included at Annex A.
  
6. The Tribunal refused the GMC's application for Ms A to waive her anonymity during these proceedings. Dr Narayan made no submissions on the matter. The Tribunal noted that Ms A has been classed as a vulnerable witness and explained to her it would be in the interests of her privacy to remain anonymous. Ms A agreed and decided to remain anonymous.

### The Allegation and the Doctor's Response

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

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

1. At all material times the nature of your relationship with Ms A was as set out in Schedule 2. **Admitted and found proved**
  
2. Your conduct as set out in Schedule 2 amounted to controlling and/or coercive behaviour as defined by S.76 of the Serious Crime Act 2015 in that you repeatedly or continuously engaged in behaviour towards Ms A, with whom at all material times you were personally connected, that was controlling or coercive, had a serious effect on Ms A, and which you knew or ought to have known would have a serious effect on Ms A. **To be determined**
  
3. XXX
  
4. XXX

### The Admitted Facts

8. At the outset of these proceedings, Dr Narayan made admissions to some paragraphs and sub-paragraphs 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, as amended ('the

Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

**Witness Evidence**

9. The Tribunal received evidence on behalf of the GMC from Ms A, XXX subject of the Allegation. Ms A was cross examined on Dr Narayan's behalf by Special Counsel Ms Rina-Marie Hill.
10. Dr Narayan provided a statement for this hearing, dated 26 April 2025 and gave oral evidence.

**XXX**

11. XXX

12. XXX

13. XXX

14. XXX

15. XXX

**Documentary Evidence**

16. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
  - XXX;
  - XXX;
  - XXX;
  - XXX;
  - XXX;
  - Dr Narayan's hearing statement, dated 26 April 2025;
  - CPD certificates.

### The Tribunal's Approach

17. The Tribunal acknowledged that the GMC was using definitions in the S.76 of the Serious Crime Act 2015 (as amended) in relation to paragraph 2 of the Allegation. However, it accepted that the GMC was not asking the Tribunal to find Dr Narayan guilty of a criminal offence but rather that the behaviour alleged came within the meaning of S.76.
18. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Narayan does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.
19. The Tribunal accepted the advice of the LQC who referred it to the current wording of S.76 and stated that the section provides for an offence of controlling or coercive behaviour in an intimate and/or family relationship. The issues for the Tribunal are:
  - (a) Did Dr Narayan repeatedly and continuously engage in behaviour towards Ms A that was controlling or coercive;
  - (b) At the time of the behaviour were Dr Narayan and Ms A personally connected (defined as XXX was in or had been in an intimate relationship);
  - (c) Did the behaviour have a serious effect on Ms A and caused her serious alarm or distress which had a substantial effect on her day-to-day activities;
  - (d) Did Dr Narayan know or ought to have known (which means that a reasonable person in possession of the same information would know) that the behaviour had a serious effect upon Ms A?
20. The LQC also referred to the 'Home Office Controlling or Coercive Behaviour Statutory Guidance Framework' dated 27 July 2023 which provides guidance on controlling and coercive behaviour. It states that it is conduct which is ongoing and the perpetrators will use various means to hurt, humiliate, intimidate, exploit and dominate their victims. Further, it states that it is an intentional pattern of behaviour that occurs on two or more occasions, or which takes place over time, in order for one individual to exert power, control or coercion over another.
21. The Tribunal accepted that it should view the behaviour in question in the knowledge that, after the conduct alleged in the Allegation, XXX

### The Tribunal's Analysis of the Evidence and Findings

22. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.
23. The Tribunal considered all of the evidence provided by Ms A, which included witness statements and oral evidence. It considered her evidence to have been of assistance but noted some inconsistency which Ms A said was because some of the events in the Allegation occurred over XXX years ago. The Tribunal was satisfied that Ms A was genuinely trying to assist and did not believe she was seeking to mislead. It considered her to be a credible witness. The Tribunal took the view that her statement to the Trust, dated 25 February 2022, was non-committal and broad. The Tribunal formed the view that Ms A seemed frightened for herself in her email statement to the Trust.
24. The Tribunal also considered all of the evidence provided by Dr Narayan, which included a written statement, oral evidence, XXX and CPD certificates. The Tribunal took account of Dr Narayan's statement for the hearing in which he said '[XXX]'.
25. The Tribunal took the view that Dr Narayan's evidence was inconsistent at times, and noted his statement, during oral evidence, that it was difficult for him to remember details of events which were alleged to have taken place when XXX. The Tribunal considered Dr Narayan's evidence that he was working successfully as a Consultant Psychiatrist throughout this period without any problems at work to be very relevant. It took the view that his evidence was self-serving at times and was not as credible or consistent as Ms A's accounts of the events in the Allegation.
26. The Tribunal also noted that Dr Narayan made an admission to paragraph 2 of Schedule 2 at the start of the hearing, that on one or more occasion between XXX and XXX, he prescribed Ms A private prescriptions for diazepam. Dr Narayan also made further admissions to other paragraphs of Schedule 2, during his oral evidence. He admitted paragraph 3(a) that on one or more occasion between XXX and XXX, he hit Ms A with a wooden kitchen spoon on the back and/or bum, paragraph 3(c) that he told Ms A he was just joking and did not mean to, or words to that effect, after Ms A told him not to bite her lip as she did not like this, paragraph 4(a) that on one or more occasion in or around XXX, he threw food at Ms A whilst having dinner together and paragraph 5(a) that on one or more occasion in or around XXX whilst at Ms A's flat, he bought Ms A underwear, asked her to wear this and then tied her to a chair. After considering all the evidence, the Tribunal determined that each of these paragraphs were proved by admission.

27. In its deliberations, the Tribunal noted that it does not have any contemporaneous XXX or any other evidence that was even close to when the events in the Allegation occurred. In considering paragraph 2 of the Allegation, the Tribunal first worked through the matters raised in Schedule 2 that were not admitted by Dr Narayan and determined if they were proved or not proved.

Schedule 2, paragraph 1(a)

28. The Tribunal first considered if Dr Narayan, on one or more occasion in or around the first couple of months of his relationship with Ms A XXX he held her up against a wall by her throat. It noted his stance which was that he had no recollection of such an incident and did not do this as he is not a violent person.
29. The Tribunal had regard to Ms A's supplemental witness statement, dated 10 April 2024, in which she stated '*He approached me and took me by the throat and held me up against the wall. It frightened me. I do not recall whether he said anything while he did this...I think that, because this had happened completely outside of a sexual context, it was easier for me to be clear and set the boundary by telling him that can't just do that to me. I remember him being slightly shocked that we were having to sit down to have a conversation about this*'.
30. The Tribunal did not find any inconsistencies in Ms A's evidence about this and noted that she was clear that Dr Narayan held her up against a wall by her throat and gave a detailed and credible description of the incident including their conversation afterwards. Ms A said, in oral evidence, that it was not a particular violent incident but it had been frightening. The Tribunal was persuaded by Ms A's evidence and it was satisfied that Dr Narayan should have remembered it happening but tried to protect himself by saying he didn't do it. Based on the evidence received, the Tribunal was satisfied that it was more likely than not that Dr Narayan held Ms A up against a wall by her throat.
31. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 1(a) proved.

Schedule 2, paragraph 1(b)

32. The Tribunal considered if Dr Narayan told Ms A '*it is what women in the West like*', or words to that effect after she told him she did not like this. It noted that this related to Schedule 2, paragraph 1(a) and that this was a common theme throughout Ms A's evidence which related to coercive and controlling behaviour.
33. In her witness statement, Ms A stated '*He would also be forceful when having sex, and when I would tell him I didn't like either the biting or the extent of his forcefulness, such as holding my throat, he would say 'I thought that that is what women in the West like', despite the fact that he had, at this point, been in the UK for 13 years*'. In addition, in her supplemental witness statement Ms A said '*I remember speaking to him immediately after this happened, on the sofa, telling him that what he did was not ok. I told him I didn't like it; and he said that 'I thought that that is what women in the West like' or words to that effect*'.
34. The Tribunal noted that in his oral evidence, Dr Narayan stated '*after 13 years in the UK I know full well what women in the west like and don't like*' which ties in with the words he was alleged to have said to Ms A.
35. Based on the evidence received, the Tribunal was satisfied that Dr Narayan did say these words to Ms A on this occasion.
36. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 1(b) proved.

Schedule 2, paragraph 3(b)

37. The Tribunal considered if Dr Narayan on one or more occasion between XXX and XXX would bite Ms A's mouth and/or tongue when kissing her. He stated that he bit her on the lips whilst Ms A alleged that he bit her on her mouth and tongue.
38. In her witness statement, Ms A said '*The abusive aspect of our relationship was evident in our private life. Vinesh used to bite my mouth a lot when kissing me and when having sex. This started as small nips, but progressed to him biting me on the lip, to the extent that I drew blood. I have no photos of this. He would do this at unexpected times [XXX]. I would tell him I did not like it. The biting on my face felt such a personal violation and the*

*random nature of it left me permanently on edge. This was undoubtedly his means of exerting control over me. When it would happen again, he would always create an excuse such as ‘you are being dramatic it wasn’t that hard’ or say ‘sorry’ but in a way that suggested he did not mean it’.*

39. In her supplemental witness statement, Ms A said ‘*For the avoidance of doubt, when I say, in paragraph 100 that ‘the biting on my face felt like a personal violation’, I meant my mouth or tongue. Vinesh didn’t bite me anywhere else on my face. This would happen throughout the relationship and was consistent up until [XXX]. In the very early stages of our relationship, the biting was just pleasant and in a sexual fashion. However, within [XXX] months, it was no longer pleasant for the reasons I describe...and I asked Vinesh not to do it anymore. I told him as one would do in a relationship – telling the other what one does and doesn’t like’.*
40. Dr Narayan admitted to biting Ms A’s lips more than once when kissing and stated that when XXX. In his oral evidence he stated that it was more nibbling than biting. In his oral evidence, Dr Narayan said that he used to do this repeatedly despite knowing that she did not like it. He explained this by saying that he has a playful nature and wanted to surprise her. He said that if she had explained how traumatic it was for her he would have stopped. He did hold her lips briefly between his teeth which he admitted was a gentle bite. Ms A yelped which he thought was out of surprise. Ms A stated that this drew blood and Dr Narayan response was that no trips to the GP or any first aid was required. The Tribunal considered this to be an attempt by Dr Narayan to minimise his actions and preferred Ms A’s account of the events over his.
41. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 3(b) proved.

Schedule 2, paragraph 3(d)

42. The Tribunal considered if Dr Narayan was forceful when having sex with Ms A. It noted his position that all sexual activity was consensual, did not involve excessive physical force and that Ms A never told him to stop.
43. In her witness statement, Ms A said, ‘*He would also be forceful when having sex..’*. In her supplemental witness statement, she said ‘*I would like to note, however, that the forceful behaviour during sex happened generally. There would be a lot of hitting and holding*

*down and this was regular, ongoing behaviour. This was almost exclusively within the context of our sexual relationship, even though I would tell him that 'I didn't like it' or 'that is a bit too much' or words to that effect. He was almost never physically forceful outside of this context'.*

44. Ms A, in her oral evidence, said that Dr Narayan dissociated during sex and that sometimes she was uncomfortable but never withdrew her consent. Ms A stated, in her witness statement '*I was afraid to say I didn't like it...that his behaviour could be frightening. There were some elements that were mutual but many that I simply felt unable to say no to*'.
45. Based on the evidence received, the Tribunal was satisfied that Dr Narayan accepted that there was forceful sex but that it was consensual. In addition, Dr Narayan admitted to having increased libido when XXX and that he would breach boundaries.
46. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 3(d) proved.

Schedule 2, paragraph 4(b)

47. The Tribunal considered if on one or more occasion in or around XXX whilst at home, Dr Narayan told Ms A '*it is what women in the West like*', or words to that effect after she told him she did not like having food thrown at her. It noted that this relates to the same behaviour as set out in Schedule 2, paragraph 1(b) which the Tribunal found proved.
48. In her supplemental witness statement Ms A said '*I remember the dinner starting off pleasant and sexual, but he then started throwing food at me from the plate we were eating from. I remember feeling shocked; I told him I didn't like it and he again said 'that is what women in the West like' or words to that effect*'.
49. The Tribunal noted Dr Narayan's denial of this but that in his oral evidence he admitted throwing food at Ms A once but claimed XXX at the time and did not make the comment. However, at one stage he said his admission to throwing food was speculation and he had no recollection of it. The Tribunal was persuaded by the evidence of Ms A that he did tell Ms A '*it is what women in the West like*', after she told Dr Narayan that she did not like having food thrown at her.

50. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 4(b) proved.

Schedule 2, paragraph 5(b)

51. The Tribunal considered if on one or more occasion in or around XXX whilst at Ms A's flat, Dr Narayan used a knife to cut Ms A's underwear off before leaving the flat. It noted that Dr Narayan admitted to cutting off Ms A's underwear with a knife with consent but denied leaving the flat afterwards.
52. In her supplemental witness statement, Ms A said '*I remember this happened in my flat [XXX]. Vinesh had bought me underwear and had asked me to wear it. He then tied me to a chair, approached me with the knife, cut the underwear and left the apartment. I think I was blindfolded, as I recall hearing his steps (but don't recall seeing him leave)*'. In her oral evidence, Ms A said Dr Narayan had been fully dressed and that he did not take his clothes off. She strongly remembered him leave the apartment. Ms A recognised the sound of Dr Narayan's work shoes as he left.
53. In his statement for the hearing, Dr Narayan said '*I vividly remember untying Miss A from the chair and having sex with her that evening. It's very unlikely that I would have left the flat as [XXX]. This incident happened only once and was not continuous or persistent as its not usually my sexual practice*'. Dr Narayan accepted that he tied Ms A up and that it was a fantasy of his to role play. In his oral evidence, Dr Narayan said that he was fully dressed which was part of the fantasy.
54. Bearing in mind all of the evidence received, the Tribunal considered Ms A's account of events to be more credible.
55. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 5(b) proved.

Schedule 2, paragraph 6

56. The Tribunal considered if at some point between XXX and XXX, Dr Narayan hid Ms A and Person B's passports to prevent her and Person B from leaving the country. Dr Narayan denied this.

57. In her oral evidence, Ms A stated that the passports were not in the place she expected to find them but she did not explain any great search she had to undertake and did find them in a drawer in the bedroom.
58. In her witness statement, Ms A said '*I recall us having a conversation where I told him I wanted to go back to the UK. I remember him saying that [XXX], and that I had betrayed him and that he would kill me before he let me [XXX]. He then said he would kill himself if I ever left that I was [XXX] to leave him in a time of need. At the time I didn't know if he was serious, but I felt [XXX], and it wasn't safe for me to be there. Following this discussion about wanting to leave, Vinesh hid our passports as a way to prevent me [XXX] leaving the country. I found them, however, and one day in [XXX] I said to Vinesh that I was going out for coffee with [XXX]. I took our passports and rang my parents and asked them to book us a flight back to the UK. I left without any luggage [XXX]. All we had were the clothes we were wearing. It was extremely traumatic'.*
59. In Dr Narayan's oral evidence, he said that if he intended to hide the passports then Ms A would not have found them. The Tribunal understood that Ms A may have perceived that Dr Narayan hid the passports but took the view that there was not enough evidence to support this view.
60. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 6 not proved.

Schedule 2, paragraphs 7(a)(i), 7(a)(ii), 7(a)(ii) and 7(b)

61. The Tribunal considered if on one or more occasion from [XXX] onwards Dr Narayan was mentally abusive towards Ms A in that he sent Ms A letters, cards and presents in the post and would call and message her excessively which resulted in her changing her email address and phone number at least twice.
62. The Tribunal noted Dr Narayan's admissions that he did these things but his denial that his actions were mentally abusive or excessive in the circumstances.
63. In her witness stament, Ms A said '*I would like to add that, having had extensive psychotherapy to help me rebuild my life following the abuse I suffered at Vinesh's hands, I often don't recognise who I was when I was with Vinesh, [XXX]. I realise this was due to*

*the medication I was on and the level of control he had upon me until I fled [XXX]. Since I left Vinesh [XXX] I haven't been on medication for my mental health. In addition to this I have begun to understand that Vinesh [XXX]'.*

64. In her email to the Trust, dated 25 February 2022, Ms A stated that Dr Narayan '*currently doesn't know where I live and I have [XXX]*'.
65. In her oral evidence, Ms A stated that '*consistent and ongoing belittling, made me feel inept. He reduced me to feeling that I couldn't do the smallest thing. He reduced my autonomy. The way and fashion in which he took control was part of a deliberate attempt to belittle, make me feel small. He was unkind, hurtful, made me feel small*'. She also stated that Dr Narayan pushed her into getting higher doses of antidepressants and told her what to say to her GP in order to get these. Ms A said that he sent her a plethora of cards, gifts and money.
66. In his hearing statement, Dr Narayan said '*As I recall, there was no change in Miss A's self-esteem or routine and day to day functioning during any point in our relationship...Our separation [XXX] I recall arguments...In hindsight, I acknowledge the impact of [XXX] on my behavior and relationships during the relevant period. I accept that I demonstrated poor judgement in specific instances and I have since taken active steps to address these concerns through continuing professional development and [XXX]*'.
67. In his oral evidence, Dr Narayan stated that he has now accepted that some of his actions caused anxiety and distresses and may have had a serious effect on Miss A. He admitted to probably being fixated on Ms A and recalled sending her cards and a bracelet. He also admitting to calling and messaging Ms A but said that this was in attempt to get an explanation and to XXX. Dr Narayan denied that this was excessive or abusive and that he would call and text once or twice a day but that he stopped when Ms A asked him to.
68. The Tribunal took the view that Dr Narayan's behaviour cumulatively caused Ms A mental distress. It identified a pattern of behaviour from Dr Narayan that was mentally abusive towards Ms A XXX. The Tribunal considered that there was sufficient evidence for it to be satisfied that Ms A perceived she was being mentally abused by Dr Narayan .
69. As such, the Tribunal found, on the balance of probabilities, Schedule 2, paragraph 7 proved.

Paragraph 2 of the Allegation

70. The Tribunal considered if Dr Narayan's conduct as set out in Schedule 2 amounted to controlling and/or coercive behaviour as defined by S.76 of the Serious Crime Act 2015 in that he repeatedly or continuously engaged in behaviour towards Ms A, with whom at all material times he was personally connected, that was controlling or coercive, had a serious effect on Ms A, and which he knew or ought to have known would have a serious effect on Ms A.
71. In its deliberations the Tribunal had regard to the definition of controlling and/or coercive behaviour as set out in the '*Home Office Controlling or Coercive Behaviour Statuary Guidance Framework*'. It also had regard to the dictionary definition of controlling '*to determine the behaviour or supervise the running of*' along with the dictionary definition of coercive '*relating to or using force or threats*'.
72. The Tribunal found that Ms A and Dr Narayan were closely connected as they were in an intimate relationship from XXX.
73. The Tribunal noted that Ms A witness statement dealt with some allegations of physical abuse by stating '*The abusive aspect of our relationship was evident in our private life. Vinesh used to bite my mouth a lot when kissing me and when having sex. This started as small nips, but progressed to him biting me on the lip, to the extent that I drew blood. I have no photos of this. He would do this at unexpected times [XXX]. I would tell him I did not like it. The biting on my face felt such a personal violation and the random nature of it left me permanently on edge. This was undoubtedly his means of exerting control over me...He would also be forceful when having sex, and when I would tell him I didn't like either the biting or the extent of his forcefulness, such as holding my throat, he would say 'I thought that that is what women in the West like', despite the fact that he had, at this point, been in the UK for 13 years. On one occasion he cut my clothes with a knife, hit me with wooden kitchen spoons and tied me to a chair. I was afraid to say I didn't like it. This is also what I meant when I said in Exhibit 1 that his behaviour could be frightening. There were some elements that were mutual but many that I simply felt unable to say no to*'.
74. It also noted that, in her supplemental witness statement, Ms A said '*When Vinesh behaved this way when we were sexual, he would disassociate as if he was far off, and only afterwards would he come back into himself. It was as if he wasn't present in his*

*mind and body, his voice would change, his speech pattern would be different, it was as if he had a different persona; he was on his own trajectory and you couldn't get to him until he calmed down...I would like to note, however, that the forceful behaviour during sex happened generally. There would be a lot of hitting and holding down and this was regular, ongoing behaviour. This was almost exclusively within the context of our sexual relationship, even though I would tell him that 'I didn't like it' or 'that is a bit too much' or words to that effect. He was almost never physically forceful outside of this context...Speaking generally, often sex would start off as consensual and I would regularly find myself in situations I felt unsafe and uncomfortable with. I have a lot of shame around not being able to voice my dislikes more clearly or when I boundary was crossed but there were many times that when I did it wouldn't be met with 'women in the west like this' or complete denial that my feelings were important or valid, eventually I stopped being able to voice any opinions at all in our relationship for fear of his responses. He would often take any verbal push back from me as a direct attack and would use my mental health as a weapon against me. These were complicated interactions for me that have taken some years to pick apart...I felt like a piece of meat, and not something he valued or cared for. It would be like starting a conversation with someone, which initially feels like a normal conversation and then it becomes not-ok; our romantic evenings would start nice and then kick into being something else, that I wasn't ok with'.*

75. The Tribunal noted that Dr Narayan prescribed Ms A private prescriptions for diazepam and that Ms A stated she wasn't aware of how many he was giving her. It noted that the prescribing along with his conduct towards her was repeated and had a serious effect on her. It also noted that even though Dr Narayan may have been XXX at times, he is a medical professional who was prescribing for Ms A and ought to have known that his actions were having a serious effect on her. The Tribunal did not consider XXX to mitigate this and took the view that his behaviour was intentional and progressive. Ms A told him to stop certain behaviours on multiple occasions but despite this Dr Narayan kept his view that it was '*what women in the west like*'. Dr Narayan continued because he wanted to.
76. The Tribunal noted a repetition of episodes of Dr Narayan's behaviour, such as biting and telling Ms A what she should like. The Tribunal was satisfied, from the evidence received that Dr Narayan's desires trumped the wishes of Ms A for example when he held her up against a wall and threw food at her. The Tribunal considered Dr Narayan's behaviour to have been intentional and not wanted by Ms A.

77. Accordingly, the Tribunal was satisfied that Dr Narayan's conduct towards Ms A did amount to controlling and coercive behaviour XXX. The evidence indicated that Ms A felt dependent on Dr Narayan for her mental health and her day to day living needs whilst he blamed her adverse mental health for cheating on her.
78. Dr Narayan's conduct was repeated over a significant period of time, as shown by the Tribunals findings in relation to Schedule 2, which demonstrated a pattern of abusive behaviour from him towards Ms A which has a serious effect upon her.
79. As such, the Tribunal found, on the balance of probabilities, paragraph 2 of the Allegation proved in relation to paragraphs 1(a), 1(b), 2, 3(a), 3(b), 3(c), 3(d), 4(a), 4(b), 5(a), 5(b), 7(a)(i), 7(a)(ii), 7(a)(iii) and 7(b) of Schedule 2.

#### The Tribunal's Overall Determination on the Facts

80. The Tribunal has determined the facts as follows:

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

1. At all material times the nature of your relationship with Ms A was as set out in Schedule 2. **Admitted and found proved**
2. Your conduct as set out in Schedule 2 amounted to controlling and/or coercive behaviour as defined by S.76 of the Serious Crime Act 2015 in that you repeatedly or continuously engaged in behaviour towards Ms A, with whom at all material times you were personally connected, that was controlling or coercive, had a serious effect on Ms A, and which you knew or ought to have known would have a serious effect on Ms A. **Determined and found proved**
3. XXX
4. XXX

**Determination on Impairment - 07/08/2025**

1. This determination will be handed down in private. However, as this case concerns Dr Narayan's misconduct a redacted version will be published at the close of the hearing.
2. 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 Narayan's fitness to practise is impaired by reason of misconduct XXX.

**The Evidence**

3. The Tribunal has taken into account all of the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows:
  - Public Record of Determination of Dr Narayan's MPT Hearing, dated 5 September 2016;
  - Public Record of remittal Tribunal's decision on sanction following GMC appeal, dated 22 December 2017.

**Submissions**

4. On behalf of the GMC, Mr Rose reminded the Tribunal of its finding that between XXX and XXX, Dr Narayan behaved in a way towards Ms A which amounted to a criminal offence. He submitted that this amounts to serious misconduct and is a clear breach of the principles of Good Medical Practice.
5. Mr Rose submitted that Dr Narayan continues to lack insight into his conduct and into the deep emotional and psychological impact this had on Ms A. He stated that there has been little meaningful remediation, save for a CPD course done at the start of July 2025. Mr Rose submitted that Dr Narayan has shown insight into XXX. However, he submitted that Dr Narayan has not shown sufficient insight into his behaviour towards Ms A in that he did not accept that it amounted to controlling or coercive behaviour and stated that she reported his behaviour in order to ruin his career. Mr Rose submitted that this is not consistent with the development of insight.
6. Mr Rose informed the Tribunal that XXX as Dr Narayan's conduct towards Ms A, he was also behaving in the way found proven in previous misconduct proceedings in 2016 and

2017. He stated that the question of whether or not Dr Narayan has remediated, therefore, will need to include an assessment of these previous proceedings. XXX.

7. XXX
8. Dr Narayan stated that he has read and reflected upon GMP and that prescribing for Ms A went against the principles set out. He stated that in his remediation he has undertaken courses and reflected on these. He also stated that he has reflected on this Tribunal's determinations and does not accept that he committed a criminal offence or that his fitness to practise is impaired by reason of misconduct.
9. In relation to the previous misconduct proceedings in 2016 and 2017, Dr Narayan submitted that these were not linked to the issues with Ms A and that he had demonstrated insight into these.

#### The Relevant Legal Principles

10. 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.
11. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious and then whether the finding of that misconduct which was serious could lead to a finding of impairment.
12. The Tribunal must determine whether Dr Narayan'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.
13. In its deliberations, the Tribunal had regard to the case of *R (Remedy) v. GMC [2010] EWHC 1245 (Admin)*, a Divisional Court decision, in which Lord Justice Elias extracted the following:

*'Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of*

*a morally culpable or otherwise disgraceful kind which may, and often will, occur out with the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.'*

14. The Tribunal also had regard to the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, as follows:

*'Do our findings of fact in respect of the doctor's misconduct... 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*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

#### The Tribunal's Determination on Impairment

XXX

15. XXX

16. XXX

17. XXX

18. XXX

19. XXX

Misconduct

20. In its deliberations, the Tribunal considered Dr Narayan's behaviour to have engaged the following paragraphs of Good Medical Practice (2013)(GMP):

*'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

*3 Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance which supports it, and to follow the guidance they contain.*

*16 In providing clinical care you must:*

*a prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs...*

*...g wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.*

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

21. The Tribunal noted that Ms A explained, in her oral evidence, that she feared Dr Narayan would become angry if she ever challenged him. In her email to the Trust, dated 25 February 2022, she stated:

*'This has been a very long journey for me and I have been left with very significant trauma following the abuse I suffered at Vinesh hands. I have gone on a long journey to rebuild my life...with the support of family and regular therapy. What I have learned is that Vinesh is only predictable in his unpredictability.'*

22. As such the Tribunal was satisfied that Dr Narayan's behaviour, which had a serious impact upon Ms A, undermined fundamental tenets of the medical profession.
23. The Tribunal also noted Dr Narayan's submission that he prescribed diazepam for Ms A as he believed this was in her best interests. However, it was not convinced of this and considered it to be an attempt by Dr Narayan to control Ms A's behaviour as found proved at the facts stage.
24. The Tribunal accepted that it was not dealing with a criminal offence under S.76 of the Serious Crime Act 2015 but it considered that Dr Narayan's controlling and coercive behaviour fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct which was serious.

Impairment in relation to misconduct

25. The Tribunal having found that the facts found proved amounted to misconduct went on to consider whether, as a result of that misconduct, Dr Narayan's fitness to practise is currently impaired.
26. With regard to remediation, the Tribunal noted that Dr Narayan has completed some online CPD, including a course on insight and XXX. Although, he has produced a reflective statement he has not demonstrated that he has specifically reflected on any aspect of his CPD. Neither has he demonstrated the need to change his behaviour should he be in an intimate relationship nor how he would make any such changes. For example, the XXX online course was undertaken in July 2025 just before the start of this hearing and he has not shown how he will now change his behaviour should he be in an intimate relationship. The Tribunal did not consider that Dr Narayan's misconduct could be easily remediated and noted that Dr Narayan did not refer to XXX to explain his misconduct at the previous hearings in 2016 and 2017. He has been before a previous Tribunal, when he was legally represented, and should have known what he needed to do to remediate.
27. The Tribunal bore in mind that Dr Narayan has denied the misconduct allegation, which he is entitled to do, that he engaged in controlling and coercive behaviour toward Ms A. However, it took the view that throughout the hearing he has tried to assign blame to Ms A for his actions and to minimise the effect his actions had upon her. XXX. Further, despite XXX, Dr Narayan told the Tribunal that he was able to work without any issues at that time including, by his account, obtaining three Clinical Excellence Awards. The

Tribunal noted that the determinations from the 2016 and 2017 hearings appeared to show no evidence of concerns about Dr Narayan's clinical work XXX during that period.

28. The Tribunal was of the view that Dr Narayan has a right to defend himself during these proceedings but, based on the evidence received, it was not satisfied that he has provided sufficient evidence of remediation.
29. The Tribunal accepted that denial of an allegation does not equal lack of insight, but Dr Narayan has admitted some of the paragraphs of the misconduct allegation in Schedule 2 so he could have shown insight particularly in relation to those paragraphs. The Tribunal noted all of Dr Narayan's evidence including his reflections and took the view that he tended to be focused on himself and had not fully accepted the impact of his actions upon Ms A.
30. The Tribunal bore in mind that a finding of misconduct was also found against Dr Narayan during MPTS proceedings in 2016. It noted that the MPTS Tribunal in 2016 said '*You stated that you are deeply ashamed of your behaviour, including the inappropriate comments you made to the three students. You apologised for your behaviour and for the hurt and distress caused to these students. You said that you would not have wanted [XXX] or another member of your family to have been subjected to such behaviour*'. The Tribunal considered that Dr Narayan's insight has not progressed since then and that he has limited insight into his misconduct at this stage.
31. XXX
32. XXX Dr Narayan should have understood the impact of his actions and been aware of the guidelines in GMP that he breached. As such, the Tribunal could not be satisfied there was no risk of repetition.
33. The Tribunal considered Dr Narayan's misconduct, which included controlling and coercive behaviour as set out in S.76 of the Serious Crime Act, to be of such a serious nature that in line with *Grant* it was satisfied that his actions brought the medical profession into disrepute and breached fundamental tenets of the medical profession.
34. The Tribunal concluded that a finding of impairment would be necessary in order to maintain public confidence in the medical profession and to promote proper

professional standards of conduct.

35. The Tribunal has therefore determined that Dr Narayan's fitness to practise is also impaired by reason of misconduct.

#### Determination on Sanction - 13/08/2025

1. This determination will be handed down in private. However, as this case concerns Dr Narayan's misconduct a redacted version will be published at the close of the hearing.
2. Having determined that Dr Narayan's fitness to practise is impaired by reason of XXX misconduct, 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

3. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.
4. The Tribunal received oral evidence from Dr Narayan at this stage in which he stated that the behaviours in the Allegation were not what a member of the public would expect from a medical practitioner. He said that he has reflected on the Tribunal's determinations and will reflect on his misconduct XXX. He also stated that he has been in another relationship since Ms A and has not exhibited the behaviours again. Dr Narayan said that he is confident that these behaviours will not be repeated in the future.
5. XXX. Dr Narayan said that his plan with regard to remediation is to reflect on the impact of his behaviours on Ms A and to ensure he does not behave in that way again. Dr Narayan admitted that remediation has previously been difficult due to XXX but that now, XXX, he will be able to remediate.

#### Submissions

6. On behalf of the GMC, Mr Rose outlined the aggravating and mitigating factors in this case. He included aggravating factors such as a lack of insight, previous findings of misconduct and conduct in Dr Narayan's personal life. He stated that in considering

mitigating factors the Tribunal should have regard to the circumstances leading to the incidents in the Allegation, Dr Narayan's personal and professional matters along with the level of Dr Narayan's insight and remediation.

7. Mr Rose submitted that there is no discernible basis for making an order of conditions in this case. He submitted that XXX and the misconduct findings support a sanction of suspension being made and that Dr Narayan accepted XXX. He stated that the misconduct findings, which included prolonged 'criminal behaviour' towards Ms A who was his partner at the time, justify the imposition of an order of suspension.
8. Mr Rose submitted that all three limbs of the overarching objective are engaged in this case and that, as such, a sanction of suspension is required. He submitted that if a period of suspension is imposed this should be at the upper end of the scale for length and should include a review hearing.
9. Dr Narayan submitted it was his understanding that conditions may not be applicable as XXX.
10. XXX
11. Dr Narayan submitted that with regards to misconduct, he has shown insight and accepted some paragraphs of the Allegation. He stated that he has started doing some remediation having attended and reflected on relevant courses and has also reflected a lot on his behaviour over the course of the hearing. He reminded the Tribunal that although he did not admit his behaviour amounted to coercive and controlling behaviour but that he now understands the impact of his actions on Ms A's psychological well-being.
12. Dr Narayan stated '*[XXX], I can now focus on further remediation about my misconduct. This includes further reflecting on my behaviour and its effects during [XXX] and further CPD. This will help me to develop further insight so that I can learn from the past incidents*'.
13. Dr Narayan stated that he has not repeated any of the misconduct and has shown good engagement with the GMC investigation and this hearing. He said that a period of suspension would assist him in keeping up to date with his clinical CPD but that if a period of suspension is imposed this should be at the lower end of the scale for length so

that he does not become further deskilled, as he has not worked in the last three years XXX.

### The Tribunal's Determination on Sanction

14. 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 of the Sanctions Guidance (2024) and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.
15. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Narayan's interests with the public interest and has taken account of the overarching objective. The Tribunal has already given a detailed determination on impairment and has taken those matters into account during its deliberations on sanction.
16. 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 overarching objective.

### Aggravating Factors

17. The Tribunal considered the aggravating factors in this case. It noted Dr Narayan's lack of insight, including maintaining his assertion that his actions towards Ms A did not amount to controlling or coercive behaviour, and his lack of remediation as, based on the evidence received, it appears that this is at a very early stage. It considered Dr Narayan's evidence and submissions to have been self serving in nature and tended to try to put himself in the best light when the evidence did not necessarily show this to be the case. For example, he stated that the XXX online course he had undertaken had helped him in his new relationship when in fact the course was undertaken in July 2025, sometime after the relationship had ended. The Tribunal bore in mind that Dr Narayan's fitness to practise has previously been found to have been impaired for sexually motivated behaviour towards students at a time when his current misconduct was taking place. In addition, the misconduct in this case occurred in Dr Narayan's personal life and included controlling and coercive behaviour over a prolonged period of time.

### Mitigating Factors

18. The Tribunal then went on to consider the mitigating factors in this case whilst bearing in mind XXX. It also noted the lapse of time in that the incidents in the Allegation occurred over five years ago. In addition, the Tribunal bore in mind that Dr Narayan fully engaged with the GMC investigation and with these proceedings which included him making admissions to certain paragraphs of the Allegation.
19. The Tribunal also noted that there can be substantial variations in the way that individuals from different cultures and language groups communicate. However, it did not consider there to be any issues relevant to cross-cultural communication in this case as he had been in the United Kingdom since 1999.

### No action

20. 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.
21. The Tribunal determined that there were no exceptional circumstances to justify taking no action in this case and that taking no action would not address the concerns raised and thus would not meet the overarching objective.

### Conditions

22. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Narayan's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measureable.
23. The Tribunal bore in mind the seriousness of Dr Narayan's misconduct XXX. It considered these factors to indicate that conditions would not meet the public interest. The Tribunal took the view that no workable conditions could be formulated to address the concerns raised in this case and that the imposition of conditions would be unworkable and disproportionate.
24. The Tribunal therefore concluded that conditions are insufficient to ensure protection of patients, to meet the public interest or to maintain proper professional standards of conduct for the members of the profession.

## Suspension

25. The Tribunal then went on to consider whether imposing a period of suspension on Dr Narayan's registration would be appropriate and proportionate. In doing so it considered the following paragraphs of the SG to be engaged:

*'97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public*

...

[XXX]

...

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

*f No evidence of repetition of similar behaviour since incident.'*

26. Based on the evidence received, the Tribunal took the view that Dr Narayan has not kept his clinical knowledge and skills upto date as he has not practised medicine for over three years XXX. Based on this, and the seriousness of his misconduct, the Tribunal considered that a well informed member of the public would be shocked to learn that Dr Narayan was permitted to practise given the circumstances of this case which involve serious misconduct XXX.
27. In its deliberations, the Tribunal did consider erasure with respect to the finding of misconduct. In doing so it considered the following paragraphs of the SG to be engaged:

*'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 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...'*

28. However, the Tribunal did not consider Dr Narayan's misconduct to be fundamentally incompatible with continued registration taking into account XXX. As such, it determined that erasure would be disproportionate in this case.
29. The Tribunal therefore determined that a period of suspension would be an appropriate and proportionate sanction in this case. It determined that the misconduct was of such a serious nature that a sanction of suspension was necessary to protect public confidence in the profession and to promote and maintain proper standards of conduct and behaviour. XXX.
30. In considering the appropriate period of suspension, the Tribunal was aware that the maximum period of suspension is 12 months and had regard to the following paragraphs of the SG:

*'100 The following factors will be relevant when determining the length of suspension:*

- a the risk to patient safety/public protection*
- b the seriousness of the findings and any mitigating or aggravating factors*
- censuring the doctor has adequate time to remediate.'*

31. The Tribunal determined that a 12 month suspension order would mark the serious nature of his misconduct and be sufficient time to allow Dr Narayan time to develop insight into his misconduct and to remediate. Further, the time would give him the opportunity to refresh his clinical knowledge and skills so that they were up to date and

he would therefore be able to safely practise medicine again as he has been out of practice for 3 years. It would also give him time to XXX so that he would be able to return to clinical practice.

32. The Tribunal determined to direct a review of Dr Narayan's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Narayan to demonstrate how he has remediated and developed insight. It therefore may assist the reviewing Tribunal if Dr Narayan provided:
  - XXX;
  - Evidence of insight into his misconduct;
  - Evidence of remediation including reflective notes;
  - Courses into coercive and controlling behaviour XXX together with his reflections on what he learnt from the courses and how he would put his learning into practice;
  - Evidence of him bringing his clinical knowledge and skills up to date including any relevant CPD;
  - Action plan on how he intends to return to clinical practice;
  - Any relevant testimonials.
33. Dr Narayan will also be able to provide any other information that he considers will assist.

#### Determination on Immediate Order - 13/08/2025

1. Having determined to suspend Dr Narayan's registration the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Narayan's registration should be subject to an immediate order.

#### Submissions

2. On behalf of the GMC, Mr Rose invited the Tribunal to make an immediate order of suspension to maintain the status quo as Dr Narayan is currently subject to an interim order of suspension. He submitted that, in relation to XXX, it was in the public interest and in Dr Narayan's own interests for an immediate order to be imposed. He also submitted that, in relation to Dr Narayan's misconduct, an immediate order was

necessary to maintain public confidence in the medical profession and to uphold proper standards of conduct for members of the profession.

3. Dr Narayan made no submissions on immediate order.

#### **The Tribunal's Determination**

4. In its deliberations, the Tribunal took the view, based on all the evidence received and its findings on misconduct and impairment, that an immediate order would be necessary to protect the public, would be in the public interest and would be in Dr Narayan's own interests.
5. The Tribunal therefore determined to impose an immediate order of suspension.
6. This means that Dr Narayan'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.
7. The interim order is hereby revoked.
8. That concludes the case.

ANNEX A – 21/07/2025

**Application for hearing to be held in private session**

1. This determination will be handed down in private. However, as this case concerns Dr Narayan's misconduct a redacted version will be published at the close of the hearing.
2. At the outset of these proceedings, Dr Narayan made an application pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, the entirety of these proceedings should be held in private session.

**Submissions**

3. XXX
4. XXX
5. Mr Rose submitted that Dr Narayan is not entitled to require the misconduct allegations to be heard in private and that to do so would undermine the default position that there is a strong public interest in allegations of serious misconduct being heard in public. XXX

**The Tribunal's approach**

6. In its deliberations, the Tribunal had regard to Rule 41(2) which states:

*'The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.'*

**The Tribunal's decision**

7. In its deliberations, the Tribunal noted that XXX could be linked to his misconduct but that the default position would be for proceedings to be held in public unless XXX are raised in which case proceedings will move into private session.
8. As such, the Tribunal was satisfied that the public interest outweighs Dr Narayan's own interests in that proceedings should be held in public session unless XXX are raised.

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9. The Tribunal therefore determined to refuse Dr Narayan's applications for all of proceedings to be held in private but will move into private when necessary.

## Schedule 1

Ms A was your partner XXX

## Schedule 2

1. On one or more occasion in or around the first couple of months of your relationship with Ms A XXX, you:
  - a. held Ms A up against a wall by her throat;
  - b. told her '*it is what women in the West like*', or words to that effect after Ms A told you she did not like this.
2. On one or more occasion between XXX and XXX, you prescribed Ms A private prescriptions for diazepam.
3. On one or more occasion between XXX and XXX, you:
  - a. hit Ms A with a wooden kitchen spoon on the back and/or bum;
  - b. would bite Ms A's mouth and/or tongue when kissing her;
  - c. told her you were just joking and did not mean to, or words to that effect, after Ms A told you not to bite her lip as she did not like this;
  - d. were forceful when having sex with Ms A.
4. On one or more occasion in or around XXX whilst at your home, you:
  - a. threw food at Ms A whilst having dinner together;
  - b. told her '*it is what women in the West like*', or words to that effect after Ms A told you she did not like having food thrown at her.
5. On one or more occasion in or around the XXX whilst at Ms A's flat, you:
  - a. bought Ms A underwear, asked her to wear this and then tied her to a chair;
  - b. then proceeded to use a knife to cut Ms A's underwear off before leaving the flat.
6. At some point between XXX and XXX, you hid Ms A and Person B's passports to prevent Ms A and Person B leaving the country.
7. On one or more occasion from XXX onwards you were mentally abusive towards Ms A in that you:
  - a. sent Ms A the following in the post:

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- i. letters;
  - ii. cards;
  - iii. presents;
- b. would call and message Ms A excessively which resulted in her changing her email address and phone number at least twice.