

## PUBLIC RECORD

Dates: 18/08/2025 - 20/08/2025; 26/08/2025

**Doctor:** Dr Narendra DAVE

**GMC reference number:** 2441278

**Primary medical qualification:** MB BS 1978 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Determination by other regulator	Facts relevant to impairment found proved	Impaired
New - Misconduct	Facts relevant to impairment found proved	Impaired

### Summary of outcome

Suspension, 10 months.  
Review hearing directed

### Tribunal:

Medical Tribunal Member (Chair)	Mrs Julia Oakford
Registrant Tribunal Member:	Dr Marios Adamou
Registrant Tribunal Member:	Dr Kamran Shahid

Tribunal Clerk:	Ms Racheal Gill (18/08/2025 to 20/08/2025) Ms Ciara Fogarty (26/08/2025)
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### Attendance and Representation:

Doctor:	Present, not represented
Doctor's Representative:	N/A
GMC Representative:	Mr Lewis Kennedy, Counsel

### Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

### **Overarching Objective**

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

### **Determination on Facts and Impairment - 19/08/2025**

#### **Background**

1. Dr Dave qualified with MB BS from the University of London in 1978. He has been on the GP register since 1989 and became a member of the Royal College of General Practitioners in 1991. He practiced in the UK and Crown Dependencies as a General Practitioner and held registration *with* a licence to practice until 14 June 2018.
2. Dr Dave relocated to Australia in 2016 where he became a fellow of the Royal Australian College of General Practitioners and worked in various locations in Western Australia. He amended his registration with the GMC to registration *without* a licence to practise and held this registration from 14 June 2018 and 26 March 2020.
3. On 26 March 2020, Dr Dave's registration automatically changed to registration *with* licence to practise. This change was granted to all GMC registered doctors under the emergency powers available to the Secretary of State for Health in response to the COVID-19 pandemic. At that time Dr Dave was still living and practicing as a GP in Western Australia.
4. On 18 December 2023, the State Administrative Tribunal of Western Australia ('the SAT') determined that Dr Dave had behaved in a way that constituted professional misconduct. On 76 occasions he contravened the Supervised Practice Conditions imposed upon his registration on 22 January 2020 by the Medical Board of Australia. In the period 15 February 2021 to 31 October 2021, he failed to provide complete and accurate information to the Medical Board of Australia.

5. On 18 December 2023, the SAT also determined to reprimand Dr Dave, to suspend his registration for 12 months and to impose conditions for 12 months following the conclusion of the period of suspension.

6. Dr Dave returned to the UK in February 2024 and his GMC registration automatically reverted to registration *without* a licence to practise on 13 March 2024 as the Secretary of State for Health's Covid-19 emergency powers ended. He has held a registration without a licence to practise since this date and he has not practised medicine in the UK.

7. The Australian Healthcare Practitioner Regulation Authority ('AHPRA') sent a letter by email to the GMC on 17 June 2024 notifying them that Dr Dave's registration with AHPRA had been suspended for 12 months following a hearing which concluded on 18 Dec 2023. The letter also stated that in the course of monitoring Dr Dave's compliance with the conditions, information has been received that suggests he may seek to practice in the United Kingdom or currently hold a registration in the United Kingdom. The letter also included details about the AHPRA requirements to inform overseas regulators of action taken in the jurisdiction and included a schedule of conditions that will come into force on Dr Dave's registration at the conclusion of his suspension in December 2024.

8. Dr Dave did not disclose or provide any correspondence with the GMC in relation to the determination by an overseas regulatory body. Dr Dave was informed that the GMC had opened an investigation of its own in relation to his failure to notify the GMC of it without delay.

9. The suspension imposed on Dr Dave by the SAT concluded on 18 December 2024, and he currently remains on conditions. These conditions include audits, mentoring, further education and 'general'. He is currently working as a GP near Perth.

### The Allegation and the Doctor's Response

10. The Allegation made against Dr Dave is as follows:

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

1. On 18 December 2023, the State Administrative Tribunal of Western Australia determined:
  - a. that you had behaved in a way that constituted professional misconduct by reason of the conduct as set out in Schedule 1; **Admitted and found proved**

- b. to reprimand you;

**Admitted and found proved**

- c. to suspend your registration for a period of 12 months (with effect from that date);

**Admitted and found proved**

- d. to impose conditions on your registration for a period of 12 months, the nature of which are set out in Schedule 2, at the conclusion of the period of suspension.

**Admitted and found proved**

2. You failed to disclose the determination detailed in paragraph 1 to the General Medical Council.

**Admitted and found proved**

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

- a. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 1;

**To be determined**

- b. your misconduct, in relation to paragraph 2.

**To be determined**

### **The Admitted Facts**

11. At the outset of these proceedings, Dr Dave 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.

### **Determination on Impairment**

12. 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 Dave's fitness to practise is impaired by reason of misconduct and a determination by another regulator.

### **Witness Evidence**

13. The Tribunal received evidence on behalf of the GMC in the form of witness statements from Mr A, GMC Investigation Officer; dated 21 August 2024. Mr A's evidence was accepted and he was not called to give oral evidence.

14. Dr Dave provided his own witness statement dated 24 May 2025 and also gave oral evidence at the hearing.

### **Documentary Evidence**

15. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Letters from AHPRA to the GMC, dated 2024, including disclosure of regulatory decisions made against Dr Dave and sealed determination from SAT, dated 2024-2025.
- Dr Dave's CPD certificate and written reflections, January 2022.
- Rule 7 response, dated 12 November 2024.

### **Submissions**

#### On behalf of the GMC

16. Mr Kennedy, Counsel on behalf of the GMC, submitted that Dr Dave's fitness to practise is currently impaired on two bases: first, due to his misconduct in failing to disclose an overseas determination to the GMC, and second, because he remains subject to an extant overseas determination which currently deems him impaired. He submitted a finding of impairment was necessary in this case to uphold all three limbs of the overarching objective. He submitted that paragraph 75c was engaged in Good Medical Practice (GMP) (2013) and paragraph 99 of Good Medical Practice (GMP) (2024).

17. Mr Kennedy submitted the misconduct arises from a continuing omission — a failure to disclose the Australian tribunal's determination from 18 December 2023 through to June 2024, a period of over six months. He submitted there was a mandatory, peremptory duty of disclosure, and the breach is said to have compromised the GMC's ability to perform its statutory functions, particularly maintaining an accurate, up-to-date register. He submitted that there is a pattern of behaviour, or a continuing course of conduct, in which Dr Dave failed to be full and frank with both regulators. His failure to provide complete and accurate information to the Australian Medical Board mirrors the breach in the UK and is therefore of

significant relevance. Mr Kennedy submitted that Dr Dave's characterisation of the matter was that it was a victimless offence and this demonstrated incomplete insight.

18. Mr Kennedy submitted that Dr Dave is currently impaired as he remains under supervised practise conditions imposed by the Australian tribunal, with a 12-month review still pending. The review hearing is conditional and has not yet occurred. Until the overseas tribunal revokes those conditions, Dr Dave is inferentially impaired, and Mr Kennedy submitted it would be incongruous if a doctor impaired in a comparable jurisdiction were allowed to practise freely in the UK.

19. Mr Kennedy submitted the seriousness of the overseas misconduct, the 12-month suspension, and the repetition of dishonesty and omission are said to reflect a persistent pattern of serious breaches. He also submitted that, notwithstanding some remedial steps, there is insufficient insight or full remediation, and the risk to public confidence and proper standards remains.

#### Dr Dave's submissions

20. Dr Dave provided written submissions on impairment, dated 27 July 2025, to the Tribunal prior to the commencement of this hearing. The letter is as follows:

*"In respect of my **past** impaired fitness to practice, my GMC registration category is an important mitigating factor. As set out in my letter of 12 November 2024 to the GMC Assistant Registrar, Ms [D], from 14 June 2018 to 26 March 2020 I held registration **without** licence to practice. On 26 March 2020 my registration status was changed to registration **with** licence to practice. This change was unsolicited and was granted to **all** GMC registered doctors under the emergency powers available to the Secretary of State for Health in response to the COVID-19 global pandemic. I confirm that over this period I was still living and practicing in Australia and did **not** exercise any of the privileges of registration **with** licence to practice. My registration with the GMC automatically reverted to registration **without** licence to practice on 13 March 2024 as the Secretary of State for Health's COVID-19 emergency powers ended. I confirm that I have held registration **without** licence to practice since this date.*

*Following the suspension of my registration by the Medical Board of Australia, I was required to leave Australia due to the nature of my Australian visa, this being Subclass 457 **Temporary Work (Skilled) Visa**. As I am a United Kingdom (UK) resident and domiciled in the UK, I decided to return to the UK. At that time, I had no intention of practicing medicine in the UK, nor did I*

take any steps to seek GMC registration **with** licence to practice. My sole focus was on complying with the Medical Board of Australia's process and planning my return to the UK. Regrettably, it did not occur to me that I was under an obligation to inform the GMC of the suspension imposed by the Australian regulator. I acknowledge that this was an oversight on my part and that, irrespective of my intention not to practice in the UK, I should have notified the GMC in a timely manner. I did not intend to withhold information nor act dishonestly in any way.

I now understand that the GMC must be informed of any regulatory action taken by an overseas regulator and I fully accept my responsibility to do so. I am committed to full transparency with the GMC and going forward I have taken steps to ensure that I comply with my professional obligations in all the jurisdictions in which I hold an active registration. I apologise for the oversight and request the GMC to accept this explanation as evidence of my willingness to cooperate and act with integrity.

I respectfully submit that my fitness to practice is **not** currently impaired, notwithstanding the concerns arising from past events. Whilst I accept that my conduct and suspension in Australia in 2023 and my omission to inform the GMC of the same may have given rise to a finding of impairment at that time, I have since undertaken substantial steps to remediate the issues and ensure that such conduct will not recur.

In support of this submission, I refer the GMC to the ***Education, Mentor and Audit reports*** previously submitted to the GMC. These documents evidence a consistent and sustained commitment to learning, reflection and professional development. They demonstrate that I have gained insight into the concerns raised and have made lasting improvements in my professional conduct and judgement.

In particular, I respectfully draw the GMC's attention to ***Dr [B]'s Mentor Report 4 (final report)*** which focusses on professional ethics and trust in the profession. Dr [B]'s assessment confirms that I have demonstrated insight, accountability and an understanding of the high standards expected of medical practitioners. This report, alongside the others, supports that I have effectively addressed the concerns that gave rise to my suspension in Australia and current proceedings instituted by the GMC.

I fully acknowledge the seriousness of the past conduct and the impact it may have on the reputation of the profession. However, I submit that the risk of repetition is now minimal, that I have taken appropriate remedial action and that there is no longer any ongoing risk to patient safety or public confidence in the profession.

In all the circumstance, I respectfully submit that a finding of ***current*** impairment is ***not necessary nor appropriate***. I remain committed to upholding the standards of the profession and the trust placed in the medical profession.

*Finally, I confirm that I have initiated an application to voluntary relinquish my GMC registration.”*

21. Dr Dave made further oral submissions. Dr Dave responded to Mr Kennedy's submission, particularly the claim that he had described this as a “victimless crime.” Dr Dave submitted that he never made such a statement and invited the tribunal to disregard that characterisation. He submitted that he fully accepted that what he did was wrong and has already provided the Tribunal with his explanation and reasons for his actions in his written submissions.

22. Addressing the point made by GMC Counsel regarding supervision, Dr Dave submitted that the suggestion he is currently under supervision is not entirely accurate. He clarified that he is not under clinical supervision, rather, he is subject to audit conditions imposed by the Australian regulator.

23. Dr Dave addressed the two core issues before the Tribunal: whether he is currently impaired, and whether he has committed misconduct. He acknowledged that the GMC's position is that he committed misconduct by failing to notify the GMC of his 12-month suspension by the Australian regulator. He accepted that this failure occurred, and that the fact itself is not in dispute. However, he submitted that whether it constitutes serious misconduct is a matter for the Tribunal to determine.

### **The Relevant Legal Principles**

24. 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.

25. 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, could lead to a finding of impairment.

26. The Tribunal was reminded of the guidance from the case of *Roylance v GMC [No 2] [2000] 1 AC 311* where it was advised that:

*‘misconduct is a word of general effect involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may*

*often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.'*

27. The LQC also referred to the case of *Meadow v GMC [2006] EWCA Civ 1390 (26 October 2006)*, which held that impairment is a forward-looking assessment, not intended to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The Tribunal must determine whether Dr Dave's fitness to practise is impaired today, taking into account Dr Dave's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

28. Whilst there is no statutory definition of impairment, the LQC advised the Tribunal that it is assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC & Grant (2011) EWHC 927 (Admin.)* Dame Smith sets out some features that are likely to be present when impairment is found. These are where the doctor has in the past or is liable in the future to

- a. *act so as to put a patient or patients at unwarranted risk of harm.*
- b. *bring the medical profession into disrepute.*
- c. *breach one of the fundamental tenets of the medical profession; and/or*
- d. ...'

### The Tribunal's Determination on Impairment

#### Misconduct

29. The Tribunal first considered whether Dr Dave's fitness to practise is currently impaired by reason of misconduct.

30. Dr Dave admitted that he failed to notify the GMC of the determination by a an overseas regulatory body.

31. The Tribunal had regard to the edition of GMP (published in 2013 and withdrawn on 30 January 2024), which was in force at the time of the State Administrative Tribunal of Western Australia's determination dated 18 Dec 2023. It noted paragraph 75c of GMP (2013):

*75 You must tell us without delay if, anywhere in the world:*

*a ... b*

*c another professional body has made a finding against your registration as a result of fitness to practise procedures.*

32. The Tribunal also had regard to paragraph 99 of the current GMP guidance which came into effect on 30 January 2024.

**99** *You must tell us without delay if, anywhere in the world:*

*a...d*

*e another professional body has made a finding against your registration as a result of fitness to practise process.*

33. The Tribunal noted that the language in both editions of GMP is largely the same, with the word ‘must’, and ‘without delay if, anywhere in the world’, indicating an overriding duty or principle that doctors are expected to meet.

34. The Tribunal bore in mind Dr Dave’s submissions on this matter. He submitted that it did not occur to him that he was under an obligation to inform the GMC of the suspension imposed by the Australian regulator. He apologised and characterised it as an oversight/omission as he had no intention to practice in the UK. However irrespective of his intentions, he accepted he should have notified the GMC in a timely manner. He submitted he did not intend to withhold information nor act dishonestly in any way.

35. The Tribunal considered that regardless of Dr Dave’s intentions or location, so long as he remained on the GMC register - even if only registered without a licence to practise - he had a mandatory obligation to inform the GMC without delay if another professional body makes a finding against his registration following fitness to practise procedures.

36. Therefore it found paragraph 75c of GMP (2013) and 99 of GMP (2024) engaged. It was of the view that Dr Dave could not have been in any doubt as to his professional obligations. Having practiced as a doctor for many years in the UK, he should have been fully aware of the requirement to disclose such matters to the GMC.

37. The Tribunal concluded that Dr Dave’s failure to do so fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

38. The Tribunal considered that the misconduct was serious because the GMC only became aware of the APHRA determination of December 2023 in June 2024 - six months

later- not through any disclosure by Dr Dave, but because AHPRA itself notified the GMC directly. This was not simply a delay in disclosure; Dr Dave did not notify the GMC at all. The Tribunal noted that it was AHPRA not Dr Dave who fulfilled the obligation of disclosure. His failure to do so amounted to misconduct which was serious.

Impaired by reason of misconduct and Determination by an overseas Regulatory Body

39. The Tribunal next went on to consider whether, as a result of Dr Dave's misconduct and Determination by an overseas Regulatory Body, his fitness to practise was currently impaired.

40. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight, remediation and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective.

41. In respect of the misconduct, the Tribunal noted that Dr Dave accepted responsibility and apologised that he should have notified the GMC of any regulatory action taken by an overseas regulator and that this showed some insight. However, the Tribunal also noted that Dr Dave continues to minimise his actions, characterising it as an omission or oversight. It considered that Dr Dave's failure to notify the GMC was not a one-off lapse but a continuing omission, lasting over six months, from December 2023 to June 2024. It also bore in mind that this omission occurred while Dr Dave was subject to supervisory conditions in Australia following a 12-month suspension for serious professional misconduct and is heightened by the fact that the overseas determination itself arose from similar concerns: a lack of transparency, and by that, a lack of honesty. The Tribunal considered that perhaps Dr Dave had a propensity for professional failings dating back to 2018 and this showed limited insight.

42. Dr Dave in his oral evidence invited the Tribunal to consider the following extract from the Panel of the Medical Board of Australia hearing dated 15 June 2020.

*'e. In the context of the matter, it is important to repeat the following remarks of Dr [C] which provide an objective assessment of the concerns identified and investigated by the Board:*

*"Although a lot of his management was not ideal I do not understand why Ahpra was notified and feel that the issues with Dr Dave should have been addressed directly to Dr Dave by the practice owner. It is very easy in medicine to criticise another doctor's management, particularly when patients do not fit into the normal algorithms.*

*Normally this is best addressed by peer review. The fact that Ahpra was notified makes me wonder about the details of the breakdown in relationship between Dr Dave and the practice owner."*

*f. It is submitted, with respect, that these comments from Dr [C] are instructive. Moreover, they are not inconsistent with a finding that the Practitioner represents a risk to public health and safety such that the Board needs to take further (protective) action.'*

43. In considering the issue of insight, the Tribunal considered that Dr Dave continued to argue the SAT's findings and his performance wasn't impaired. It considered that these comments demonstrated Dr Dave's lack of understanding and a disregard to the findings of the SAT. The Tribunal concluded that Dr Dave's insight on this matter remained incomplete. In respect of the misconduct, the Tribunal had no evidence as to any steps taken by Dr Dave to remediate his conduct.

44. The Tribunal determined that there remains a risk of repetition, and that further work is required for Dr Dave to achieve full insight, meaningful remediation, and to demonstrate that similar conduct will not reoccur.

45. Turning to the determination of an overseas regulatory body, the Tribunal had read the determination made by the SAT and noted its findings that it found professional misconduct. It noted that Dr Dave remains impaired in Australia due to the supervised practice conditions still in force as part of a regulatory outcome imposed by the Australian tribunal in December 2023. These conditions remain live, with a review hearing yet to take place and no guarantee that the conditions will be lifted. Notwithstanding some evidence of CPD undertaken by Dr Dave, it considered that the overseas tribunal's finding of impairment was serious and remains effective until formally reviewed and lifted, and that Dr Dave continues to be considered impaired in that jurisdiction.

46. Applying the key legal principles set out in the case of *Grant*, the Tribunal determined that limbs *a*, *b* and *c* were engaged.

47. The Tribunal considered that, in light of the seriousness of the allegation against Dr Dave and its findings as set out above, all three limbs of the statutory overarching objective would be undermined were a finding of impairment not made in this case. Namely, 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.

48. The Tribunal has therefore determined that Dr Dave's fitness to practise is impaired by reason of misconduct and a determination by an overseas body.

#### **Determination on Sanction - 26/08/2025**

49. Having found that Dr Dave's fitness to practise is impaired by reason of his misconduct and by reason of a determination by another regulator. 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 Outcome of Applications Made during the Sanction Stage**

50. The Tribunal refused Dr Dave's application, made pursuant to Rule 17(9) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adjourn the hearing until the end of the year to await the outcome of the Australian regulatory body. Mr Kennedy on behalf of the GMC opposed the application. The Tribunal's full decision on the application is included at Annex A.

#### **The Evidence**

51. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction and the added oral evidence given by Dr Dave at the Sanction stage.

#### **Submissions**

##### On behalf of the GMC

52. Mr Kennedy submitted that a period of suspension is the most appropriate sanction in this case and referred the Tribunal to relevant paragraphs of the Sanctions Guidance 2024 ('SG').

53. Mr Kennedy referred to the aggravating features in this case and submitted that the length of time of Dr Dave's failure to disclose the Australian tribunal's determination was a period of six months. The professional misconduct arising from this failure is analogous to what Dr Dave did in failing to provide complete and accurate information to the Medical

Board of Australia. Further, Dr Dave's recent licence to practise history in Australia, involving professional failings dating back to 2018.

54. As for mitigating features, Mr Kennedy submitted the following. Dr Dave did not practise in the UK during the relevant period, he indicated that he had no intention to practise medicine having returned to the UK and he did not exercise any of the privileges of registration with a licence to practise. He also submitted that the change in Dr Dave's registration status from *without* a licence to practise to *with* licence to practise had been unsolicited, that it had been made unilaterally by the Secretary of State for Health. Dr Dave accepted that he should have informed the GMC of the Australian tribunal's findings, and he has fully admitted the facts. Also, Dr Dave has proactively sought mentoring sessions, voluntarily undertaking a course entitled 'Ethical and Legal Considerations in general practice,' and he has completed a succession of reflections on his practice. There are reports that detail Dr Dave's learning and the importance of ethical standards in the medical profession.

55. Mr Kennedy reminded the Tribunal of its impairment findings in relation to Dr Dave's insight. He acknowledged that the Tribunal had found Dr Dave to show some insight by accepting responsibility and apologising that he should have notified the GMC of any regulatory action taken by the overseas regulatory body. However, he submitted that the Tribunal also found that Dr Dave continued to minimise his actions, characterising it as only an omission or oversight and that it was a continuing omission heightened by the fact the overseas determination itself arose from similar circumstances. Mr Kennedy submitted that there has been an element of backtracking in Dr Dave's oral evidence which was indicative of incomplete insight.

56. Mr Kennedy took the Tribunal through the sanctions available. He submitted that there are no exceptional circumstances in this case to justify taking no action and that it would not be an appropriate course for the Tribunal to take. He submitted that conditions need to be appropriate, proportionate and workable. However, given the issues determined by the SAT involved Dr Dave's failure to comply with conditions, Mr Kennedy submitted that conditions would not be workable. He also submitted that conditions would not be sufficient to mark the seriousness of Dr Dave's misconduct.

57. Therefore, Mr Kennedy submitted that suspension is both appropriate and sufficient to maintain public confidence in the medical profession. He acknowledged that Dr Dave has accepted fault and demonstrated a willingness to engage in remediation through overseas training, mentoring, and reflective practice sessions which indicated that he is capable of

developing greater insight into his misconduct. However, the seriousness of the admitted misconduct, which represented a continuing and significant departure from professional standards, means that any sanction short of suspension would be insufficient to protect the public or maintain confidence in the profession. He submitted that a period of suspension is necessary, not only to deter Dr Dave specifically, but also to serve as a general deterrent to other practitioners. Failing to impose suspension would risk undermining all three limbs of the statutory overarching objective. Given the severity of the findings and the need to allow sufficient time for meaningful insight and remediation progress, he submitted that a suspension period at the upper end of the scale would be appropriate and proportionate.

58. Mr Kennedy submitted that there is no evidence that Dr Dave's conduct is fundamentally incompatible with continued registration and erasure would be an excessive and disproportionate response.

#### Dr Dave's submissions

59. Dr Dave submitted that while there are conditions on his Australian registration, there are no restrictions on his clinical practice, and he does not have to be under clinical supervision. He submitted that he hopes that the conditions will be lifted.

60. Dr Dave submitted that he had a limited GMC registration in the UK in that he had a registration *without* a licence, and it would be very unlikely that he would wish to work in the UK. If he wanted to work in the UK, he would have to provide a certificate of good standing from Australia which he would not get. In any event, Dr Dave submitted he had already offered to voluntarily relinquish his UK registration.

61. Dr Dave submitted that he maintains that he does not have impairment at the current stage. He submitted that he accepted his problems, he has improved himself and he does not pose any risk to the UK public or the public worldwide. Therefore, he submitted the Tribunal should take no action. In regard to conditions, he submitted that the Tribunal could impose a condition that he is not to practise in the UK for three years but by that point he would have stopped working.

62. Dr Dave submitted that suspension would be a harsh and punitive measure. He invited the Tribunal to consider what purpose a suspension would serve in protecting the public, given that he is not currently practising in the UK and has no intention to do so. Finally, he submitted that erasure would be a harsh response given that he does not fulfil any of the criteria.

## The Relevant Legal Principles

63. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions.

64. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Dave's interests with the public interest. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and maintain public confidence, although it may have a punitive effect.

65. The Tribunal has taken account of the overarching objective, which includes to protect and promote the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, promote and maintain proper professional standards and conduct for members of the profession.

## The Tribunal's Determination on Sanction

66. Before considering what action, if any, was appropriate in this case, the Tribunal considered and balanced the aggravating and mitigating factors.

67. The Tribunal considered the following to be aggravating factors in this case:

- While the Tribunal acknowledged that Dr Dave has apologised and accepted responsibility, it found his insight in relation to both his misconduct and the determination by an overseas regulatory body, to be limited.
- In respect of the misconduct, the Tribunal had limited evidence as to any steps taken by Dr Dave to remediate his conduct.
- Another regulator had found Dr Dave impaired.
- The Tribunal considered that Dr Dave ought to have been fully aware of the professional obligation to notify the GMC, given that he has been a doctor for over 40 years.

68. Having found the aggravating factors in the case, the Tribunal identified the following mitigating factors:

- Dr Dave has engaged with the GMC investigation and the hearing.
- The Tribunal found Dr Dave had some insight, albeit limited.
- Dr Dave had taken steps to remediate the findings of the Australian regulatory body.
- Dr Dave had provided positive reports regarding his clinical competence.
- While registered in the UK, Dr Dave did not exercise any of the privileges of registration with a licence to practise.
- Prior to the findings of the Australian regulatory body, Dr Dave has had a successful career, including working for the Ministry of Defence.

### No action

69. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Dave's case, the Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action may be appropriate where there are exceptional circumstances.

70. The Tribunal determined that there were no exceptional circumstances in this case. It determined that, given the misconduct and the Tribunal's findings on impairment, action was required in order to uphold and maintain public confidence in the profession, and it would not be sufficient, proportionate or in the public interest, to conclude this case by taking no action.

### Conditions

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

72. However, the Tribunal noted that conditions were most appropriate when addressing performance concerns, English language deficiencies or matters relating to a doctor's health. It took into account that the SAT determined that Dr Dave had behaved in a way that constituted professional misconduct, in that on 76 occasions he contravened the Supervised Practice Conditions imposed on his registration on 22 January 2020. Therefore, the Tribunal considered that conditions would not be workable.

73. The Tribunal carefully considered the submission by Dr Dave that he should have a condition that he should not work in the UK for 3 years which in some respects could be regarded as suspension as it would not allow him to practise in the UK at all. However, the Tribunal concluded that since this case is one of serious misconduct and a determination by

an overseas regulatory body, it was not possible to impose conditions that would satisfactorily address the concerns.

### Suspension

74. The Tribunal then went on to consider whether imposing a period of suspension on Dr Dave's registration would be appropriate and proportionate.

The Tribunal accepted that suspension has a deterrent effect and can be used to send a signal to the doctor, the profession and the public about what is regarded as behaviour unbefitting of a registered doctor.

75. The Tribunal had regard to paragraph 97 of the SG which indicates circumstances in which it may be appropriate to impose a sanction of suspension, and which were relevant in the circumstances of this case:

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

*a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

*...*

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

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

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.*

76. The Tribunal had already determined that Dr Dave's misconduct was serious, and it breached GMP. It also determined that the Australian regulatory body's finding of impairment was serious. The Tribunal was concerned that Dr Dave continued to deny his impairment, even after the Tribunal had already made a finding of impairment, which spoke to his limited insight.

77. To his credit, the Tribunal noted that there was evidence that Dr Dave was capable of engaging in a learning process having completed CPD in relation to the Australian regulatory body. Dr Dave had undertaken a course titled 'Ethical and Legal Considerations in general

practise'. The Tribunal also acknowledged that, aside from the issues at hand, Dr Dave was considered a good doctor, as supported by positive reports from Dr B.

78. The Tribunal bore in mind its finding at impairment stage that a risk of repetition remained. However, having considered the SG and balanced the mitigating and aggravating factors, it did not consider the risk to be significant.

79. Whilst the Tribunal concluded the issues present in this case were serious, they were not fundamentally incompatible with continued registration. It considered that erasure would be a disproportionate and punitive sanction.

80. Therefore, in the circumstances of this case, the Tribunal considered suspension would appropriately mark the seriousness with which it viewed Dr Dave's conduct, sending out a clear message to the public and the profession, that such conduct was not acceptable.

81. The Tribunal considered that a sanction of suspension would be sufficient to uphold the overarching objective. Further it considered a period of suspension would allow time for Dr Dave to continue his journey of insight and demonstrate remedial work of the concerns raised by this Tribunal. Accordingly, the Tribunal concluded that a period of suspension was the appropriate and proportionate sanction in this case and determined to suspend Dr Dave's registration.

82. Having decided that the appropriate sanction was one of suspension, the Tribunal went on to consider the length of suspension. The Tribunal determined that imposing a period of 10-month suspension was appropriate and proportionate. It was satisfied that a period of this length marked the seriousness of Dr Dave's misconduct and determination by an overseas regulator. Further a 10-month suspension would give Dr Dave adequate time and opportunity to complete his journey of insight and remediation and show evidence of such to a review hearing to enable him, in due course, to return to practise unrestricted.

### **Review Hearing Directed**

83. The Tribunal determined to direct a review of Dr Dave's case. A review hearing will convene shortly before the end of the period of suspension unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Dave to demonstrate how he has remediated, developed his insight further and is safe to return to unrestricted practise. It therefore may assist the reviewing Tribunal if Dr Dave were to provide:

- Any further evidence of insight, reflection and remediation, such as the completion of CPD in relevant and targeted courses to the concerns raised.
- Written reflections to demonstrate further development of insight and his learning.
- Testimonials in support of Dr Dave.

Dr Dave will also be able to provide any other information that he considers will assist the reviewing Tribunal.

#### Determination on Immediate Order - 26/08/2025

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

#### Submissions

85. On behalf of the GMC, Mr Kennedy submitted that an immediate order was not necessary or appropriate in the circumstances of the case, particularly given that there was no identified risk to patients or public safety in the UK, and that Dr Dave does not reside in the UK, has not worked in the UK since 2016, does not have a licence to practise and reportedly does not intend on his account to work here.

86. Dr Dave submitted that an immediate order was not necessary.

#### The Tribunal's Determination

87. The Tribunal has taken account of the relevant paragraphs of the Sanctions Guidance (February 2024) ('SG'), in particular paragraphs 172, 173 and 178 as set out below:

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

*which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*

**173** *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*

**178** *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

88. In all the circumstances, the Tribunal determined not to impose an immediate order of suspension on Dr Dave's registration. It was of the view that this case does not meet the threshold of an immediate order.

89. This means that Dr Dave's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Dave does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

90. That concludes this case.

ANNEX A – 20/08/2025

**Application to adjourn under Rule 17(9)**

91. Dr Dave submitted that he is reasonably certain that the restrictions imposed on his registration by the Australian regulatory body will be lifted towards the end of the year. He submitted that the current Tribunal should adjourn this hearing to wait the outcome of the Australian regulatory body and receive those reports.

92. Mr Kennedy submitted the decision to grant any adjournment should balance the public interest in swift resolution with the individual's right to a fair hearing. In the GMC's view, it would not be sufficient or proportionate, nor in the public interest to adjourn the hearing to await the outcome of the Australian regulatory body. He submitted that an adjournment would defeat the statutory overarching objective, nor would adjournment be consistent with the requirement for expedition.

**The Tribunal's Decision**

93. The Tribunal considered the application under Rule 17(9):

*Rule 17 (9) At any stage before making its decision as to sanction or warning, the Medical Practitioners Tribunal may adjourn for further information or reports to be obtained in order to assist it in exercising its functions.*

94. In reaching its decision on whether to adjourn the hearing, the Tribunal was mindful of the need to balance the interests of the doctor with those of the GMC, as well as the requirement to uphold the overarching objective.

95. The Tribunal carefully considered the further evidence that Dr Dave wished to provide and concluded that it would not assist the Tribunal as to the issue currently before it—namely, the appropriate sanction to impose. The Tribunal noted that it had already determined that Dr Dave's fitness to practise is impaired, both on the grounds of misconduct and following a finding by an overseas regulatory body.

96. Even if the Australian regulatory body were to find that Dr Dave is no longer impaired and were to lift the conditions imposed upon him in that jurisdiction, the findings of misconduct established in the present case would remain unaffected.

97. The Tribunal also considered the public interest in ensuring the timely and effective progression of proceedings. Delaying the hearing for evidence that would not materially affect the outcome would not serve that interest.

98. Accordingly, the Tribunal determined that it is in the public interest for the hearing to proceed without delay. The request for an adjournment is therefore refused under Rule 17(9).