

PUBLIC RECORD

Date: 29/07/2025

Doctor: Dr Gurkirt Singh KALKAT

GMC reference number: 3325245

Primary medical qualification: MB ChB 1989 University of Liverpool

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired
Summary of outcome	
Suspension to expire	

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Lay Tribunal Member:	Mr Juleun Lim
Registrant Tribunal Member:	Dr Jill Belch

Tribunal Clerk:	Mr Francis Ekengwu Ms Hinna Safdar
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Christopher Geering, Counsel, instructed by CMS LLP
GMC Representative:	Mr Jonathan Lally, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 29/07/2025

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Kalkat's fitness to practise remains impaired by reason of misconduct.

Background

2. Dr Kalkat qualified in 1989 with a Bachelor of Medicine, and Bachelor of Surgery (MB ChB) from the University of Liverpool. He completed a diploma in Family Planning in 1993, before completing the speciality training for General Practice (MRCGP) in 1994. He worked in a number of roles at different practices until December 1994, when he moved to Thames View Health Centre (the "Health Centre") in Barking as a GP. In 1995, Dr Kalkat took over as sole owner of the Health Centre.

3. In 2002, Dr Kalkat completed specialist GP training in Substance Abuse, via a one-year online training course arranged by the Royal College of General Practitioners. In April 2020, after the events giving rise to the concerns in this case, the Health Centre merged with King Edwards Medical Group and became Aurora Medcare. Dr Kalkat took over as sole owner of the Health Centre.

4. On 31 October 2020, the GMC received a self-referral from Dr Kalkat following advice from his local Performance Advisory Group ("PAG") because of concerns which had been raised by Patient A with NHS England on 10 February 2020.

5. Patient A had a history of addiction to prescription drugs and was a patient at the Health Centre for several years (prior to the merger). The allegations in this matter concerned Dr Kalkat's treatment of Patient A when he was a sole GP Partner at the Health Centre.

The 2024 Tribunal

6. Dr Kalkat's case was first considered by a Medical Practitioners Tribunal (MPT) hearing which commenced on 15 January 2024 and concluded on 16 July 2024 ('the 2024 Tribunal'). Dr Kalkat was not present or represented at the hearing and therefore no oral admissions were made. However, he provided his own formal witness statement in which he made admissions to a number of paragraphs of the Allegation, which the 2024 Tribunal noted.

7. The 2024 Tribunal found that Dr Kalkat had asked Patient A to sign a contract stipulating he was happy with the treatment provided to him by Dr Kalkat, and that he advised Patient A that the Health Centre would pay for him to undergo private rehabilitation treatment, if upon completion of the treatment, Patient A agreed to write to his local MP to tell them how good Dr Kalkat had been to him. The 2024 Tribunal determined that Dr Kalkat's actions were designed to prevent Patient A from making a formal complaint and/or taking action against him and/or the Health Centre. Further, the 2024 Tribunal found that Dr Kalkat made untrue statements to Patient A, including that he had blood cancer and only had six months to live, and that his actions were dishonest.

8. The 2024 Tribunal further went on to find that in February 2020, Dr Kalkat informed the police that Patient A had assaulted him which was untrue and dishonest; and furthermore, in his response in October 2020 to an investigation about his treatment of Patient A and the payments made personally by Dr Kalkat, Dr Kalkat's actions were dishonest. It also found that Patient A was a vulnerable patient.

9. The 2024 Tribunal went on to find that Dr Kalkat's actions amounted to serious misconduct, and his actions had brought the medical profession into disrepute and breached fundamental tenets of Good Medical Practice (GMP). The 2024 Tribunal considered that Dr Kalkat's actions were a serious departure and fell seriously short of the standards expected of medical practitioners.

10. The 2024 Tribunal was mindful that Dr Kalkat was not present nor represented. It also noted that no direct issues regarding Dr Kalkat's clinical knowledge and skills were raised in the case and that he had an otherwise unblemished regulatory record, noting his continuous professional development and the positive testimonials received from his clinical colleagues on his behalf.

11. In considering whether Dr Kalkat's fitness to practise was impaired, the 2024 Tribunal sought to identify any evidence of insight and remediation Dr Kalkat might have. In relation to the issue of Dr Kalkat's insight, the 2024 Tribunal found this to be negligible. The 2024 Tribunal had heard oral evidence from Patient A. From Dr Kalkat, the 2024 Tribunal only had before it a formal witness statement from Dr Kalkat in which there was no evidence of any meaningful acceptance of culpability on Dr Kalkat's part. Instead, he blamed Patient A's actions, including threats of harm, for the position in which he found himself. The 2024 Tribunal considered that recognition by Dr Kalkat of the effect of his actions on either Patient A or on the profession was lacking. Further, it considered that there had been limited evidence of focussed or targeted remediation, particularly in relation to the issue of dishonesty. The 2024 Tribunal noted the courses Dr Kalkat had attended and in relation to them, considered that they did not appear to be designed to address any of the issues raised in the case, and whilst he had completed a number of short probity and ethics courses, the 2024 Tribunal was unable to determine what Dr Kalkat had learned from such courses. It considered the testimonials to be of limited assistance in light of demonstrable insight and remediation. However, the 2024 Tribunal was of the view that whilst dishonesty can be difficult to remediate, in the circumstances of this case, it was capable of remediation.

12. With regard to the risk of repetition, the 2024 Tribunal was concerned that it could not be satisfied that, should Dr Kalkat be put in a similar situation in the future, he would not act dishonestly. It considered there was a risk of Dr Kalkat repeating his misconduct and that the risk was not low.

13. The 2024 Tribunal determined that Dr Kalkat's actions breached a fundamental tenet of the medical profession, were liable to bring the medical profession into disrepute, and had the potential of putting a patient at unwarranted risk of harm. Given the events occurred in a clinical setting, and in light of Dr Kalkat's very limited insight, the absence of any remediation, and the risk of repetition, the 2024 Tribunal determined that Dr Kalkat's fitness to practise was impaired by reason of misconduct.

14. At the sanction stage, Dr Kalkat’s solicitor made written submissions via email. The 2024 Tribunal received further evidence in the form of correspondence from Patient A to the GMC, and reflections and learning from Dr Kalkat, together with certificates of attendance/completion of courses.

15. The 2024 Tribunal was in no doubt that Dr Kalkat’s misconduct was sufficiently serious that significant action was required to meet the needs of the overarching objective and, in particular, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession. It considered that a message needed to be sent to the profession and the public that this type of behaviour is unacceptable. The 2024 Tribunal considered Dr Kalkat’s actions had significantly departed from GMP, and did verge on being fundamentally incompatible with his continued registration on the medical register. However, taking all of the evidence into account, and balancing the mitigating and aggravating factors in this case, the 2024 Tribunal determined that his registration was not fundamentally incompatible. Factors which led to this conclusion included Dr Kalkat’s long and otherwise unblemished career, the positive testimonial evidence from his Responsible Officer and colleagues, Dr Kalkat’s (albeit qualified) admissions, the fact that these events appeared to be entirely out of character for Dr Kalkat, the fact that there has been no evidence of repetition in the last four years, and (to a lesser extent) the fact that they related to one patient with particularly complex needs. Further, that Dr Kalkat had demonstrated some limited insight into his misconduct and had undertaken limited remediation.

16. The 2024 Tribunal determined, in the circumstances, to suspend Dr Kalkat’s registration for the maximum period of twelve months, in light of the seriousness with which it viewed his misconduct. It considered that, although Dr Kalkat had a long way to go in demonstrating insight and remediation, overall, it was proportionate to allow him an opportunity to reflect on his misconduct and the findings of the Tribunal, and to develop further insight and to remediate his misconduct. Further, it considered that the public interest supported the need in having an otherwise competent doctor practising.

17. The 2024 Tribunal directed a review hearing, emphasising that the onus will be on Dr Kalkat to demonstrate how he had developed his insight and remediated his misconduct. It suggested that the reviewing Tribunal may be assisted by receiving evidence of:

- remorse;
- having reflected on his misconduct and the findings of the Tribunal;

- having developed full insight;
- steps taken to remediate;
- steps taken to maintain clinical skills and knowledge.

Today's Hearing

Documentary Evidence

18. Dr Kalkat gave oral evidence at the hearing.

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

- Dr Kalkat's personal statement, and his '*Reflective Practice Template And Reflective Log*' for the period 15 August 2024 to 11 April 2025;
- An Oxford Medical Training Report prepared by Dr H dated 20 March 2025;
- Dr Kalkat's Appraisal dated 17 February 2025;
- Certificates for courses Dr Kalkat attended which included a Doctors with Probit: Healthcare Ethics and Standards dated 22 April 2025, Overprescribing- Certificate of Completion dated 12 September 2024, Professional Boundaries dated 3 February 2024, and testimonials from his clinical colleagues attesting to his clinical practice and character.

Submissions

On behalf of the GMC

20. Mr Johnathan Lally, Counsel, submitted that the GMC has not taken a position in respect of impairment but pointed to the previous finding of impairment found by the previous tribunal. Mr Lally submitted that it was for Dr Kalkat to demonstrate to this Tribunal that he is no longer impaired.

On behalf of Dr Kalkat

21. Mr Christopher Geering, Counsel, submitted that there is no evidence that Dr Kalkat currently poses a risk of repetition. Mr Geering added that regarding risk of repetition, Dr Kalkat has made a number of expressions of regret, remorse and acknowledgements of fault.

Mr Geering also submitted that Dr Kalkat has reflected on his misconduct with regard to patients and patient safety.

22. Mr Geering submitted that Dr Kalkat reflected on the specific findings against him including his dishonest behaviour towards his patients, dishonest evidence during his local investigation and his dishonest conduct in general. Mr Geering added that Dr Kalkat accepted that he had let down his patient, his profession, the public, his family and himself. Mr Geering commented that Dr Kalkat noted that, unfortunately, he cannot rewind the clock but has committed to this painful process to change his practice for the better and committed to recovering all his professional values.

23. Mr Geering submitted that Dr Kalkat has reflected on his misconduct and dishonesty in relevant continuing development courses, with his annual appraiser, in reflective peer support sessions and via external mentor with Dr H who provided a report which has been provided to the Tribunal. Mr Geering said that as part of these remediation activities Dr Kalkat has directly challenged and confronted his dishonesty, gaining full insight and a determination to continue remediating. Mr Geering added that Dr Kalkat is committed to developing his practice in such a way as to never appear before his regulator.

24. Mr Geering submitted that Dr Kalkat has gained full insight, continues to remediate and is no longer impaired. He asked the Tribunal to allow Dr Kalkat to return to unrestricted practice once his 12-month suspension has lapsed.

The Relevant Legal Principles

25. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which have been identified have been adequately addressed, and that remediation has taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

26. The Tribunal reminded itself that the decision in relation to impairment is a matter for the Tribunal's judgement alone. As noted above, the 2024 Tribunal set out the evidence that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

27. This Tribunal must therefore determine whether Dr Kalkat'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.

The Tribunal's Determination on Impairment

28. The Tribunal considered whether Dr Kalkat's fitness to practise is currently impaired by reason of his misconduct.

29. The Tribunal had regard to the findings and conclusions of the 2024 Tribunal, to the submissions from both parties, and to the documentation that has been provided to this Tribunal.

30. The Tribunal took into account the evidence which the 2024 Tribunal had indicated may assist in reviewing Dr Kalkat's case. The Tribunal noted that Dr Kalkat has provided considerable evidence, in which he addressed all the identified areas of concern in respect of his misconduct.

31. In a letter from Dr Kalkat's solicitor dated 13 May 2025, it sets out:

"Dr Kalkat has utilised his time suspended from practice appropriately in reflecting on his previous conduct and focusing on remediation. This has included training courses to address the areas highlighted in the Determination and to ensure that his clinical knowledge remains up-to-date so that he is prepared to return to practice... We invite the GMC and Tribunal to consider the Bundle in its entirety, however, we wish to highlight the following areas of training in particular:

- probity and ethics, professional boundaries and complaints ...*
- prescribing, controlled drugs and opioid misuse... and*
- reflection, insight and remediation...*

Dr Kalkat's written reflection and reflective logs ... demonstrate both remorse and a development of full insight into his misconduct. Dr Kalkat has described the process of remediation as a "profound learning experience" and shows a clear commitment to learn from his mistakes. In addition, Dr Kalkat has sought support from the Doctors' Support Service to aid in his reflection."

32. The Tribunal had regard to a Training Report from Dr H dated 20 March 2025. Dr H, is a retired GP with experience of coaching doctors in gaining insight into problematic incidents and behaviours, whose services Dr Kalkat has used. Dr Kalkat underwent four sessions with Dr H between 23 October 2024 and 13 March 2025. In his report Dr H said, “*During our discussions, I was impressed by how freely, openly and honestly Dr GK spoke about his wrongdoings, regularly expressing his remorse and regret at having fallen so far below his own and the professions standards. I was also struck by the determination shown by Dr GK to make amends and remediate for his errors*”

33. Dr I, a GP Senior Partner at Aurora Medcare, also provided a testimonial, dated 29 April 2025, in which he stated, “*I am aware and understand the nature of Dr Kalkat’s remediation following the MPT hearing which concluded on 16 July 2024. I can confirm that I have seen the MPT’s determination in respect of the proceedings which concluded on 16 July 2024. I believe he understands his lapse of judgement, has insight and is remorseful and has learnt from the MPT determination of misconduct and departures from Good Medical Practice.*” Dr I also confirmed that “*As the Senior Partner I have offered, should the GMC agree to it, for him [Dr Kalkat] to work at the practice and offered to be his guide and mentor in the practice as well as other current partners. Dr Kalkat has agreed for ongoing external mentoring and is also part of an external peer support group.*”

34. The Tribunal noted Dr Kalkat’s Reflective Log, dated 15 August 2024 to 11 April 2025 which was a comprehensive account of his thought process over a significant period of time. It noted the numerous expressions of regret, Dr Kalkat’s discussions around what went wrong and why and his reflections on those. The Tribunal considered the entry made on “20/03/2025” in which Dr Kalkat stated,

“Today I received a report that was prepared by [Dr H] from Oxford Medical. Over the past 5 months I have had one-to-one online sessions with [Dr H] as part of my remediation. During this period, I have had time to reflect and learn from my mistakes related to my GMC suspension. I have undertaken some specific training courses/modules for Prescribing, Professional Boundaries, Probity, Reflection and Remediation. This has help me to have better insight into my mistakes and will help me to change the way I work. I once again reviewed the 4 domains of the GMC Good Medical Practice guidance: Domain 1: Knowledge, skills and development Domain 2: Patients, partnership and communication

Domain 3: Colleagues, culture and safety

Domain 4: Trust and professionalism

My sessions with [Dr H] helped me realise how my actions had let down my patient, my profession, the public, my colleagues and the GMC.

Once again, I felt very ashamed of my actions and wish to apologise unreservedly to the patient. I will use all the painful and shameful memories to help become a trustworthy and better clinician in the future.

I intend to use the learning from my sessions with [Dr H] to help shape the way I learn from my mistakes and continue to work professionally using the GMC Good Medical Practice guidance.

I will also keep abreast of my clinical knowledge by accessing appropriate CPD courses/modules.

I have already had a private appraisal in February 2025 and my appraiser has agreed to provide me with external mentoring should my suspension be lifted and I return to work.

Should my GMC suspension be lifted then I hope to return to clinical practice. I hope to return to my previous practice and will have the support of 2 General Practice partners. I will attend the regular clinical meetings. This will provide me with peer support within the practice and I will be able to discuss and similar cases.

I will also continue to attend the Doctors' Support Group that I have joined for external peer support.

I hope that all the above will help prevent any recurrences of my mistakes. "

35. The Tribunal further had regard to Dr Kalkat's Appraisal, from Dr J, dated 17 February 2025, in which it set out,

"It is evident from our discussion that these actions have had a significant impact on you. You have expressed genuine remorse and continue to feel a sense of shame for letting down yourself, your profession, your family, your colleagues, the public, and the GMC.

In response to these errors, you have worked diligently to address and rectify your behavior. [sic] You are receiving support from an organization called Oxford Medical, which has played a key role in helping you develop the skills necessary for appropriate reflection and remediation. Additionally, you have been using the Gibbs Reflective Cycle to reflect on your actions, the events surrounding the case, and your own errors. You have also dedicated considerable time to studying the GMC's guidance for Good Medical Practice. You have shared that these activities are essential for your personal

and professional growth, and you firmly believe that they will contribute to making you a better doctor in the future."

36. The Tribunal was of the view that Dr Kalkat has over the course of his period of suspension sought to fully address the concerns raised about his fitness to practise, demonstrating a strong commitment to professional development and remediation. He has actively participated in a support group, sought external mentoring, and undergone a thorough appraisal process.

37. The Tribunal was of the view that these measures collectively indicate that the issues leading to the concerns are unlikely to recur. Dr Kalkat's reflective statement is thorough and covers most aspects of the situation in detail. He has thoughtfully considered all of the concerns identified by the 2024 Tribunal, taking steps to fully address them.

38. The Tribunal reviewed Dr Kalkat's extensive record of completed courses. The Tribunal was reassured by his proactive steps in securing a mentor and his consistent involvement in a support group. The Tribunal accepted his reflective statements, noting that they were detailed and had developed over time. Dr Kalkat also addressed the underlying causes related to the complaints process, showing a clear understanding of where improvements were needed and changing his practice accordingly. The Tribunal bore in mind that the initial complaint from the patient on overprescribing was not a part of the Allegation however, Dr Kalkat has still taken specific steps to address this deficit by completing courses on prescribing practices and the treatment of drug users.

39. The Tribunal concluded that although serious, this was an isolated incident involving a single patient and that Dr Kalkat has taken significant steps to remediate his practice. His reflections are evident in his subsequent discussions with Dr J, Dr H and the support group, where they have been further challenged and refined.

40. Overall, the Tribunal determined that Dr Kalkat has demonstrated sufficient insight into his past misconduct and has undertaken extensive remediation and reflection. His proactive approach, commitment to improvement, and the depth of his reflections support the conclusion that he has successfully addressed the concerns raised about his fitness to practise. As a result, the risk of repetition is now significantly reduced, and the Tribunal is satisfied that he is safe to return to unrestricted practice. This Tribunal has therefore determined that Dr Kalkat's fitness to practise is no longer impaired by reason of his misconduct.

41. The Tribunal has noted that the current suspension on Dr Kalkat's registration is due to expire on 19 August 2025. It acknowledged that Dr Kalkat has sufficiently remediated his practice and is now fit to return to work. However, the Tribunal determined that allowing his suspension to run its full course was necessary to underscore the seriousness of his past behaviour. The length of the suspension was not solely based on the need for remediation but also served as a deterrent to the wider profession, reinforcing the importance of upholding proper professional standards. Given the gravity of the original allegation, the Tribunal deemed it appropriate to let the suspension conclude as initially imposed, ensuring a clear message was sent about the consequences of such conduct. This decision balanced Dr Kalkat's demonstrated progress with the need to maintain public and professional confidence in regulatory oversight.

42. That concludes the case.