

PUBLIC RECORD**Date:** 22/05/2025**Doctor:** Dr Keyur BUCH**GMC reference number:** 4160896**Primary medical qualification:** MB BS 1987 Gujarat**Type of case** **Outcome on impairment**

Review - Misconduct Impaired

Summary of outcome

Erasure

Tribunal:

Legally Qualified Chair	Mrs Remi Alabi
Registrant Tribunal Member:	Dr Sharmila Jandial
Registrant Tribunal Member:	Dr Shehleen Khan

Tribunal Clerk:	Ms Ciara Fogarty
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Maryam Ahmad, 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 - 22/05/2025

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 Buch's fitness to practise continues to be impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rules 31 and 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended. The Tribunal determined to proceed with the hearing in Dr Buch's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

Background

3. Dr Buch qualified in India in 1987 and registered with the GMC in February 1995. In April 2000, Dr Buch joined the Specialist Register as a Consultant in Trauma and Orthopaedic surgery. Dr Buch subsequently left the UK in 2016 and has not held a licence to practise since January 2018.

The 2023 Tribunal Hearing

4. The facts found proved at Dr Buch's hearing, which took place in December 2023, relate to posts on the social media platform Twitter. Dr Buch was not present or represented at the hearing but did provide written evidence by email and testimonials.

5. The 2023 Tribunal found proved that in or around September 2022, Dr Buch had posted inappropriate comments on social media from his Twitter account whilst representing himself as a doctor. It found proved that these comments were motivated by racial/religious

hostility, demonstrated hostility based on race/religion and encouraged racial/religious hostility.

6. The 2023 Tribunal noted that Dr Buch had a significant number of followers on Twitter and therefore had a large audience for his social media posts. It found that Dr Buch's social media posts had been motivated by an opposition to the religion of Islam and the Pakistani race and were for that reason hostile. The Tribunal also found that the posts had encouraged hostility towards Islam, Muslims and Pakistanis.

7. The 2023 Tribunal was mindful that at least one member of the medical profession had found Dr Buch's social media posts so offensive as to prompt a complaint to the GMC. This demonstrated to the 2023 Tribunal that these posts were capable of being found deplorable by other members of the profession.

8. The 2023 Tribunal determined that Dr Buch's actions amounted to misconduct and given the nature of his social media posts and the offence he had caused colleagues, his misconduct was serious. It found that Dr Buch's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor.

9. The 2023 Tribunal considered that Dr Buch's explanations as set out in his emails lacked consistency. He stated that he had a strong emotional reaction to events in Leicester and his account oscillated between acceptance of his own wrongdoing and attempts to deflect responsibility onto unknown others.

10. The 2023 Tribunal acknowledged that Dr Buch had shown some remorse for his actions and had recognised how they could have been considered by others to be offensive. However, the 2023 Tribunal concluded that there had not been a candid and full acceptance of wrongdoing by Dr Buch. He had not acknowledged the seriousness of his actions or their impact. It also concluded that Dr Buch's acknowledgement of his wrongdoing had become more diluted with the passage of time. It concluded that Dr Buch had some insight into his misconduct, but his insight was not complete.

11. The 2023 Tribunal was not persuaded that Dr Buch's assertion that his increased phone security amounted to remediation. It found that Dr Buch had not fully and genuinely accepted responsibility for his actions and their impact on others. He had also not demonstrated that he had taken steps to remediate his misconduct and address the offence that he had caused. Given Dr Buch's limited insight and lack of remediation, the 2023 Tribunal concluded that there remained a risk of repetition, particularly if Dr Buch was again faced with a situation which provoked a strong reaction.

12. The 2023 Tribunal concluded that Dr Buch's actions, as a publicly identifiable medical practitioner, in sharing posts on social media, to a wide audience, had been motivated by, demonstrated and encouraged racial and religious hostility, brought the profession into disrepute and breached fundamental tenets of the profession. It concluded that in all the circumstances, a finding of impairment was required 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.

13. The 2023 Tribunal determined that a period of suspension was an appropriate and proportionate sanction in Dr Buch's case. It considered that a suspension marked the seriousness of Dr Buch's behaviour and had a deterrent effect. It also considered that a suspension protected public confidence in the medical profession and was sufficient to promote and maintain proper standards of conduct and behaviour.

14. The 2023 Tribunal determined that 4 months would be sufficient to mark the serious nature of Dr Buch's departure from GMP. In determining this period, it had regard to the brief time period within which Dr Buch's Twitter posts were made. It also had regard to testimonials in favour of Dr Buch and the fact that Dr Buch's posts coincided with events in Leicester at the time.

15. The 2023 Tribunal further considered that a suspension of 4 months would give Dr Buch time to develop his insight and to provide evidence of remediation. It also directed this review hearing, and suggested that this reviewing Tribunal would be assisted if Dr Buch were to provide:

- evidence of remedial steps to better understand equality and diversity;
- demonstration of an appreciation of the guidance entitled 'Doctor's use of social media'
- any other evidence relevant to Dr Buch's insight;
- any other information that Dr Buch considered would assist.

The 2024 Tribunal Hearing

16. Dr Buch's case was reviewed at a Medical Practitioners Tribunal hearing which took place on 24 May 2024 ('the May 2024 Tribunal'). Dr Buch did not attend, was not represented and did not provide any evidence to the Tribunal.

17. The 2024 Tribunal considered that Dr Buch's misconduct is something which requires insight and remediation by him, and that in order to demonstrate that insight and remediation, he needed to engage with the MPTS. The 2024 Tribunal determined the matter concerns the reputation of the medical profession and the conduct of members of that profession. It is not something which can be passed over lightly. The 2024 Tribunal noted that the 2023 Tribunal had acknowledged that Dr Buch had in fact begun a process of remediation. In an email dated 27 February 2023, Dr Buch acknowledged that his opinions in social media posts were themselves *hurtful, offensive and could undermine “patients and colleagues from offended group backgrounds” confidence in me and / or my profession*. In addition, there was some evidence of remorse and a form of reflection and apologies. But the 2024 Tribunal noted the 2023 Tribunal regarded his position as somewhat equivocal given his denial of the facts. The 2024 Tribunal determined Dr Buch had signally failed to seize that opportunity.

18. The 2024 Tribunal found Dr Buch's fitness to practise remained impaired on the wider public interest aspects of the overarching objective, namely the need 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.

19. The 2024 Tribunal considered that Dr Buch had a four-month suspension order imposed on his registration by the 2023 Tribunal. The 2024 Tribunal noted Dr Buch has since not presented any remediation. The 2024 Tribunal determined to impose the maximum suspension order - 12 months to signify to Dr Buch and the public that it takes Dr Buch's complacency very seriously. It concluded that Dr Buch continued to display a lack of remediation and lack of insight in respect of his demonstrated racial and religious hostility.

20. The 2024 Tribunal determined to direct a review of Dr Buch's case. It directed that at the next review the onus will be on Dr Buch to demonstrate how he has remediated and developed insight. The 2024 Tribunal determined it will assist the reviewing Tribunal if Dr Buch engaged with it and attended the hearing albeit remotely.

Today's review hearing

21. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Buch's fitness to practise remains impaired by reason of his misconduct.

The Evidence

22. The Tribunal has taken into account all the evidence received.
23. The Tribunal received documentary evidence which included but was not limited to:
- MPTS Record of Determinations, dated 18 to 21 December 2023
 - MPTS Record of Determinations, dated 24 May 2024

Submissions

24. On behalf of the GMC, Ms Ahmad submitted it is a matter for the Tribunal to determine if Dr Buch has demonstrated sufficient insight and remediation into his misconduct. Ms Ahmad submitted that there has been no change to the material circumstances and there has been no proper engagement with the findings of the 2023 and 2024 Tribunals by Dr Buch. She submitted there is no evidence to show that the doctor has at any stage engaged appropriately with the personal conduct deficiencies that resulted in the findings of misconduct against him. Therefore, given the absence of any new evidence of remediation and insight, she submitted that Dr Buch's fitness to practise continues to be impaired by reason of misconduct.

The Relevant Legal Principles

25. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. The Tribunal was advised to consider the suggestions of the previous Tribunals that this 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.

26. This Tribunal must determine whether Dr Buch's fitness to practise is impaired today, taking into account Dr Buch'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.

27. The Tribunal reminded itself of the need to take into account the overarching objective which is to protect the public and which includes to:

- a protect and promote the health, safety and wellbeing of the public;
- b promote and maintain public confidence in the medical profession;
- c promote and maintain proper professional standards and conduct for the members of the profession.

28. The Tribunal acknowledged that there is no statutory definition of impairment, but was assisted by the guidance provided by *Dame Janet Smith in the Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin in which she identified 4 questions that should be specifically considered in determining whether a doctors 'fitness to practise is impaired:

- 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 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; and/or*
- d. *Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

29. The Tribunal was also reminded of the principles set out in the cases of *R (Cohen) v GMC* [2008] EWHC 581 (Admin) and *Meadow v General Medical Council* [2006] EWCA Civ 1390.

The Tribunal's Determination on Impairment

30. The Tribunal considered whether Dr Buch's fitness to practise is currently impaired by reason of the misconduct found.

31. The Tribunal had regard to the findings of the 2023 and 2024 Tribunals, in particular, the findings in respect of insight, remediation and the risk of repetition. The Tribunal also had regard to the documentary evidence it was suggested might be of assistance for Dr Buch to provide to this Tribunal. It noted that there was no evidence before it from Dr Buch that he had sought or attempted to address the concerns of the 2023 and 2024 Tribunals. The Tribunal noted the only engagement Dr Buch had, was limited engagement in 2023. Engagement ceased from November 2023.

32. The Tribunal also noted there it had not been provided with any evidence of attempts at remediation by Dr Buch.

33. The Tribunal was of the view that the conduct of Dr Buch which was found to amount to misconduct was capable of being remedied. It shared the view of the 2023 Tribunal that remediation is achievable provided Dr Buch takes proactive steps to develop insight and address his past conduct. Further, the Tribunal was of the view that failure to reflect on the conduct which led to the December 2023 Tribunal and the impact such conduct had on his colleagues and public confidence in the profession was detrimental.

34. In the absence of evidence demonstrating developed or even developing insight, reflections or attempts at remediation by Dr Buch, the Tribunal could not be satisfied that there would be no risk of repetition of the misconduct. The Tribunal therefore determined that the risk of repetition was high.

35. In light of the evidence before the Tribunal, the Tribunal concluded that the two limbs of the overarching objective of the Tribunal namely to maintain public confidence and to uphold standards in the medical profession remain engaged.

36. The Tribunal therefore determined that in the light of all the above, that Dr Buch's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 22/05/2025

37. Having determined that Dr Buch's fitness to practise is impaired by reason of misconduct the Tribunal has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Buch's registration.

The Evidence

38. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Buch's registration.

Submissions

39. On behalf of the GMC, Ms Ahmad submitted the appropriate sanction is one of erasure.

40. Ms Ahmad reminded the Tribunal it has determined that Dr Buch's fitness to practise remains impaired by reason of misconduct and within its reasons, the Tribunal found that this misconduct is capable of being remedied, provided Dr Buch takes proactive steps to develop his insight and positively address his past conduct. She noted however, that it also concluded that, to date, there is no evidence of developing insight or any active attempt at remediation.

41. Ms Ahmad reminded the Tribunal that Dr Buch's failure to reflect on the conduct that led to the December 2023 Tribunal, and its impact, was of particular concern. In the absence of any engagement or evidence of reflection, the Tribunal cannot be satisfied that the risk of repetition is low. On the contrary, the current risk of repetition remains high. Accordingly, the two limbs of the overarching objective; maintaining public confidence and upholding professional standards—remain engaged.

42. Ms Ahmad submitted that this case involves serious misconduct, specifically discrimination on the grounds of race and religion. Ms Ahmad referred the Tribunal to paragraph 141 of the Sanctions Guidance (2024) ('the SG') which indicates that more serious outcomes are likely to be appropriate in cases involving discrimination as defined by equality legislation. Therefore, she submitted, this is not a case where it would be appropriate for the Tribunal to take no action.

43. Ms Ahmad submitted that Dr Buch has failed to demonstrate insight or remediation and has not engaged with the GMC since November 2023. Ms Ahmad invited the Tribunal to consider paragraph 92 of the SG, which concerns suspension.

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

44. Ms Ahmad reminded the Tribunal that the 2024 Tribunal considered this same paragraph and concluded that, erasure would not be appropriate due to Dr Buch's lack of engagement, insufficient insight and remediation. Instead, it imposed a 12-month

suspension, signifying that Dr Buch's lack of engagement was taken seriously, while giving him further opportunity to remediate.

45. Ms Ahmad submitted that, as Dr Buch has once again failed to engage or provide any evidence of reflection or insight, the time has now come for the Tribunal to consider erasure.

46. Ms Ahmad referred the Tribunal to paragraphs 108 and 109(a) (d) of the SG, which states that erasure may be appropriate even where a doctor does not pose a risk to patient safety, where it is necessary to maintain public confidence in the profession. Further, paragraph 109 identifies factors that may indicate erasure is appropriate, including:

108 *Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

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.*

...

d *Abuse of position/trust (see Good medical practice, paragraph 81)*

Ms Ahmad also referred to paragraph 81 of *Good Medical Practice* (2024 version) (GMP), which requires doctors to ensure that their conduct justifies both their patients' trust and the public's trust in the profession.

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

47. Ms Ahmad reminded the Tribunal of its findings that Dr Buch has deliberately absented himself from this hearing. In such circumstances, she submitted that it would be difficult for the Tribunal to predict any timescale within which the doctor might remediate. The 2023 Tribunal imposed a suspension order for four months; and the reviewing tribunal in 2024 imposed a further suspension order for twelve months. For this purpose. The doctor has not responded to either opportunity.

48. In light of Dr Buch's continued non-engagement, Ms Ahmad submitted that further time would serve no meaningful purpose, and accordingly, erasure is the appropriate and proportionate sanction open to this Tribunal.

Relevant Legal Principles

49. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement but is guided by Rule 22(1)(h) of the Rules to determine what directions if any are to be made.

50. In doing so, the Tribunal has taken into account all the evidence placed before it, and the submissions made by the GMC.

51. In reaching its decision, the Tribunal has taken account of the SG. 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.

52. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Buch's interests with the public interest. It also had regard to the overarching objective, which includes to protect, promote, and maintain the health, safety, and wellbeing of the public, promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

53. The Tribunal was advised to approach the determination on sanctions in two stages. First to consider the mitigating and aggravating factors and then, to consider what sanction to impose.

54. The Tribunal was advised on the relevant sanctions open to it in accordance with section 35D (5) of the Medical Act 1983 and was advised on the considerations of each of the sanctions.

The Tribunal's Determination

55. The Tribunal identified what it considered to be the mitigating and aggravating factors in this case.

Aggravating

56. The Tribunal first considered the aggravating factors in this case. It took into account that Dr Buch has not presented any evidence of insight. Further, he has provided no evidence of remediation. The Tribunal acknowledged the seriousness of the findings in the 2023 hearing and found paragraphs 55(c) and 56(b) of the SG to be engaged:

55 Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:

...

c discrimination against patients, colleagues and other people

56 Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (this list is not exhaustive):

...

b discriminating in relation to characteristics protected by law: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

57. The Tribunal also found that at the time of the misconduct, Dr Buch was an experienced doctor who had been practising in the UK for over 20 years and therefore para 27 of the SG was applicable and stood as an aggravating factor against him

para 27 As a doctor's medical career progresses, the tribunal would expect the doctor to gain increased understanding of the social and cultural context of their work, appropriate standards, and national laws and regulations that apply to their area of work.

Mitigating

58. The Tribunal then went on to consider the mitigating factors in this case. It noted that there had been a lapse in time since the incident occurred in 2022 and there was nothing before the Tribunal to indicated that Dr Buch had engaged in further conduct as that found proved.

59. In deciding what sanction, if any, to direct, the Tribunal considered it does so on the basis that it should be concerned to meet the two limbs of the overarching objective at play in this case, namely the need to protect and maintain confidence in the medical profession and to promote and maintain proper professional standards and conduct for members of the profession.

60. The Tribunal noted that this is a case which concerns discrimination which is a serious misconduct and the SG includes the following paragraph:

'141 More serious outcomes are likely to be appropriate where a case involves discrimination (as defined by equality legislation) against patients, colleagues or other

61. It also reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which sanction is appropriate and proportionate.

Revoking the current order of Suspension

62. The Tribunal first considered whether to conclude the case by revoking the current order of suspension. It noted that to revoke the current order of suspension following a finding of continued impaired fitness to practise would only be appropriate in exceptional circumstances.

63. The Tribunal was satisfied that there were no exceptional circumstances in Dr Buch's case which could justify revoking the current order of suspension and to do so would not be appropriate proportionate nor in the public interest.

Conditions

64. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Buch's registration. The Tribunal noted the circumstances where conditions would be appropriate and determined that the misconduct found was not such that could be addressed by conditions. The Tribunal also noted that Dr Buch has not practised for a long period of time in the UK, he had relinquished his licence to practise and is no longer working in the UK therefore conditions would not be workable or measurable.

65. The Tribunal noted that conditions may be workable where a doctor has insight into their misconduct, is likely to comply with conditions, and where a doctor is likely to respond positively to remediation or retraining. The Tribunal considered that these factors do not apply in Dr Buch’s case and no conditions could be formulated that would address the misconduct in this case.

66. The Tribunal concluded that conditions would not be appropriate to maintain public confidence in the profession or to promote and maintain standards for members of the profession.

Suspension

67. In considering whether to impose a period of suspension on Dr Buch’s registration, the Tribunal had regard to paragraphs 91, 93, and 97(a), (e), (f) and (g) of the SG which provide:

‘91 *Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*

...

93 *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)*

...

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.

...

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.

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

68. The Tribunal acknowledged that, whilst Dr Buch's misconduct was serious, it had the potential to be remediated.

69. The Tribunal had regard to the lack of evidence of remediation in this case as well as its assessment of Dr Buch's insight and the risk of repetition. The Tribunal noted that the SG indicated that an absence of evidence of remediation indicated that suspension may not be appropriate. There was no basis or evidence upon which the Tribunal could place any reliance that Dr Buch would be prepared to engage in remediation or that any such engagement would be successful.

70. Although a further period of suspension could be considered to be a proportionate response, there is no evidence that the previous orders of suspension have improved Dr Buch's insight. The Tribunal was of the view that, on a practical level, the order of suspension has had a limited impact. It was not satisfied that suspension was having the desired effect on Dr Buch, as he has not provided any evidence of improved insight or remediation. Further, there still remains a concern of a risk of repetition and consequent damage to the reputation of the medical profession.

71. The Tribunal was therefore of the view that the paragraphs of the SG relating to suspension, as set out above, were insufficiently satisfied in Dr Buch's case. The Tribunal

concluded that Dr Buch has shown a persistent lack of insight. The absence of any evidence of remediation, and the assessed risk of repetition led the Tribunal to conclude that a sanction of suspension may not be appropriate at this stage.

Erasure

72. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

73. The Tribunal had regard to paragraphs 109 (j) of the SG and considered they were particularly relevant in Dr Buch's case:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

...

j Persistent lack of insight into the seriousness of their actions or the consequences.'

74. The Tribunal was conscious that previous Tribunals had determined that an order of suspension would give Dr Buch time to demonstrate insight and remediation for his discriminatory behaviour. This is now the second review of Dr Buch's case, and he has not provided any evidence to show that he has addressed the concerns of the 2023 and 2024 Tribunals.

75. Given the lack of progression since Dr Buch was suspended, the Tribunal was not satisfied that further time to reflect at this stage would have any real impact on Dr Buch. It is unlikely that any additional period of suspension would improve the likelihood of Dr Buch engaging with the regulatory process.

76. The Tribunal considered that a sanction of erasure was the only sanction that would address Dr Buch's persistent failure to demonstrate insight. The Tribunal was satisfied that there was a lack of meaningful engagement from Dr Buch, and he had failed to demonstrate adequate development of insight or any remediation in the 16 months since he was suspended. It determined, in those circumstances, that erasure was the only sanction that

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would be sufficient to uphold the statutory overarching objective, to maintain public confidence in the profession, and uphold proper professional standards.

77. The Tribunal have directed to erase Dr Buch's name from the Medical Register. The MPTS will send Dr Buch a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during the appeal period.

78. That concludes this case.

ANNEX A – 22/05/2025

Service and Proceeding in Absence

Service

79. Dr Buch is neither present nor legally represented at this hearing.

80. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Buch in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) (the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, it has taken into account all the information placed before it, together with the submissions on behalf of the GMC.

81. The Tribunal was provided with a copy of a Service bundle from the General Medical Council (GMC). This included the GMC Information Letter and draft bundle dated 18 March 2025 sent by post, an MPTS notice of hearing letter (NOH) sent by Special Delivery dated 26 March 2025 and the GMC letter and final hearing bundle dated 01 May 2025.

82. The Tribunal was also provided with proof of delivery of the MPTS NOH letter dated 1 April 2025. It also received proof of delivery of the GMC letter with final hearing bundle dated 01 May 2025.

83. Ms Ahmad submitted that the Tribunal could be satisfied that the relevant correspondence had been sent to Dr Buch at his last known registered address and that he had been given notice of this hearing in accordance with the relevant rules.

84. The Tribunal had regard to the service documentation provided by the GMC.

85. The Tribunal concluded that the MPTS NOH and the GMC letter with draft bundle had been sent to Dr Buch's registered address which was his responsibility to keep up to date. The Tribunal noted that the correspondence sent to Dr Buch contained the relevant information and it was served within 28 days of this hearing.

86. The Tribunal therefore determined that notice of this hearing had been served on Dr Buch in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

87. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Buch's absence pursuant to Rule 31 of the Rules.

88. Ms Ahmad reminded the Tribunal that Dr Buch had very limited engagement in his previous review hearing in 2024 the 2024 Tribunal had proceeded in Dr Buch's absence.

89. Ms Ahmad invited the Tribunal to consider the fact that Dr Buch did not attend the original hearing despite clearly being aware of it but only engaged in the process prior to the actual hearing itself.

90. Ms Ahmad invited the Tribunal to conclude that Dr Buch had voluntarily absented himself from these proceedings having been properly served with notice of the hearing today. Furthermore, she invited the Tribunal to exercise its discretion under Rule 31 of the Rules and proceed today in the doctor's absence.

91. Ms Ahmad invited the Tribunal to proceed with the hearing in Dr Buch's absence.

92. The Tribunal went on to consider whether to proceed in Dr Buch's absence in accordance with Rule 31 of the Rules. In doing so, it considered the advice of the legally qualified chair who referred to the judgment in the cases of *R v Jones [2003] 1AC1* and *GMC v Adeogba (2016) EWCA Civ 162, (2016) 1WLR 3867*. She advised that the Tribunal has a discretion to proceed with the case in the doctor's absence, though this discretion is to be exercised with caution with the overall fairness of the proceedings in mind. He also advised that the Tribunal should have regard to all the circumstances including but not limited to the following:

- The nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore waived the right to be present.
- Whether an adjournment would resolve the matter.
- The likely length of any such adjournment.
- Whether the doctor, although absent, wished to be represented or whether he had waived his right to be represented.
- The public interest that a hearing should take place within a reasonable timeframe.

93. The Tribunal was advised to bear in mind the that it was held in the case of *Norton v Bar Standards Board [2014] EWHC 2681 (Admin)* that a failure to consider the criteria in R v Jones could lead to the appeal court quashing the decision to proceed in absence.

94. In deciding whether to proceed with this hearing in Dr Buch's absence, the Tribunal carefully considered all the information before it, including the service documentation and Ms Ahmad's submissions.

95. The Tribunal concluded that when considering the information before it, Dr Buch had voluntarily absented himself from this hearing. The Tribunal also found no evidence that Dr Buch wished to be legally represented.

96. The Tribunal next considered whether an adjournment would result in Dr Buch attending a future hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in Dr Buch attending.

97. The Tribunal also considered whether any decision to proceed in Dr Buch's absence may result in any disadvantage or prejudice to him. The Tribunal considered the fact that it may not necessarily have all of the information which Dr Buch would wish to present. The Tribunal was mindful that any such prejudice must be balanced against other factors including the statutory overarching objective and the public interest, to ensure that a hearing should take place within a reasonable time and that proceedings are fair economic, expeditious and efficient.

20. The Tribunal balanced Dr Buch's interests with the public interest and determined that it was fair, just, appropriate and in the public interest to proceed in Dr Buch's absence.