

PUBLIC RECORD

Dates: 14/04/2025 - 16/04/2025, 16/06/2025, 10/11/2025

Doctor: Dr Rukmana RABINDRAN
GMC reference number: 7727911
Primary medical qualification: MB BS 2020 St George's Hospital Medical School

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

Summary of outcome

Suspension, 7 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Lay Tribunal Member:	Mr Douglas Mackay
Registrant Tribunal Member:	Dr Julius Parker - 14 to 16 April 2025 & 16 June 2025 Dr Euan Strachan-Orr – 10 November 2025
Tribunal Clerk:	Mrs Anne Bhatti – 14 to 16 April 2025 Ms Keely Crabtree – 16 June 2025 Ms Jemine Pemu – 10 November 2025

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Rossano Cifonelli, Counsel, directly instructed.
GMC Representative:	Mr Robin Kitching, 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 - 16/04/2025

1. In July 2024 Dr Rabindran was convicted of drink driving and dangerous driving in May 2024. As the facts underlying those convictions were admitted and found proved in a criminal court last year, the Tribunal was not required to determine facts. The offences were established by a Certificate of Conviction. A few days after his arrest, Dr Rabindran had referred himself to the GMC.

Background

2. Dr Rabindran qualified in 2020 with an MB BS from St George's Hospital Medical School, University of London and then completed his foundation training. Dr Rabindran has been employed as a locum doctor at St Peter's Hospital, Chertsey since 2022 and was working there at relevant times: May to July 2024.

3. The Allegation before this Tribunal relates to Dr Rabindran's convictions for drink driving and dangerous driving on 23 May 2024 at Staines Magistrates' Court on 17 July 2024.

4. Dr Rabindran was disqualified from driving for 12 months (with an endorsement on his driver's licence) and fined £923 for the offence of drink driving on 23 May 2024. Dr Rabindran was sentenced to 24 weeks' imprisonment, suspended for 18 months, for the offence of dangerous driving on 23 May 2024. He was disqualified from driving for 12 months (with an endorsement on his licence). Both offences arose from the same episode of driving and the disqualifications were ordered to run concurrently. Dr Rabindran is required to pass an extended test of competence before his licence is returned.

5. On 23 May 2024 Dr Rabindran finished work about 8pm and then had drinks with a colleague who was also a friend. He then drove his vehicle so fast that a police officer in an unmarked vehicle followed him and recorded speeds of up to around 120 miles per hour.

When he stopped (unprompted) he was arrested, breathalysed and taken to a police station, where he provided another sample of breath for evidential purposes.

6. The lowest reading of breath was 51 micrograms per 100 millilitres of breath. As the legal limit is 35 micrograms of alcohol per 100 millilitres of breath, he was charged with drink driving. He was charged with dangerous driving due to the speed and manner of his driving, as recorded for 14 minutes by the police.

7. Dr Rabindran attended Staines Magistrates' Court on 17 July 2024 and pleaded guilty to both charges. A Certificate of Conviction provides conclusive evidence of commission of the offences recorded. Although the copy provided to the Tribunal was undated and unsigned, this Certificate was not challenged.

The Allegation and the Doctor's Response

8. The Allegation against Dr Rabindran is as follows:

1. On 17 July 2024 at Staines Magistrates' Court you were:
 - a. convicted of the following offences:
 - i. on 23 May 2024 at Morden Park in the Borough of Morden drove a motor vehicle, namely a BMW 335d index NU17 FLL on a road, namely Lynmouth Avenue, after consuming so much alcohol that the proportion of it in your breath, namely 51 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit; **Admitted and found proved**
 - ii. on the 23rd of May 2024 at Esher in the County of Surrey drove a mechanically propelled vehicle, namely a BMW 335d index NU17 FLL dangerously on a road, namely A3 northbound and Grand Drive in Raynes Park. **Admitted and found proved**
 - b. sentenced in respect of the offence outlined at paragraph 1.a.i to:
 - i. a disqualification for holding or obtaining a driving licence for 12 months; **Admitted and found proved**
 - ii. an endorsement of your driving record; **Admitted and found proved**

- iii. a fine of £923; **Admitted and found proved**
- c. sentenced in respect of the offence outlined at paragraph 1.a.ii to:
- i. a suspended sentence order for 24 weeks imprisonment suspended for 18 months; **Admitted and found proved**
 - ii. a disqualification for holding or obtaining a driving licence for 12 months and until an extended test of competence has been passed; **Admitted and found proved**
 - iii. an endorsement of your driving record. **Admitted and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

(1) CONVICTION – FACTS ADMITTED

9. Dr Rabindran admitted the Allegation, in full, through his counsel, Mr Rossano Cifonelli. Mr Cifonelli said that Dr Rabindran accepted the facts underlying both convictions. The Tribunal announced that the Allegation had been admitted and found proved, under Rule 17(2)(d)(e) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules).

10. The Tribunal then had to decide, in accordance with Rule 17(2)(l) of the Rules, whether Dr Rabindran's fitness to practise is impaired by reason of conviction.

(2) IMPAIRMENT

Evidence

11. The GMC relied on the following evidence:

- Cleartone video footage dated 24 May 2024 showing Dr Rabindran driving his BMW on 23 May 2024;
- Self-referral form completed by Dr Rabindran on 28 May 2024;
- Certificate of Conviction in relation to court proceedings on 17 July 2024;
- XXX;
- XXX.

12. XXX

13. On behalf of Dr Rabindran, Mr Cifonelli relied on the following documents:

- Unsigned statement dated 10 July 2024;
- Character references from various colleagues/relatives;
- Testimonial from Dr D dated 11 April 2025;
- Reflections – produced for Appraisal – undated.

14. Dr Rabindran gave oral evidence at the hearing. He answered all questions from Mr Cifonelli, Mr Kitching and the Tribunal.

Oral evidence from Dr Rabindran

15. Dr Rabindran asked the Tribunal to take account of Dr Rabindran's letter dated 10 July 2024 and similar reflections for his Appraisal several months later.

'I am writing to express my profound regret and sincere apologies for my recent actions involving drink driving and speeding. I fully understand the severity and potential consequences of my behaviour, and I am deeply remorseful for the lapse in judgment that led to these incidents.

These actions are completely out of character for me. I have always strived to be a responsible and conscientious individual, both in my personal and professional life. I recognize that I have made a serious mistake, and I am committed to making amends and ensuring that such behaviour does not occur again in the future.

Since the incidents, I have taken several proactive steps to address and rectify my behaviour.'

16. On Monday 14 April 2025 Dr Rabindran told the Tribunal that on 23 May 2024 he left work about 8 pm to 8.30 pm and went for a drink with a colleague/friend he had not seen for some time. Dr Rabindran said he drank two pints of regular-strength Peroni beer, but had not eaten much that day. XXX. In evidence to the Tribunal Dr Rabindran said that he had had two pints.

17. Dr Rabindran told the Tribunal that he was in a 'hurry' to get home, eat and go to bed, when he decided to drive his BMW, rather than taking public transport home (a journey of

1½ to 2 hours) or staying in a local hotel. He had to get up early next day, but Dr Rabindran accepted that this did not justify his offences that night, agreeing that drivers should be more careful after having alcohol to drink. He said it had been a '*moment of madness*'.

18. Dr Rabindran said that he was not checking his speedometer. In answer to questions, Dr Rabindran accepted that he knew he was breaking the speed limit and conceded that he had slowed down approaching speed cameras. He also accepted that he had three points on his licence for speeding on the A3 at 65 mph in a 50 mph zone two years earlier.

19. Dr Rabindran said he had been '*shocked, frightened and ashamed*' when he was arrested. He now takes public transport to work and elsewhere, often needing to get up at 5 am for a long commute, up to two hours each way to work.

20. When asked about the '*worst aspect*' of actions, Dr Rabindran said:

'My career is in jeopardy, I came to the UK from Germany and worked hard to qualify [as a doctor] so don't want to throw that away; my parents spent a lot of money on my education; my career is who I am... my actions were very silly... not much to add...'

Later in evidence, he said:

'This incident has taught me a lot – I will now stay under the speed limit. My conviction has caused a lot of hardship.'

Dr Rabindran was asked:

'Did the amount of alcohol you drank on 23 May 2024 influence the way you drove?'

His response was:

'I do not believe so... excess alcohol can slow reactions, but I do not believe my judgment or reactions were impaired; I was still in control of myself and my driving... I would not get in a car if not safe to drive.'

21. It was only when asked directly about the impact on other road-users of his speeding that Dr Rabindran acknowledged that the potential consequences of being unable to stop could result in death or serious injury. However, he maintained that he is a '*safe driver, with a tendency to speed*'.

22. Mr Cifonelli asked him if, in hindsight, Dr Rabindran now considers his ability to drive to have been affected by alcohol. Dr Rabindran said:

'I did not think my ability to drive was impaired at the time and still do not think so, although I have a tendency to speed, in terms of functionality, I do not believe it [the alcohol] impaired me.'

23. Dr Rabindran was asked if he had anything to add and he said:

'I apologise that we have to be here, I'm truly humbled by this incident, regret it and want to avoid this ever happening again... It caused hardships over the last year. I made a stupid mistake; it was very silly and I'm ashamed of my actions... this is a lifelong lesson.'

24. Dr Rabindran told the Tribunal that he has not drunk much (if any) alcohol since January 2025. XXX and he had attended several weddings, with alcohol provided, that summer.

Submissions

On behalf of the GMC

25. Mr Robin Kitching, Counsel for the GMC, submitted that Dr Rabindran's fitness to practise is impaired by reason of conviction.

26. Mr Kitching contended that Dr Rabindran's actions were serious enough to constitute misconduct, had this not been a conviction case. His offences amount to a clear breach of paragraph 81 of *Good Medical Practice* ('GMP'):

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

27. Mr Kitching asked the Tribunal to take account of all three limbs of the statutory overarching objective in section 1 of the Medical Act 1983. He submitted that Dr Rabindran's speeding while over the limit for alcohol, put the health, safety and well-being of other road-users at risk, breached the standards expected of all doctors and undermined public confidence in the medical profession. Mr Kitching said the officer following Dr Rabindran's BMW recorded speeds up to 121 mph in a 70 mph zone, as shown in the Cleartone Video Footage.

28. Mr Kitching submitted that Dr Rabindran's insight was significantly lacking: his oral evidence indicated that he did not recognise the extent to which he was affected by the consumption of alcohol on 23 May 2024. Dr Rabindran had not demonstrated insight into the wider implications of his actions.

29. Dr Rabindran's answers focused on the impact on himself and his career. At no point did Dr Rabindran show appreciation of the most serious aspects of this case: the danger to other road-users. It required fairly extensive questioning from the Tribunal before Dr Rabindran acknowledged this factor, but it should have been the first thing he mentioned. Dr Rabindran did not mention the reputation of the profession or public confidence in doctors. Mr Kitching submitted that Dr Rabindran had a long way to go before he developed proper and true insight into what had taken place.

On behalf of Dr Rabindran

30. Mr Rossano Cifonelli, Counsel for Dr Rabindran, submitted that his fitness to practise is not (or is no longer) impaired by reason of conviction for driving offences in 2024. XXX

31. Mr Cifonelli submitted that Dr Rabindran had exceptional insight into his actions, demonstrated by his '*immediate*' self-referral to GMC (five days) after being arrested, full acceptance of his actions and early guilty pleas at court; he had expressed profound regret and sincere apologies. Dr Rabindran's remediation included reflection in his professional portfolio and keeping a diary; he had increased his exercise and also meditated.

32. Mr Cifonelli submitted that Dr Rabindran was of professional good standing and referred the Tribunal to his positive testimonials. Mr Cifonelli asserted that there was no risk of repetition.

33. Mr Cifonelli submitted that no limb of the statutory overarching objective had been engaged. There was no evidence that Dr Rabindran posed a risk to patients, Dr Rabindran's prompt self-referral, guilty plea and insight would maintain public confidence in the regulatory process. Furthermore, the isolated nature of the incident, in the context of Dr Rabindran's otherwise exemplary record, would ensure that professional standards were not undermined.

34. Mr Cifonelli asked the Tribunal to consider evidence of Dr Rabindran's professional standing and good character. He referred to testimonials from:

- (a) Dr A (Consultant Geriatrician) who described Dr Rabindran as '*an exceptional physician*' with "*empathy and professionalism*".
- (b) Dr B, who confirmed Dr Rabindran's '*dedication, competence, and compassion in his medical practice*'.
- (c) Dr C, who had known Dr Rabindran since 2014, testified to his '*professionalism and the high standard of care he provides*'.

35. Whilst Dr Rabindran acknowledged the seriousness of his conviction Mr Cifonelli concluded by submitting that his current fitness to practise is not impaired by reason of conviction, taking account of the following points:

- (a) This was an isolated incident in an otherwise unblemished career.
- (b) Dr Rabindran had shown exceptional insight and taken remedial steps.
- (c) There are no health concerns affecting his fitness to practice.
- (d) There is no evidence of any risk to patients.
- (e) The public interest is served by allowing a remorseful, competent doctor to continue practising.

The Relevant Legal Principles

36. The Legally Qualified Chair (LQC) advised the Tribunal as to the approach to be adopted at the Impairment stage of proceedings. Mr Cifonelli and Mr Kitching had no comments on this legal advice and the Tribunal accepted it.

37. Impaired is an ordinary word in common use, not defined in the Medical Act 1983. At the impairment stage, there is no burden or standard of proof; it is a question of judgment for the Tribunal. Impairment must be decided at the time of the hearing. To do this the Tribunal must look forward, taking account of remorse, insight, and changes in conduct or attitude to remediate and avoid repetition.

38. In determining impairment, the Tribunal must consider whether (or not) the facts found by the Tribunal indicate any risk of harm, breach of a fundamental tenet of the medical profession or bringing it into disrepute, or likely future issues: *Grant [2011] EWHC 927 citing the Fifth Shipman report*.

39. The need to maintain public confidence in the medical profession or uphold standards may mean that a doctor's fitness to practise is impaired solely by reason of conviction. This is

because the public would not have confidence in the doctor, or in the profession's standards, if the Tribunal regarded convictions for serious offences as leaving fitness to practise unimpaired.

40. The Tribunal must take account of principles in *Grant [2011]* which provides guidance in relation to impairment, with relevant questions:

'Do our findings in respect of the doctor's misconduct ... show that his fitness to practise is impaired in the sense that he:

- (a) *[Risk to patients not alleged]*
- (b) *Has in the past brought and/ or is liable in the future to bring the medical profession into disrepute, and/or*
- (c) *has in the past breached and/ or is liable in the future to breach one of the fundamental tenets of the medical profession.*
- (d) *[Dishonesty not alleged]'*

The Tribunal's Determination on Impairment

41. The Tribunal had to determine whether Dr Rabindran's fitness to practise is currently impaired by reason of conviction for drink driving and driving dangerously. A finding of impairment is not required in relation to every conviction for a criminal offence. The Tribunal had to assess seriousness, taking account of early admissions, as well as the fact that a (suspended) custodial sentence was imposed. Dr Rabindran's insight into any risk, or potential risks, posed by his actions was also regarded as an important factor.

42. The Tribunal analysed the police video and other evidence, as well as submissions on behalf of Dr Rabindran and the GMC. It considered whether the concerns raised by his actions were remediable and to what extent those concerns had been allayed by any remediation. The Tribunal also considered the likelihood of repetition.

43. The Tribunal took account of the Certificate of Conviction in the context of paragraph 81 of GMP: '*81 You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.'*

44. Dr Rabindran was convicted of drink driving and driving dangerously on the A3 and other public roads. He pleaded guilty at the earliest opportunity and had been disqualified from driving for a year, with an extended test of competence then being required. He was also fined £923 and sentenced to 24 weeks' imprisonment, suspended for 18 months. His

offences were serious enough for a custodial sentence, although he will only be imprisoned if he reoffends.

45. The Cleartone video footage of Dr Rabindran's driving showed him weaving in and out of traffic, crossing lanes at speed, to overtake or undertake other slower vehicles. The speeds recorded by the police were far over the legal limits.

46. Although not every conviction justifies regulatory action, the Tribunal considered that the speed and manner of Dr Rabindran's dangerous driving, while over the legal limit for alcohol, would be condemned by most health professionals and other members of the public.

47. In evidence, Dr Rabindran said that he thought he could drive safely, but his actions and convictions demonstrate that he placed other road-users at risk of death or serious injury. In answer to Tribunal questions, he said he was a '*skilled, safe driver, aware of other road users*', but acknowledged that tailgating other vehicles at speed would induce fear and could increase the risk of collisions.

48. The Tribunal considered that his dangerous driving was extremely serious because of the high risk to other road-users. Dr Rabindran had driven dangerously at excessive speeds whilst under the influence of alcohol.

49. The 14-minute video footage provided evidence of an extended episode of dangerous driving, with several dangerous manoeuvres such as undertaking, overtaking very close to slower vehicles, with no margin for error, driving on the verge and tailgating: driving very close to the vehicle in front with insufficient room to slow down or stop. Dr Rabindran had only slowed down when he had been forced to do so by traffic lights or other vehicles. The Tribunal considered that, had anything unexpected occurred that night, there could have been very serious consequences for road-users including Dr Rabindran himself.

50. The Tribunal concluded that Dr Rabindran's actions underlying his convictions for drink driving and dangerous driving amounted to a prolonged episode of reckless behaviour which had risked the lives of other road-users. His offences had undermined public confidence in doctors and the profession.

51. Dr Rabindran had been one and half times over the limit for alcohol when he had been breathalysed 90 minutes after his last drink. Whether or not his judgment was

impaired by alcohol, his decision to drive very fast and dangerously on the A3 indicated a gross disregard for the safety and well-being of others on the road.

52. The fact that his dangerous driving continued for several minutes on moderately busy roads undermined the assertion that it was a '*one-off*' or '*moment of madness*'. The sustained nature of the speeding episode indicated that Dr Rabindran had deliberately prioritised his desire to get home quickly over the safety and well-being of other road-users. Indeed, the video footage evidenced that during this episode Dr Rabindran was speeding at approximately 120 mph where the speed limit was 70 mph, 110 mph where there was a speed limit of 50 mph, and 50 mph where the speed limit was 20 mph.

53. The Tribunal considered that Dr Rabindran had taken some steps to remediate and allay concerns raised by his offences. In his letter dated 10 July 2024 he had apologised for his actions and expressed remorse. He had pleaded guilty at the earliest opportunity and admitted the Allegation to this Tribunal.

54. In oral evidence Dr Rabindran said he had virtually stopped drinking this year. He also said he had watched YouTube videos and had done '*a lot of reflection on myself and the incidents to ensure that it doesn't happen again*'. However, he had not provided certificates of relevant courses or drafted a reflective statement demonstrating insight into the catalysts for his criminal behaviour and its potential consequences.

55. His reflections at his appraisal were similar to the contents of his letter dated 10 July 2024 before his court appearance: '*I fully understand the severity and potential consequences of my behaviour, and I am deeply remorseful for the lapse in judgment that led to these incidents. These actions are completely out of character for me.*'

56. However, Dr Rabindran's primary focus in oral evidence was the impact on himself and his relatives. He did not volunteer any reflections on the risk to others, how injury or death may impact on them or their relatives, or the fact that his behaviour would shock members of the public and undermine confidence in the medical profession.

57. The Tribunal considered that Dr Rabindran had insufficient insight into the reasons for his disregard of other road-users on 23 May 2024, or the serious consequences of any accidents he caused. In evidence, he had focused primarily on the impact on his career and relatives.

58. Dr Rabindran had not been deterred from reoffending by a penalty for an earlier offence of speeding in 2022. The Tribunal was very concerned that Dr Rabindran still considered himself safe to drive on the night in question, even with the benefit of hindsight, while being 1½ times over the limit for alcohol, despite being recorded as driving at speeds up to 121 mph on 23 May 2024.

59. When asked by the Tribunal how far should he be from the vehicle in front of him to stop safely, Dr Rabindran did not give an answer in metres, raising concerns about his knowledge of, respect for, or adherence to the Highway Code. Dr Rabindran said he would look at the Highway Code when he applied to get his licence back.

60. Dr Rabindran did not provide evidence of good insight to the Tribunal. His reflections were focused on his career and other personal concerns. The Tribunal was not presented with evidence that Dr Rabindran fully appreciated the potentially serious consequences of his actions on other road users.

61. The Tribunal concluded that Dr Rabindran's actions had breached a fundamental tenet of the medical profession, because he had not acted in such a way as to justify his patients' confidence in himself or public trust in doctors; this was in breach of paragraph 81 of *GMP*. His offences had brought the profession into disrepute.

62. As Dr Rabindran had demonstrated little insight into the catalysts for his offending and his remediation was limited, the Tribunal was unable to conclude that the risk of similar behaviour in future had been minimised. The Tribunal was aware that Dr Rabindran had found being unable to drive very disruptive and considered that this would provide a deterrent to future driving over the limit for alcohol and/or excessive speeding on public roads. However, his behaviour on 23 May 2024 raised significant concerns about his judgement in relation to his driving.

63. The Tribunal was satisfied that Dr Rabindran's fitness to practise is currently impaired by reason of conviction. A finding of impairment is required to maintain public confidence in doctors and to uphold proper standards of conduct for the medical profession.

64. The Tribunal has therefore determined that Dr Rabindran's fitness to practise is impaired by reason of conviction.

Determination on Sanction - 10/11/2025

65. Having determined that Dr Rabindran's fitness to practise is impaired by reason of conviction, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

66. The Tribunal has taken account of evidence received during earlier stages of the hearing, where relevant to its decision on sanction. The Tribunal considered an additional bundle of evidence produced for this stage from Dr Rabindran, including:

- Dr Rabindran's witness statement dated 9 June 2025,
- Letter from Dr D, Chief Medical Officer at Ashford & St Peter's NHS Foundation Trust dated 6 June 2025,
- Course Certificates from Dr Rabindran:
 - Alcohol Use Disorders, dated 6 June 2025,
 - Driver Awareness: Speed, dated 8 June 2025,
 - Drugs & Alcohol Awareness, dated 10 June 2025.

67. Additional references were provided to the Tribunal on Monday 10 November 2025:

- Reference from Dr A, dated 8 November 2025;
- Reference from Dr D, dated 10 November 2025.

Submissions

GMC submissions

68. Counsel for the GMC Mr Kitching asked the Tribunal to take account of points made at the impairment stage. He submitted that the appropriate sanction is suspension, but did not suggest how long any suspension order should last.

69. He said that Dr Rabindran's offences amounted to a serious breach of principles of good medical practice set out in GMP.

70. Mr Kitching said that the purpose of a sanction is to protect the public and wider public interest, not punishment. However, sanctions may have a punitive effect. The

interests of the doctor must be considered, but these may be outweighed by the public interest: *Bolton v Law Society [1994] WLR 512*. Counsel added that the Tribunal should impose the least restrictive sanction available, to protect the public interest, and adopt a proportionate approach.

71. Mr Kitching also referred to the *Sanctions Guidance (SG)* in relation to aggravating and mitigating factors. Mitigating factors included the lack of any previous regulatory breaches, early admissions and expressions of remorse.

72. Mr Kitching referred to the Tribunal's decision on impairment and submitted that the risk of repetition had not been sufficiently minimised, taking account of Dr Rabindran's lack of insight when giving evidence.

73. Due to the seriousness of Dr Rabindran's misconduct, Mr Kitching submitted that a suspension order was necessary to uphold standards and maintain confidence in the medical profession.

74. Mr Kitching submitted that taking no action would be inappropriate because there are no exceptional circumstances that could justify taking no action.

75. Mr Kitching also submitted that conditions of practice would not deal with the concerns identified by the Tribunal and would not be sufficient to protect the public, uphold standards and maintain public confidence in the medical profession.

76. Mr Kitching referred the Tribunal to paragraphs 91-92 of the *SG* which indicates that suspension may be imposed in a case of this serious nature, to maintain public confidence and uphold standards of conduct.

77. Mr Kitching submitted that the seriousness of Dr Rabindran's misconduct, in the context of his inadequate insight and other factors, was such that only a sanction of suspension would satisfy the public interest. He also submitted that suspension was the only proportionate response in all the circumstances.

78. Mr Kitching submitted that Dr Rabindran's actions had breached a fundamental tenet of the profession (to act lawfully) but were not such as to be fundamentally incompatible with his continued registration. Counsel said that an order of suspension would indicate to Dr

Rabindran, other doctors and the public the standards of conduct expected of a registered medical practitioner.

79. Mr Kitching referred the Tribunal to paragraphs 97a, e, f and g of the SG which lists some key factors pointing to suspension as an appropriate sanction.

80. The GMC position is not that Dr Rabindran's misconduct requires a sanction of erasure.

81. Mr Kitching said that Dr Rabindran's suspended sentence is due to be completed in January 2026. The GMC recognise that this date does not govern the length of any sanction imposed by the Tribunal.

82. However, Mr Kitching said the Tribunal should consider paragraph 119 of the SG:

'As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'

83. Mr Kitching also submitted that the impact of the sentence imposed on Dr Rabindran by the criminal court was of little (if any) relevance to the Tribunal's decision on sanction.

Submissions on behalf of Dr Rabindran

84. Mr Cifonelli, Counsel for Dr Rabindran, submitted that the Tribunal should consider taking no further action, or, alternatively, impose conditions of practice, as an appropriate and proportionate response. Mr Cifonelli suggested that there had been a fundamental change in Dr Rabindran's level of insight and understanding of his offending since the first stage of his hearing in April 2025; this materially alters the risk assessment and the need for regulatory intervention.

85. Mr Cifonelli said that the Tribunal's decision on impairment was based, in part, on Dr Rabindran's evidence, including his assertion that he was not impaired by having an elevated blood alcohol level.

86. Mr Cifonelli submitted that Dr Rabindran now accepts the Tribunal's findings and has demonstrated insight into his mistakes. This was confirmed by Dr D, his Chief Medical Officer

(CMO) who provided evidence of Dr Rabindran's transformation in two testimonials. In June 2025, he wrote:

'Dr Rabindran fully accepts the findings of the tribunal and has great remorse for his actions... I have discussed the professional implications of his actions and responses with Dr Rabindran... I have emphasised how important it is for him to understand the primacy of the very real risk he placed on others. We have also discussed in detail his incorrect and unscientific assertion that he was not impaired. I believe that Dr Rabindran has genuine regret for his actions and clear insight into his mistakes and the learning that he must derive from them.'

87. Mr Cifonelli suggested that this independent assessment from a senior professional should be given significant weight, as it demonstrates that the concerns identified by the Tribunal in its impairment decision have now been addressed. Dr D provided a second testimonial dated 10 November 2025:

'I am [Dr D] and I am the Chief Medical Officer at Ashford & St Peter's NHS Foundation Trust. I have worked at the Trust in this role since 2nd December 2024. Dr Rabindran has worked at Ashford and St Peter's NHS Foundation Trust as a resident doctor for over 4 years now. He continues to be a valued and respected colleague who places patient care at the core of his practice. I have received updated positive and supportive comments about him from his educational supervisor. I have no professional concerns about him from a clinical perspective.

Having met with Dr Rabindran I believe that he has genuine regret and remorse regarding the situation, and I believe he has reflected on his actions. It would be a significant loss if Dr Rabindran were restricted from clinical practice as a sanction in relation to his misconduct.'

88. Mr Cifonelli submitted that risk of repetition has been minimised and that the Tribunal should take account of the following relevant factors:

- The incident was outside Dr Rabindran's clinical practice and had no impact on patient care;
- Dr Rabindran has demonstrated insight and understanding;
- Dr Rabindran continues to work effectively with the support of his Trust, including professional support;
- The sentence imposed by the criminal court represents a significant deterrent to similar future offences;
- XXX

89. Mr Cifonelli said that Dr Rabindran was described by his CMO as '*a valued clinical colleague*' who should be allowed to continue making '*a valuable contribution through his role as a doctor.*' A reference from Dr A dated 8 November 2025 said:

'I am writing a follow-up reference for Dr Rukmana Rabindran, having previously provided one in July 2024. Since that time, I have continued to work with him closely and have also completed his most recent appraisal. Over the past year, Dr Ruk has continued to perform his duties to a high standard. He remains a valued member of our hospital, consistently demonstrating professionalism, reliability, and a strong commitment to patient care.'

'Since the incident, I believe Dr Rabindran has shown self-awareness, honesty and a commitment to improvement. He has taken responsibility for his actions and used the experience as an opportunity for personal and professional development. His conduct since then has been exemplary. It would be regrettable if, after such a period of sustained good conduct and valuable contribution, the hospital were to lose the services of Dr Rabindran.'

90. Mr Cifonelli submitted that the public interest had been adequately served by the Tribunal's finding of impairment, which publicly marks the seriousness of his conduct. Dr Rabindran has accepted responsibility and demonstrated insight. He added that the public interest is also served by Dr Rabindran's engagement with the regulatory process and criminal court. Dr Rabindran had received a suspended sentence of imprisonment and been disqualified from driving.

91. Mr Cifonelli argued that no additional regulatory action was required to protect the public or to maintain confidence in the profession.

92. In June 2025, Mr Cifonelli submitted that, if the Tribunal consider that a sanction is necessary, conditions of practice would be adequate and proportionate.

93. Mr Cifonelli identified mitigating factors:

- Dr Rabindran referred himself to the GMC within 5 days of his arrest;
- He pleaded guilty to all charges at the first opportunity;
- Dr Rabindran had a (previously) unblemished professional record;
- He has provided testimonials from his CMO and other colleagues;
- Dr Rabindran's offences arose from an isolated incident;

- His misconduct occurred outside his clinical practice;
- Dr Rabindran has demonstrated full and genuine insight.

94. Mr Cifonelli said that the primary purpose of a sanction is public protection, not punishment. He said that the Tribunal should choose the least restrictive option consistent with public protection; any sanction should be proportionate to the circumstances, taking account of Dr Rabindran's insight and remediation.

95. Mr Cifonelli said Dr Rabindran had addressed the concerns identified by the Tribunal in its decision on impairment. If the Tribunal considered it necessary to impose a sanction, it should impose conditions enabling Dr Rabindran to practise.

96. Mr Cifonelli submitted that suspension would be wholly disproportionate and contrary to the public interest in having access to doctors, taking account of Dr Rabindran's insight and changed attitude. Erasure is not suggested by the GMC.

The Tribunal's Decision on Sanction

97. The Tribunal accepted legal advice from the Legally Qualified Chair, on which there was no comment by counsel. The decision as to the appropriate sanction, if any, is a matter for the Tribunal. There is no burden or standard of proof at this stage.

98. The Tribunal must take account of the overarching objective, in section 1 of the Medical Act 1983, including the need to uphold standards and maintain public confidence in doctors. The Tribunal should balance the interests of Dr Rabindran with those of the public and adopt a proportionate approach.

99. Although a Tribunal need not adhere to the SG, it should consider and take account of it: *Bramhall [2021] EWHC 2109*. If departing from the SG, a Tribunal has a duty to state clear, substantial and specific reasons for the departure.

100. In reaching its decision, the Tribunal has taken account of relevant principles in the SG, as well as submissions by counsel. It accepted that the purpose of any sanction is to protect the public and wider public interest, although a sanction may have a punitive effect. The Tribunal was aware that restricting or suspending Dr Rabindran's registration may have an impact on his finances and reputation.

101. In deciding what sanction to impose, if any, the Tribunal considered all available options, starting with the least restrictive. The Tribunal first identified aggravating and mitigating factors.

Aggravating factors

102. The Tribunal considered that driving dangerously at very high speeds for several minutes to be inherently serious, as the consequences were potentially fatal to other road users. Dr Rabindran was seen to tailgate other vehicles, driving extremely close to them, undertaking and overtaking them. The fact that Dr Rabindran was over the legal limit for alcohol was another aggravating feature in this case.

103. The SG says, at paragraphs 51-52 that:

'51 It is important for tribunals to consider insight, or lack of, when determining sanctions.

*52 A doctor is likely to lack insight if they:
... c do not demonstrate the timely development of insight'*

104. The Tribunal took account of Mr Cifonelli's submission that Dr Rabindran now has insight and understanding as his CMO supported this proposition. However, Dr Rabindran's evidence to the Tribunal demonstrated that any development of insight has not been timely. Rather, it was expressed at a late stage in these proceedings.

Mitigating factors

105. The Tribunal considered paragraph 25b of the SG to be relevant because Dr Rabindran had no previous regulatory history and provided recent testimonials indicating professionalism at work:

'25 The following are examples of mitigating factors...

b Evidence that the doctor is adhering to important principles of good practice...'

106. The Tribunal also took account of Dr Rabindran's youth at the time of his offences and lapse of time since his convictions. Dr Rabindran referred himself to the GMC and attended relevant courses on alcohol awareness and speeding.

107. The Tribunal considered that driving at excessive speeds while over the limit for alcohol is capable of remediation. Dr Rabindran's attitude may have changed during these proceedings. He has not been arrested for any other driving offences.

No action

108. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal found no exceptional circumstances to justify taking no action. It would not be in the public interest to conclude this case with no sanction.

Conditions

109. The Tribunal next considered whether to impose conditions on Dr Rabindran's registration. Any conditions imposed would need to be an appropriate response to deal with risks identified.

110. As Dr Rabindran's criminal offences took place outside his practice, the Tribunal did not consider conditions of practice to be sufficient to mark the gravity or seriousness of his misconduct.

111. Conditions would not uphold standards of conduct or maintain public confidence in the medical profession. No conditions imposed would address the concerns identified by the Tribunal.

Suspension

112. The Tribunal next considered whether it was appropriate, necessary and proportionate to suspend Dr Rabindran's registration.

113. The Tribunal considered paragraphs 91-92 of the SG in relation to suspension:

'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.

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...’*

114. The Tribunal did not disagree with the GMC’s position that Dr Rabindran’s offences were not fundamentally incompatible with his continued registration.

115. The Tribunal recognised that a sanction of suspension would have a deterrent effect, mark the gravity of his misconduct and indicate to Dr Rabindran, the profession and members of the public that driving extremely fast, while over the limit for alcohol, amounts to conduct unbefitting a registered medical professional.

116. The Tribunal took account of paragraph 97a, e, and f of the SG:

'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 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, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

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

117. The Tribunal was not presented with any evidence of similar behaviour since Dr Rabindran's arrest, nor of previous unsuccessful attempts to remediate. There was no submission from the GMC, or other indication, that erasure of his name from the register was required in the public interest. Dr Rabindran has consistently engaged with his regulator and these proceedings.

118. The Tribunal recognised that Dr Rabindran had accepted responsibility for his offences in the criminal court and by making admissions at his fitness to practise hearing. The Tribunal took account of his witness statement dated 9 June 2025:

'I am humbled, I am remorseful, and I am committed—both to ensuring that nothing like this happens again and to using my experience to help others avoid the same mistakes.'

119. The Tribunal had no evidence that Dr Rabindran's expression of remorse was not genuine. Whereas his initial concerns were for his close relatives and career, Dr Rabindran appears to have developed his insight into the danger he caused to other road-users since he gave evidence, as indicated by his CMO. The Tribunal was provided with certificates to show that Dr Rabindran has taken relevant courses.

120. In all the circumstances, the Tribunal determined that a suspension order was the necessary and proportionate sanction. A suspension order would suffice to uphold professional standards and maintain public confidence in the profession.

121. Taking account of the public interest in facilitating the safe return to practice of a competent doctor, the Tribunal concluded that erasure was disproportionate. Although very serious, the Tribunal did not consider Dr Rabindran's offences to be fundamentally incompatible with his continued registration as a doctor.

122. The Tribunal considered the length of the suspension, taking account of paragraphs 99-101 of the SG:

'99 The length of the suspension may be up to 12 months and is a matter for the tribunal's discretion, depending on the seriousness of the particular case.'

100 The following factors will be relevant when determining the length of suspension:
a the risk to patient safety/public protection

- b *the seriousness of the findings and any mitigating or aggravating factors [...].*
- c *ensuring the doctor has adequate time to remediate.*

101 *The tribunal's primary consideration should be public protection and the seriousness of the findings. Following any remediation, the time all parties may need to prepare for a review hearing if one is needed will also be a factor.'*

123. The Tribunal recognised that Dr Rabindran's behaviour had been unlawful and would undermine public confidence in the profession. His behaviour breached *GMP*.

124. Taking account of aggravating and mitigating factors, the Tribunal decided that a seven-month suspension order was necessary to mark the seriousness of Dr Rabindran's conduct, to uphold standards and to maintain public confidence in doctors.

125. Seven months should provide Dr Rabindran with sufficient opportunity to reflect on the potentially fatal consequences of his actions and further develop insight into how this could affect other people, as well as the reputation of doctors.

126. The Tribunal decided to order a review hearing to convene shortly before the end of the suspension imposed on Dr Rabindran. At the review hearing, the onus will be on Dr Rabindran to demonstrate any further remediation and insight.

127. A review Tribunal would be assisted by any of the following:

- Oral or written evidence from Dr Rabindran to demonstrate insight into why he acted as he did, potential consequences and future intentions;
- Evidence of attendance on any courses Dr Rabindran considers relevant.

Determination on Immediate Order - 10/11/2025

128. Having determined to suspend Dr Rabindran's registration for seven months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of suspension.

Submissions

129. On behalf of the GMC, Mr Kitching submitted that an immediate order is not necessary.

130. On behalf of Dr Rabindran, Mr Cifonelli also submitted that there is no need for an immediate order. He said that Dr Rabindran had been working for the last 18 months and his employers are aware of these proceedings. Mr Cifonelli submitted an immediate order would cause disruption to Dr Rabindran's patients and colleagues at the Hospital.

The Tribunal's Determination

131. The Tribunal took account of paragraphs 172, 173, 175 and 178 of the SG:

'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'

'175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.'

'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.'

132. The Tribunal took account of fact that the GMC did not submit that there was any risk to patient safety. Mr Kitching acknowledged that an immediate order would have an impact on patients if Dr Rabindran were immediately suspended, adding that he could have prepared for such an outcome.

133. The Tribunal did not consider that an immediate order was necessary to protect patients or other members of the public, nor that an immediate order was required to uphold standards or maintain confidence in doctors.

134. The Tribunal did not consider that an immediate order was not required in the wider public interest, nor was an immediate order required in Dr Rabindran's own interests.

135. This means that Dr Rabindran'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 Rabindran does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

136. That concludes the case.