

PUBLIC RECORD**Dates:** 20/11/2025 - 28/11/2025**Doctor:** Dr Ramkali KAUR**GMC reference number:** 7947796**Primary medical qualification:** MBBS 2022 Queen Mary University of London

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

Summary of outcome

Suspension, 4 months
Review hearing directed

Tribunal:

Legally Qualified Chair:	Mrs Emma Gilberthorpe
Lay Tribunal Member:	Mrs Barbara Larkin
Registrant Tribunal Member:	Dr Richard Whiteside

Tribunal Clerk:	Mr Joel Taylor-Garrett Mr Matt O'Reilly (27/11/2025 only)
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Andrew Faux, Counsel, of The Reflective Practice
GMC Representative:	Ms Lousie Cowen, 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 - 24/11/2025

Background

1. The matters before this Tribunal arose following Dr Kaur's self-referral to the GMC by email, dated 20 October 2022. In summary in that email, Dr Kaur explained that she wished to inform the GMC of a change in her DBS status which was set out in a letter from a solicitor, and which Dr Kaur attached to the self-referral email. The letter from the solicitor was dated 26 September 2022 and referred to Dr Kaur having pleaded guilty at Wolverhampton Magistrates' Court, on 22 September 2022, in respect of claiming benefits from the Department of Work and Pension (DWP) to which she was not entitled, dating back to 2016 and 2017. It stated that Dr Kaur was sentenced to a conditional discharge for a period of 2 years.
2. Dr Kaur had been a carer for a close family member, whilst she was living at home for the year between leaving school and before going to university to study for her medical degree. The claim for benefits was made in respect of Dr Kaur being a carer during this period.
3. The GMC wrote to Dr Kaur on 20 December 2022 seeking further information regarding the matter. Dr Kaur referred the GMC back to the letter from the solicitor and stated that these offences had been committed a long time ago, and she could not recall the particulars of the case accurately. Dr Kaur provided the GMC with further information as to the Court case on 17 January 2023, indicating that the benefits claimed, to which she was not entitled, totalled £10,000. She stated that the change in her circumstances occurred on 19 September 2016, that her family home was involved in a fire and everything was destroyed, there was financial hardship, and she was also supporting her studies at university in London. Dr Kaur also stated that the money had been repaid.
4. Further enquiries were made by the GMC with the DWP and Wolverhampton Magistrates' Court as part of its investigation. The Court documents provided to the

GMC indicated that Dr Kaur first appeared at Uxbridge Magistrates' Court on 27 June of 2022 for the offences of dishonestly making a statement to obtain Housing Benefit on 29 June 2017, dishonestly making a statement to obtain Income Support on 30 June 2017 and dishonestly failed to promptly notify DWP of a change of circumstances which would affect entitlement to Carers Allowance between 19 June 2016 and 17 June 2018. Dr Kaur was remanded on conditional bail to appear at Birmingham and Solihull Magistrates' Court on 18 July 2022. The hearing on 18 July 2022 was adjourned, at the request of Dr Kaur, and was relisted. On 15 August 2022 Dr Kaur appeared before the court and pleaded guilty to the offences, the case was further adjourned for a presentence report to be prepared. On 22 September 2022 Dr Kaur appeared before the court and was sentenced to a two-year conditional discharge.

5. It is alleged therefore that between 19 September 2016 and 17 June 2018, Dr Kaur failed to notify the DWP of her student status and that she knew the change in her circumstances would affect her entitlement to Carers Allowance, and that this was dishonest. It is also alleged that Dr Kaur was made the subject of an order for conditional discharge for a period of two years in respect of these matters on 22 September 2022 at Birmingham Magistrates' Court. It is further alleged that Dr Kaur failed to notify the GMC without delay that she had been charged with the criminal offence, as set out above.
6. Sometime between July and September 2022, Dr Kaur had been XXX and had been unable to work. She had a return-to-work meeting held on 28 October 2022 via MS Teams. At this time Dr Kaur was an FY1 doctor placed at Hereford County Hospital. This meeting was held with Dr A, Consultant Anaesthetist, Postgraduate Clinical Tutor & Foundation School Director – West Midlands Central, and Dr B, Consultant Geriatrician. On 24 October 2022, just prior to the return-to-work meeting, the letter from the solicitor, as previously set out, was provided to Dr A.
7. It is alleged that at that meeting on 28 October 2022, Dr Kaur informed Dr A that she had only become aware that the DWP was prosecuting her whilst she was XXX in September 2022. It is further alleged that Dr Kaur knew this statement was untrue given she had appeared at Uxbridge Magistrates' Court on 27 June 2022, in relation to three counts of benefit fraud, which was prior to her XXX; and, as she had subsequently attended Birmingham and Solihull Magistrates' Court on 15 August 2022 to enter a guilty plea. It is alleged that Dr Kaur's actions in this regard were dishonest.
8. Dr Kaur completed and submitted an application for provisional registration with the GMC, dated 25 July 2022. In that form Dr Kaur answered 'No' to the question '*Has any other action been taken against you by the police or a similar organisation?*'. It is alleged

that in so doing, Dr Kaur knew that statement was untrue; as she was aware that the DWP had brought a case against her in respect of three counts of benefit fraud; and, as she had been remanded on conditional bail to appear before Birmingham Magistrates' Court on 15 August 2022 in respect of those three counts of benefit fraud. It is also alleged that Dr Kaur's actions in this regard were dishonest.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Kaur is as follows:

1. Between 19 September 2016 and 17 June 2018 you failed to promptly notify the Department for Work and Pensions ('DWP') in the prescribed manner of a change of circumstances, namely full and accurate details of your student status and income contrary to section 111A(1A) and (3) of the Social Security Administration Act 1992.
Admitted and found proved
2. You knew that your change in circumstances would affect your entitlement to Carers Allowance. **Admitted and found proved**
3. Your action as described at paragraph 1 above was dishonest by reason of paragraph 2. **Admitted and found proved**
4. On 22 September 2022 at Birmingham Magistrates' Court you were made the subject of an order for conditional discharge for a period of two years in respect of the matters described at paragraphs 1 and 2 above. **Admitted and found proved**
5. You failed to notify the GMC without delay that you had been charged with the criminal offence detailed in paragraph 1. **Admitted and found proved**
6. On 28 October 2022 you met with your postgraduate Clinical Tutor, Dr A, at which time you informed him that you had only become aware that the DWP were prosecuting you, or words to that effect, while you were off XXX in September.
To be determined
7. You knew that this statement was untrue as you:
 - a. knew that you had attended Uxbridge Magistrates' Court on 27 June 2022 in relation to three counts of benefit fraud contrary to section 111A(1)(a), (1A) and (3) of the Social Security Administration Act 1992, which was prior to you

taking XXX leave; **To be determined**

- b. had subsequently attended Birmingham and Solihull Magistrates' Court on 15 August 2022 to enter a guilty plea. **To be determined**
8. Your action as described at paragraph 6 above was dishonest by reason of paragraph 7. **To be determined**
9. When completing your application for provisional registration with the GMC on 25 July 2022 you answered 'No' to the question 'Has any other action been taken against you by the police or a similar organisation?'. **Admitted and found proved**
10. You knew that this statement was untrue, as at the time of completing your application you:
 - a. were aware that the DWP had brought a case against you in respect of three counts of benefit fraud contrary to section 111A(1)(a), (1A) and (3) of the Social Security Administration Act 1992; **To be determined**
 - b. had been remanded on conditional bail to appear before Birmingham Magistrates' Court on 15 August 2022 in respect of three counts of benefit fraud contrary to section 111A(1)(a), (1A) and (3) of the Social Security Administration Act 1992. **To be determined**
11. Your action as described at paragraph 9 above was dishonest by reason of paragraph 10. **To be determined**

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

The Admitted Facts

10. At the outset of these proceedings, through her Counsel, Mr Andrew Faux, Dr Kaur made admissions to several paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

11. In light of Dr Kaur's response to the Allegation made against her, the Tribunal was required to determine the remaining paragraphs and sub-paragraphs.

Factual Witness Evidence

12. On behalf of the GMC, the Tribunal received a witness statement from Dr A, Consultant Anaesthetist, Postgraduate Clinical Tutor & Foundation School Director – West Midlands Central, dated 21 May 2024. Dr A also provided oral evidence at the hearing.

Documentary Evidence

13. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to, correspondence between the GMC and Dr Kaur in respect of their investigation, and the Memorandum of conviction documentation from Uxbridge Magistrates' Court and Birmingham & Solihull Magistrates' Court, various. It also had before it an email from Birmingham & Solihull District Office, DWP to the GMC, dated 24 May 2023.
14. The Tribunal also had regard to an email sent from Dr A to Professor C Regional Postgraduate Dean and Responsible Officer, Health Education England, dated 3 November 2022 with enclosures from Dr Kaur; a letter from Dr A, dated 11 October 2022 (incorrectly), to Dr Kaur RE: Confirmation of discussions regarding positive DBS disclosure; and a referral letter from Professor C which had been emailed, with enclosures, to the GMC Employer Liaison Advisor, dated 28 November 2022.

The Tribunal's Approach

15. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Kaur does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.
16. When considering allegations of dishonesty, the Tribunal reminded itself of the correct test to apply as set out by Lord Hughes at paragraph 74 of *Ivey v Genting Casinos [2017] UKSC 67* which states:

"74. When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice

determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.”

17. Therefore, the Tribunal must firstly ascertain (subjectively) the actual state of Dr Kaur’s knowledge or genuinely held belief as to the facts at the material time. Having established the doctor’s subjective belief, the Tribunal must then proceed to the second limb of the test which is to decide whether the conduct complained of was dishonest by the objective standards of ordinary decent people.

The Tribunal’s Analysis of the Evidence and Findings

18. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraphs 6 – 8

19. The Tribunal had to determine whether Dr Kaur had, during her meeting with Dr A on 28 October 2022, made a positive statement to the effect that she had been unaware of the DWP proceedings until September 2022, as set out in paragraph 6 of the Allegation.
20. The Tribunal reminded itself of Dr Kaur’s evidence on this point. She had told the Tribunal that the focus of the meeting had been her wellbeing and requirements for her to return to work following a period of XXX leave. She had said that there was only minimal discussion of the conviction and that no conversation about the timeline of when she was aware of the proceedings had taken place. Dr Kaur told the Tribunal she had not told Dr A that she only became aware of the proceedings in September and suggested that he must have assumed that from a letter dated 26 September 2022 confirming that Dr Kaur had received a conditional discharge. The Tribunal noted that it was unclear precisely how this letter had been provided to Dr A.
21. Dr A’ evidence was that, although he did not go into detail with Dr Kaur about her conviction, he had concerns about the timeline of events, particularly when she had become aware of proceedings and when she had declared them. Dr A was unable to confirm whether Dr Kaur had stated in the meeting that she had only become aware of

the proceedings in September 2022 but stated that his follow-up correspondence, sent days after the meeting, indicated as such.

22. The Tribunal recalled Dr A's evidence that he had had concerns about possible probity issues, which were potentially serious, that he needed to address in the meeting with Dr Kaur. The Tribunal considered that it was apparent that Dr A considered the probity issues to be serious and that they were a priority of his at this meeting, albeit the main focus was on Dr Kaur's return to work and wellbeing.
23. Noting that there was a clear disparity in the way Dr Kaur and Dr A recalled this meeting, the Tribunal considered the follow-up correspondence. The Tribunal considered that there were two pieces of correspondence that were of particular relevance: an email dated 3 November, sent by Dr A to the Trust's Responsible Officer and a letter dated (incorrectly) 11 October 2022, sent to Dr Kaur to inform her of the outcome of the meeting. In the email, Dr A states: *'I met with her [Dr Kaur] on Friday and she stated she only became aware of this prosecution while she was off [XXX] in September.'* The letter, checked and signed by Dr A but drafted by an HR representative, states: *'You explained that the circumstances that led to the conviction were not recent and you were unaware the local authority were prosecuting until you received the conviction in September 2022.'*
24. The Tribunal considered that these two documents were indicative that Dr Kaur had made a positive statement that she had not been aware of the prosecution until September 2022. The Tribunal considered it unlikely that Dr A had come to his own conclusion regarding this and, if that were the case, Dr Kaur would have corrected the letter informing her of the outcome of the meeting. In addition, the Tribunal noted that Dr A had highlighted the seriousness of the probity issues, whereas Dr Kaur said that there was no discussion about a timeline and that the probity issues formed only a small part of the conversation. The Tribunal considered that Dr Kaur's account lacked credibility.
25. In light of this, the Tribunal determined that it was more likely than not that Dr Kaur had told Dr A that she only became aware of the DWP prosecution in September 2022 and that paragraph 6 of the Allegation was found proved.
26. Having found paragraph 6 proved, the Tribunal considered that it followed that paragraph 7 was also proved in its entirety. Dr Kaur accepted that she had attended Uxbridge Magistrates' Court on 27 June 2022 and subsequently attended Birmingham and Solihull Magistrates' Court on 15 August 2022. In light of these Court appearances,

which Dr Kaur knew she had attended, the statement that she did not know about the DWP prosecution until September was untrue.

27. The Tribunal then turned to the test for dishonesty to determine whether Dr Kaur's actions as set out in these paragraphs of the Allegation were dishonest. The Tribunal considered that, at the time of the events, Dr Kaur knew she had attended Court on two occasions, including to enter guilty pleas, and that her statement to Dr A was untrue. The Tribunal considered that, by the standards of ordinary, decent people, a fair and reasonable member of the public would consider this dishonest. As such, the Tribunal found paragraph 8 of the Allegation proved.

Paragraphs 10 and 11

28. The Tribunal then turned to consider whether, at the time of completing the application form for conditional registration on 25 July 2022, Dr Kaur knew that her answer of 'No' as set out in paragraph 9 of the Allegation was untrue.
29. The Tribunal recalled Dr Kaur's evidence that, upon being arrested, there was a lot of confusion from all parties, including why there was a warrant for her arrest. Dr Kaur said that she had believed the overpayment had been repaid and did not understand that there were any criminal charges being brought against her.
30. The Tribunal noted that, at the time she completed the form, Dr Kaur had been arrested, held in custody, appeared before a Magistrates' Court and had been released on conditional bail. The Tribunal accepted Dr Kaur's account of confusion between various parties, but it did not consider it plausible that Dr Kaur could not know at this stage that charges were being brought against her, notwithstanding the confusion about why they may be being brought. In particular, the Tribunal was mindful that Dr Kaur had been released on conditional bail and would have had this explained to her. The Tribunal also noted that Dr Kaur had accepted the facts that she had been arrested and attended Magistrates' Court.
31. The Tribunal considered that Dr Kaur's evidence on this point was inconsistent as she gave differing accounts as to whether she had been confused, had not read the question correctly and whether she had opened and read the guidance link included in the form or not. Dr Kaur stated in evidence that she believed the proceedings against her were a mistake because the monies had been repaid. The Tribunal considered that Dr Kaur did understand that action was being taken against her but that she hoped it would all go

away. The Tribunal concluded that it was this hope that led Dr Kaur to circle 'No' on the form, but that she knew it to be untrue.

32. Therefore, the Tribunal determined that paragraph 10 of the Allegation was found proved.
33. The Tribunal then went on to consider whether Dr Kaur's actions were dishonest. It considered that, at the time of completing the form and notwithstanding the confusion around why she had been arrested, Dr Kaur was fully aware that criminal proceedings were being brought against her and that she had been remanded on conditional bail. In spite of this knowledge, Dr Kaur circled 'No' when asked if there was any other action being taken against her. The Tribunal considered that, by the standards of ordinary, decent people, a fair and reasonable member of the public would consider Dr Kaur's actions to be dishonest. Therefore, the Tribunal considered that paragraph 11 of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

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

1. Between 19 September 2016 and 17 June 2018 you failed to promptly notify the Department for Work and Pensions ('DWP') in the prescribed manner of a change of circumstances, namely full and accurate details of your student status and income contrary to section 111A(1A) and (3) of the Social Security Administration Act 1992. **Admitted and found proved**
2. You knew that your change in circumstances would affect your entitlement to Carers Allowance. **Admitted and found proved**
3. Your action as described at paragraph 1 above was dishonest by reason of paragraph 2. **Admitted and found proved**
4. On 22 September 2022 at Birmingham Magistrates' Court you were made the subject of an order for conditional discharge for a period of two years in respect of the matters described at paragraphs 1 and 2 above. **Admitted and found proved**
5. You failed to notify the GMC without delay that you had been charged with the criminal offence detailed in paragraph 1. **Admitted and found proved**

6. On 28 October 2022 you met with your postgraduate Clinical Tutor, Dr A, at which time you informed him that you had only become aware that the DWP were prosecuting you, or words to that effect, while you were off XXX in September.
Determined and found proved
7. You knew that this statement was untrue as you:
- a. knew that you had attended Uxbridge Magistrates' Court on 27 June 2022 in relation to three counts of benefit fraud contrary to section 111A(1)(a), (1A) and (3) of the Social Security Administration Act 1992, which was prior to you taking XXX leave; **Determined and found proved**
 - b. had subsequently attended Birmingham and Solihull Magistrates' Court on 15 August 2022 to enter a guilty plea. **Determined and found proved**
8. Your action as described at paragraph 6 above was dishonest by reason of paragraph 7. **Determined and found proved**
9. When completing your application for provisional registration with the GMC on 25 July 2022 you answered 'No' to the question 'Has any other action been taken against you by the police or a similar organisation?'. **Admitted and found proved**
10. You knew that this statement was untrue, as at the time of completing your application you:
- a. were aware that the DWP had brought a case against you in respect of three counts of benefit fraud contrary to section 111A(1)(a), (1A) and (3) of the Social Security Administration Act 1992; **Determined and found proved**
 - b. had been remanded on conditional bail to appear before Birmingham Magistrates' Court on 15 August 2022 in respect of three counts of benefit fraud contrary to section 111A(1)(a), (1A) and (3) of the Social Security Administration Act 1992. **Determined and found proved**
11. Your action as described at paragraph 9 above was dishonest by reason of paragraph 10. **Determined and found proved**

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

Determination on Impairment - 27/11/2025

34. The Tribunal now has to decide in accordance with Rule 17(2)(I) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Kaur's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

35. The Tribunal granted, in part, Dr Kaur's application, made pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that her evidence be heard in private session. The GMC did not oppose this application. The Tribunal reminded itself that the default position was that hearings shall be held in public but that it could sit in private where they consider that the particular circumstances of the case outweighed the public interest in holding the hearing in public. The Tribunal considered that it would be fair to hear Dr Kaur's evidence in private when the subject of her family members' health was being discussed, but that the remainder of her evidence should be heard in public.

The Evidence

36. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal heard further oral evidence from Dr Kaur.
37. In her evidence, Dr Kaur told the Tribunal about her upbringing in a deprived area of Birmingham and how she had been the only one of XXX to be accepted into a prestigious and highly competitive Grammar School. Dr Kaur also told the Tribunal about her family circumstances at the time of the events, which included XXX requiring care, a devastating house fire and an overbearing XXX who sought to control her. Dr Kaur said that she was very loyal and obedient to her family and that her XXX took advantage of this, including by encouraging Dr Kaur to take on care responsibilities for XXX for the year between finishing her A-levels and starting university.
38. Dr Kaur told the Tribunal that, when she left the home to go to medical school, her XXX told her that she would inform the DWP of the change in circumstance and close the benefit claim in Dr Kaur's name, which Dr Kaur took at face value and trusted would be done. She also said that, whilst she must have signed the form for this claim, she did not

recall completing it, nor did she ever receive any statements from the bank relating to the account she had opened for the claim to be paid into. Dr Kaur said that, XXX had become suspicious that letters for Dr Kaur were being intercepted and destroyed by XXX so installed a cage on the letterbox to catch post. Dr Kaur said that, upon returning home one weekend, she read letters that had been preserved and realised that the overpaid benefits had not been repaid. She said that this led to an argument in the family in her fourth year of medical school and ultimately to the monies being repaid by XXX.

39. Dr Kaur told the Tribunal that she had not undertaken any courses related to dishonesty but had seen some about decision making and medical ethics that she would like to enrol on. She told the Tribunal that she was a different, more mature person now and was in a much more supportive environment. She outlined the extended support network that she now has and gave examples of how she had sought advice relating to official forms that she had been unsure about. Dr Kaur told the Tribunal that it was important for her to have been honest about her ongoing investigation because her employers and the GMC needed to have the full picture of who she was. She said that it was important that she gave Dr A accurate information in her meeting with him as he needed a complete picture of trainees to ensure safety. She said that, if a similar meeting occurred in the future, she would ask for notes to be taken and a follow-up email be sent to ensure there were no misunderstandings.
40. The Tribunal also received in support of Dr Kaur two testimonials from Dr Kaur's current and former Responsible Officers as well as correspondence related to the status of Dr Kaur's training post, all of which it has read.

Submissions on behalf of the GMC

41. On behalf of the GMC, Ms Cowen, Counsel, submitted that a finding of impairment was necessary in this case.
42. Ms Cowen submitted that Dr Kaur's conduct involved dishonesty over three separate events, including making a dishonest declaration on her application for provisional registration with the GMC. She submitted that this was at the higher end of dishonesty as it undermined a system put in place to protect the public and because the benefit to Dr Kaur of being dishonest was high, namely that it could have affected her ability to register with the GMC and, by extension, her future work. Ms Cowen said that Dr Kaur's dishonesty amounted to serious misconduct, had breached a fundamental tenet of the profession and had brought the profession into disrepute.

43. Ms Cowen referred the Tribunal to relevant case law, including the cases of *Cheatle v General Medical Council* [2009] EWHC 645 (Admin) (27 March 2009), *Cohen v General Medical Council* [2008] EWHC 581 (Admin) (19 March 2008) and *General Medical Council v Nwachuku* [2017] EWHC 2085 (Admin) (10 August 2017). The case of *Nwachuku* set out that:

- ‘45 *Dishonesty encompasses a very wide range of different facts and circumstances. Any instance of it is likely to impair a professional person's fitness to practise: R (Hassan) v General Optical Council* [2013] EWHC 1887 per Leggatt J at paragraph [39].
- 46 *Dishonesty constitutes a breach of a fundamental tenet of the profession of medicine: PSA v GMC & Igwilo* [2016] EWHC 524. A finding of dishonesty lies at the top end in the spectrum of gravity of misconduct: *Patel v GMC Privy Council Appeal No.48 of 2002*.
- 47 *A finding of impairment does not necessarily follow upon a finding of dishonesty. If misconduct is established, the tribunal must consider as a separate and discrete exercise whether the practitioner's fitness to practise has been impaired: PSA v GMC and Uppal* [2015] EWHC 1304 at paragraph [27].
- 48 *However, it will be an unusual case where dishonesty is not found to impair fitness to practise: PSA v Health and Care Professions Council & Ghaffar* [2014] EWHC 2723 per Carr J at paragraphs [45] and [46].
- 49 *The attitude of a practitioner to the allegations made and any admissions of responsibility for the misconduct will be taken into account as relevant factors in determining whether or not fitness to practise has been impaired: Nicholas-Pillai v GMC* [2009] EWHC 1048 per Mitting J at paragraph [18].
- 50 *The overarching concern is the public interest in protecting the public and maintaining confidence in the practitioner and medical profession when considering whether the misconduct in question impairs fitness to practise: Yeong v GMC* [2009] EWHC 1923 per Sales J at paragraphs [50] and [51]; *Nicholas-Pillai (above)* at paragraph [27].’

44. Ms Cowen said that Dr Kaur’s conduct was of a repeated nature, showed a reckless disregard for patient safety and professional standards. She submitted that Dr Kaur’s dishonesty was significant and required a finding of impairment.
45. Ms Cowen acknowledged that the Tribunal should consider the context of Dr Kaur’s behaviour and that she had made significant admissions and apologised as well as explaining how she would act differently in the future. However, Ms Cowen submitted that Dr Kaur had provided only limited evidence of remediation, having not attended any

courses on probity, not providing evidence of any discussions with peers or senior colleagues and not providing evidence of any on-going personal development plan.

Ms Cowen reminded the Tribunal of the principle that it may be more difficult to provide satisfactory evidence of remediation when dealing with conduct that is at the higher end of seriousness, such as it was dealing with here.

46. Ms Cowen concluded by saying that a finding of impairment was necessary to protect, promote and maintain public confidence in the profession as well as to promote and maintain proper professional standards and conduct for the medical profession.

Submissions on behalf of Dr Kaur

47. On behalf of Dr Kaur, Mr Faux, Counsel, submitted that the Tribunal should take account of the full context of the case and urged sympathy for a young doctor who had clearly made mistakes and had to grow up very quickly in the face of those mistakes. However, he acknowledged that, in the face of Dr Kaur's actions, both admitted and found proved, it was clearly open for the Tribunal to make a finding of impairment.
48. Mr Faux reminded the Tribunal that Dr Kaur had received the lightest sentence possible, which had now been spent, and that the benefit fraud allegations were only included in these proceedings because one count happened to fall the wrong side of an arbitrary cutoff point.
49. Mr Faux said that Dr Kaur had made clear mistakes, for which she had the shocking experience of being arrested at Heathrow Airport and held overnight before appearing before a Magistrates' Court the next day. He said that she then put her head in the sand and hoped things would go away, a response that continued through until the meeting with Dr A in October 2022. However, he submitted that she is now a much changed doctor, has changed in her approach and outlook and is now in very different, more supportive, circumstances. He submitted that the risk of Dr Kaur repeating her actions was low and asked the Tribunal to show compassion for a young doctor from a very challenging background and opposed the GMC's submission that Dr Kaur's actions were at the upper end of dishonesty.

The Relevant Legal Principles

50. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

51. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.
52. The Tribunal must determine whether Dr Kaur's fitness to practise is impaired today, taking into account Dr Kaur'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.
53. The Tribunal must bear in mind the statutory overarching objective as set out in section 1 Medical Act 1983 namely to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the medical profession; and to promote and maintain proper professional standards and conduct for members of that profession.
54. The LQC reminded the Tribunal that whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be 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. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*
55. The case of *Cohen v General Medical Council [2008] EWHC 581 (Admin) (19 March 2008)* set out that:
- '64 There must always be situations in which a Panel can properly conclude that the act of misconduct was an isolated error on the part of a medical practitioner and that the chance of it being repeated in the future is so remote that his or her fitness to practice has not been impaired. Indeed the Rules have been drafted on the basis that the once the Panel has found misconduct, it has to consider as a*

separate and discreet (sic) exercise whether the practitioner's fitness to practice has been impaired. Indeed s 35D (3) of the Act states that where the Panel finds that the practitioner's fitness to practice is not impaired, 'they may nevertheless give him a warning regarding his future conduct or performance.

65 *It must be highly relevant in determining if a doctor's fitness to practice is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.'*

56. In relation to insight, the LQC referred to the case of *Bevan v GMC [2005] EWHC 174 (Admin)*:

'39 *...insight is most material to ensure that the doctor has realised that he has indeed gone wrong and therefore will not do anything similar in the future. That is the purpose behind a need to recognise insight. Insight does not seem to me to be really an appropriate way of looking at a situation where there is no danger of any recurrence but there is a concern that there has not been necessarily a full acceptance of the facts which have been alleged against the doctor.'*

57. The LQC told the Tribunal that it was entitled to take into account all of the information that was available and should take account of Dr Kaur's attitude to the Allegation and her admissions.

The Tribunal's Determination on Impairment

Misconduct

58. In considering whether Dr Kaur's actions amounted to misconduct, the Tribunal had regard to *Good Medical Practice (2013)* ('GMP'). It determined that the following paragraphs were applicable in this case:

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

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

59. The Tribunal concluded that Dr Kaur's actions breached these paragraphs of GMP and that her actions clearly fell seriously below the standards expected.
60. The Tribunal considered that Dr Kaur's actions demonstrated a repeated pattern of behaviour, having occurred on three separate, albeit related, occasions. The Tribunal considered that Dr Kaur had failed to act with honesty and integrity by both act and omission. She had dishonestly declared to the GMC that no action had been taken against her by the police or similar organisation, failed to declare her guilty plea or conviction to the GMC in good time and had dishonestly informed Dr A that she had been unaware of the proceedings before September 2022.
61. The Tribunal considered that Dr Kaur's actions, individually and as a whole, amounted to serious misconduct and implied a tendency for her to act in this way. It considered that only the first of Dr Kaur's dishonest actions could be related in any way to the actions of XXX. The Tribunal considered that Dr Kaur's dishonest completion of her application for provisional registration was a significant act of dishonesty and accepted the GMC submission that this undermined a system put in place to protect patients.
62. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Kaur's fitness to practise is currently impaired.

Impairment

63. The Tribunal reminded itself of the timeline of Dr Kaur's actions. It considered that they were all related, stemming out of the first instance of dishonesty and that they were repeated with the intention of concealing the previous instances. The Tribunal considered that Dr Kaur had made her self-referral to the GMC but were concerned by her delay in so doing, noting this happened days before her meeting with Dr A.
64. The Tribunal considered that Dr Kaur had consistently been less than honest about events and not fully open. The Tribunal considered that Dr Kaur's evidence was inconsistent on various points including why she had not declared her change of circumstances to the DWP. In oral evidence she said XXX had said she would handle it. The Tribunal considered this to be inconsistent with her witness statement that she had not informed the DWP '*on the insistence*' of XXX. The Tribunal also considered that it was implausible that Dr Kaur would have received no statements, notifications or correspondence from the bank regarding the account she had set up for the claim.

65. The Tribunal turned to consider Dr Kaur's level of insight. The Tribunal was of the view that insight required a doctor to fully accept their wrongdoing. In the face of Dr Kaur's inconsistent evidence, the Tribunal found it was unclear whether Dr Kaur fully understands and accepts the wrongfulness of her actions. Of particular note was Dr Kaur's response when asked how she would act differently in future. She responded that, in meetings, she would ask for notes to be taken to make sure there were no misunderstandings, or ask for an email confirming what had been discussed. However, she did not acknowledge that there had been a letter sent to her on 11 November 2022 summarising the meeting with Dr A, in which Dr Kaur made no effort to correct any misunderstandings. The Tribunal determined that Dr Kaur's acceptance of her misconduct was not complete.
66. The Tribunal acknowledged that Dr Kaur had made some admissions in this case, including to dishonesty, but determined that her insight into her misconduct was limited and was still in the early stages of development.
67. The Tribunal determined that there was no evidence of any remediation but acknowledged that Dr Kaur has taken positive steps to distance herself from the difficult relationship with XXX, has matured and has developed a stronger, more appropriate supportive network.
68. The Tribunal then turned to consider the risk of repetition. The Tribunal considered that Dr Kaur's misconduct showed a pattern of behaviour, stemming from initial, fraudulent activity. The Tribunal accepted Mr Faux's submission that Dr Kaur had buried her head in the sand in the hope that things would go away and resolve themselves. Unfortunately for her, they did not. The Tribunal considered that Dr Kaur had then not acted to disclose the proceedings, as was incumbent upon her.
69. The Tribunal acknowledged that there was no suggestion of any risk to patients and no evidence of dishonesty in any other sphere of Dr Kaur's life: her misconduct arose out of specific circumstances, including, in part, a potentially overbearing and controlling XXX.
70. However, the Tribunal considered that Dr Kaur's dishonesty relating to her application for provisional registration was independent of any background context and was of significant potential benefit to Dr Kaur as it could have affected her GMC registration and her medical career. The Tribunal also considered that Dr Kaur's dishonesty was evident, independent of the background context, when she made false representations to Dr A about her knowledge of when she became aware of the criminal proceedings.

71. The Tribunal considered that Dr Kaur's evidence had been inconsistent and at times vague and evasive. It was not satisfied that if Dr Kaur faced similar circumstances where she had to declare something that could have a negative impact on her, she would be open and honest. Despite now being a doctor with three years of experience, the Tribunal considered that Dr Kaur had still not demonstrated that she fully understands and accepts the seriousness of her misconduct or its impact on public confidence or on her fellow members of the profession.
72. The Tribunal concluded that, due to her limited insight and lack of remediation, there was a risk that Dr Kaur may repeat her misconduct in the future.
73. The Tribunal accepted that Dr Kaur had an otherwise unblemished record as a clinician but, in the context of the case, considered that it would not be appropriate to find that her fitness to practise was not impaired.
74. The Tribunal considered that Dr Kaur's misconduct engaged limbs (b), (c) and (d) of the test for impairment set out in *Grant*. It considered that a finding of impairment was necessary to uphold proper professional standards and to protect, promote and maintain public confidence in the profession.
75. Accordingly, in all the circumstances of this case, the Tribunal concluded that Dr Kaur's fitness to practise is currently impaired by reason of her misconduct.

Determination on Sanction - 28/11/2025

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

The Evidence

77. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. Mr Faux also invited the Tribunal to consider paragraphs 88-92 of the legal judgement in the case of *Greg Wallace v Secretary of State for Education [2017] EWHC 109 (Admin), 2017 WL 00369003*.

Submissions on behalf of the GMC

78. Ms Cowen referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (5 February 2024) ('SG') during her submissions and to the accepted legal principles it should consider when determining sanction. She submitted that the appropriate sanction in this case was one of suspension for a period at the upper end. When considering the mitigating factors in this case, Ms Cowen submitted that Dr Kaur had no previous fitness to practise history. She said that the Tribunal may consider Dr Kaur's personal situation applicable given the circumstances at the time of some of these matters, that the offence occurred between 2016 and 2018, and the other matters occurred in 2022. She said that there was no suggestion of repetition since then. Ms Cowen also submitted that Dr Kaur has accepted that she should have behaved differently.
79. In respect of aggravating factors, Ms Cowen reminded the Tribunal of its findings at the impairment stage, in which it was of the view that the nature of Dr Kaur's evidence was inconsistent and at times evasive. Ms Cowen submitted that the Tribunal may conclude there is a lack of insight in this case. Ms Cowen referred the Tribunal to have regard to the case of *Sawati v GMC [2022] EWHC 283 (Admin)*, which provided guidance in relation to the relevance of a rejected defence of dishonesty when considering sanction, and whether that can amount to an aggravating feature. Ms Cowen reminded the Tribunal that Dr Kaur is entitled to present a defence, and that a rejected defence should be considered very carefully when considering whether that ought properly to aggravate matters. She submitted that the SG sets out that conduct in a doctor's personal life which could be aggravating includes issues relating to probity. She reminded the Tribunal that it should consider statements from responsible officers, and that Dr Kaur had provided two testimonial statements.
80. Ms Cowen submitted that taking no action would not be appropriate in the circumstances of this case. She said that conditions would not be appropriate in this case as conditions could not be formulated that would adequately promote and maintain public confidence in the profession; and/or promote and maintain proper professional standards and conduct for the members of the profession. Ms Cowen submitted that given the conclusions of the Tribunal regarding the seriousness of the misconduct and the need for remediation in this case, conditions would not be appropriate.
81. Ms Cowen submitted that suspension is the appropriate sanction in this case. She again referred the Tribunal to the relevant paragraphs of the SG, and that it stated a period of suspension will be appropriate for conduct that is serious, but falls short of being

fundamentally incompatible with continued registration, for which erasure is more likely to be the appropriate sanction. Ms Cowen submitted that given the seriousness of the misconduct identified, and the need to protect the public through the maintenance of public confidence and the maintenance of proper professional standards, a period of suspension is appropriate in this case. When considering the factors set out in the SG which suggested that suspension may be the appropriate sanction, Ms Cowen said that Dr Kaur's actions constituted a serious departure from Good Medical Practice and that there is no evidence to suggest that remediation is unlikely to be successful. She reminded the Tribunal that it was of the view that there was limited evidence of remediation and submitted that there is necessary work to be done. She said that there has been no evidence of similar behaviour since these incidents.

82. When determining the length of suspension, Ms Cowen submitted that the period should be at the upper end in order to uphold limbs b and c of the overarching objective, and that it was appropriate and proportionate. She said that the Tribunal identified that Dr Kaur's limited insight raises a risk of repetition, and that this sanction is necessary due to the seriousness of the conduct that the Tribunal has identified. Ms Cowen reminded the Tribunal that it identified that Dr Kaur has not yet remediated.

Submissions on behalf of Dr Kaur

83. Mr Faux referred the Tribunal to the case of *Bijl v GMC [2001] UKPC 41 (2 October 2001)*, in which Lord Hoffman remarked: *"The Committee was rightly concerned with public confidence in the profession and its procedures for dealing with doctors who lapse from professional standards. But this should not be carried to the extent of feeling it necessary to sacrifice the career of an otherwise competent and useful doctor who presents no danger to the public in order to satisfy a demand for blame and punishment."* Mr Faux invited the Tribunal not to lose sight of the fact that the public interest lies most strongly in retaining people in the profession. He said that in response to Ms Cowen's reference to the case of *Sawati*, it was his submission that this was not a case where Dr Kaur's defence was in any way aggravating of the underlying behaviours.
84. Mr Faux referred the Tribunal to the case of *Bank Mellat v Her Majesty's Treasury (No 2) [2014] AC 700*, which sets out the principles which should be followed in this case. He said that there was a need to identify what the public interest factors are at the sanction stage, and that there was a public interest in not interfering in Dr Kaur's ability to practise medicine. He reminded the Tribunal that Dr Kaur's training has been disrupted, and that he had requested confirmation of the timetable in these proceedings so that Dr Kaur was able to make commitments to do bank work. He said that this was a significant

issue for the Tribunal to weigh. Mr Faux cautiously referred the Tribunal to society's escalating inequities and submitted that Dr Kaur is a role model, both for social mobility and for integration across society, being a role model as a standard bearer.

85. When considering mitigation, Mr Faux invited the Tribunal to consider whether, having regard to the matters before it and the severity of the consequences of the proposed sanction, it strikes a fair balance between the rights of the individual and the interests of the community and the impact on the doctor. He said that Dr Kaur has relocated herself from South Birmingham in difficult circumstances to a new life in Hereford and that her living costs were in the region of £XXX a month. Mr Faux submitted that any significant period of suspension would immediately impact upon her earning capacity and cause her, in all likelihood, to have to return to the family home XXX. He said that this was unlikely to be beneficial to XXX or her maintaining and retaining a career. Mr Faux reminded the Tribunal that in the period before she returned to work and had the meeting with Dr A, Dr Kaur had a XXX that both prevented her from practising, and also in and of itself was bad and had a significant impact upon her ability to engage and think about what she should be doing in her life.
86. Mr Faux invited the Tribunal to impose conditions on Dr Kaur's registration. He said that a condition could be formulated to direct Dr Kaur to complete relevant Continuous Professional Development ('CPD') of significant length. He said that Dr Kaur has already identified a 5-hour course which she could do online and was available in the near future. He said that this was not a tick box exercise but was in a room talking in a real group, completing a relevant training course in a short time frame. He said that failure to comply with that condition would bring her back before a regulatory panel. He said this approach, given the factors in this case, would strike a fair balance without in any way unacceptably compromising the legitimate concerns of the GMC. Mr Faux submitted that if the Tribunal were against him on that, he invited the Tribunal to limit any suspension, given the significant impact a suspension would have on Dr Kaur.

The Relevant Legal Principles

87. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, is a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal had regard to the SG.
88. The Tribunal had regard to the principle of proportionality and weighed Dr Kaur's interests with those of the public, bearing in mind that the reputation of the profession as a whole is more important than the interests of an individual doctor.

89. The Tribunal bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it acknowledged that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.
90. Throughout its deliberations, the Tribunal had regard to the overarching objective to protect the public, which includes to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the members of the profession.

The Tribunal's Determination on Sanction

Aggravating & Mitigating Factors

91. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.
92. The Tribunal considered that issues relating to probity, for instance, being honest and trustworthy and acting with integrity, in a doctor's personal life, was an aggravating factor.
93. In mitigation, the Tribunal was satisfied that Dr Kaur has no previous fitness to practise history, and that there were personal circumstances which, in part, provided context to some matters in this case. In particular, to the dishonesty in relation to her home/family life around the claim for benefits from the DWP. The Tribunal considered that the lapse of time since the events was a mitigating factor. Dr Kaur also accepted that she should have behaved differently. The Tribunal weighed this against their determination that Dr Kaur's acceptance of her misconduct was not complete. The Tribunal was satisfied that there was not a lack of insight, rather that her insight is limited and is developing.
94. The Tribunal reminded itself that it also had before it two testimonial statements, provided at an earlier stage, which it considered.

No action

95. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.
96. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.
97. Given the serious findings against Dr Kaur, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the overarching objective.

Conditions

98. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Kaur's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.
99. The Tribunal had regard to paragraphs 81 and 82 of the SG:

'81 Conditions might be most appropriate in cases:

- a involving the doctor's health*
- b involving issues around the doctor's performance*
- c where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
- d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

82 Conditions are likely to be workable where:

- a the doctor has insight*
- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c the tribunal is satisfied the doctor will comply with them*
- d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.'*

100. The Tribunal was of the view that none of the factors set out at paragraph 81 of the SG were engaged in this case. In respect of paragraph 82, it was of the view that those

factors were applicable, save for Dr Kaur having insight into her conduct as it has determined that she has limited insight.

101. The Tribunal noted the submission made by Mr Faux of a condition for Dr Kaur to attend courses to remediate, and of the detrimental effect on her were the Tribunal to go to the next step of suspension.

102. The Tribunal concluded however that conditions could not be formulated to ensure that Dr Kaur developed insight, reflected and remediated her conduct. The Tribunal considered that this was not the purpose of conditions and, in any event, Dr Kaur's misconduct was so serious that imposing conditions would fail to uphold public confidence in the medical profession and proper professional standards for members of the medical profession. The Tribunal was mindful of the impact of a suspension on Dr Kaur, but it reminded itself that the interests of a doctor did not outweigh the need to uphold the public interest.

103. The Tribunal therefore determined that conditions would be neither proportionate nor workable in the circumstances of this case, given the serious nature of its findings.

Suspension

104. The Tribunal then went on to consider whether to impose a period of suspension on Dr Kaur's registration. In doing so it considered the relevant paragraphs of the SG, as set out below.

'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).

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.'

105. The Tribunal was satisfied that there were no patient safety concerns in this case. Dr Kaur has acknowledged fault and said that she should have behaved differently. The Tribunal was not however satisfied that she has taken full responsibility for her actions.

106. The Tribunal also considered paragraph 97 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 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.’

107. The Tribunal reminded itself that in respect of sub-paragraph 97(f), there were three separate occasions of dishonesty, the second two stemming from the initial fraudulent activity. The Tribunal has already determined that Dr Kaur buried her head in the sand in the hope that things would go away and resolve themselves. It was of the view that whilst there were three occasions they were all relevant to the index incident and that there has been no repetition since that last incident in 2022. Dr Kaur has made admissions in this case, albeit her acceptance of her wrongdoing was not complete. Dr Kaur has also accepted that she would act differently in the future. The Tribunal has already determined at the impairment stage that her insight into her misconduct was limited and was still in the early stages of development.

108. Whilst the Tribunal considered that suspension may be an appropriate and proportionate sanction in this case, the Tribunal considered whether erasure was the appropriate sanction.

Erasure

109. The Tribunal had regard to paragraphs 109, 120, 124 and 125e of the SG, which states:

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

...

h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128). ...

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

...

120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.

...

124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

125 Examples of dishonesty in professional practice could include:

...

e failing to take reasonable steps to make sure that statements made in formal documents are accurate.'

110. The Tribunal was of the view that the sub-paragraphs of paragraph 109 could be engaged in this case. It considered however that Dr Kaur's misconduct was remediable, that her dishonesty was borne out of burying her head in the sand, and that whilst the Tribunal had concerns regarding Dr Kaur's insight, she had accepted that she should have acted differently and the Tribunal was satisfied that she could develop her insight.

111. The Tribunal determined that, in all the circumstances of this case, erasure would be a disproportionate response to Dr Kaur's misconduct and that her actions were not fundamentally incompatible with continued registration.

112. The Tribunal determined therefore that a period of suspension is the appropriate and proportionate response to Dr Kaur's dishonest conduct.

Length of suspension

113. When determining the length of the suspension the Tribunal; had regard to paragraphs 100 and 101 of the SG:

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

- a the risk to patient safety/public protection*
- b the seriousness of the findings and any mitigating or aggravating factors (as set out in paragraphs 24–60)*
- 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.'

114. The Tribunal considered that a suspension for a period less than four months would undermine public confidence in the profession and would not adequately mark the seriousness of Dr Kaur's misconduct. It also considered that a suspension for a period of four months would allow Dr Kaur sufficient time to fully reflect on her actions, remediate her conduct and develop insight into her actions.

115. Accordingly, the Tribunal determined to suspend Dr Kaur's registration for a period of four months.

Review

116. Having had regard to paragraphs 163 and 164 of the SG, The Tribunal determined to direct a review of Dr Kaur's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Kaur to demonstrate how she has further developed her insight, taken steps to remediate and reflected on her conduct. It therefore may assist the reviewing Tribunal if Dr Kaur provides:

- Evidence of any courses and other activities she has undertaken in order to demonstrate remediation of her dishonesty;
- A statement demonstrating her understanding of what she did wrong, why it was wrong, what steps she can take to reassure the reviewing Tribunal that it will never happen again and why it will not happen again;
- Evidence that she has maintained her clinical knowledge and skills, including any CPD;
- Testimonials; and
- Any other information that she considers will assist a future Tribunal.

Determination on Immediate Order - 28/11/2025

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

Submissions

118. Ms Cowen referred the Tribunal to paragraphs 172 and 173 of the SG and submitted that the GMC did not seek an immediate order in this case.

119. Mr Faux told the Tribunal that, in light of the GMC's position, he made no submissions on the subject of an immediate order.

The Tribunal's Determination

120. In reaching its decision, the Tribunal has exercised its own judgement, taking into account all the circumstances. The Tribunal has borne in mind the guidance given in paragraphs 172, 173 and 178 of the SG, in particular:

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

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

...

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

121. The Tribunal determined that the substantive order properly marks the seriousness of Dr Kaur's misconduct and upholds the overarching objective in maintaining public confidence in the profession and maintaining proper professional standards. It considered that in the absence of any concerns about patient safety, an immediate order would not be necessary in this case.

122. The Tribunal therefore determined not to impose an immediate order of suspension on Dr Kaur's registration.

123. This means that Dr Kaur's registration will be suspended 28 days from today, unless she lodges an appeal. If Dr Kaur does lodge an appeal, she will remain free to practise unrestricted until the outcome of any appeal is known.

124. That concludes this case.