

PUBLIC RECORD

Dr Kumar appealed decisions of this Tribunal. On 17/11/25 the High Court dismissed Dr Kumar's appeal. Dr Kumar's name has therefore been erased from the Medical Register.

The judgment can be found [here](#).

Dates: 28/02/2025 and 01/04/2025

Doctor: Dr Amitabh KUMAR

GMC reference number: 7053276

Primary medical qualification: MBBS 1996 Lucknow University - King George's Medical College

Type of case	Outcome on impairment
Review - Misconduct	Impaired

Summary of outcome
Erasure

Tribunal:

Legally Qualified Chair	Mrs Rebecca Miller
Lay Tribunal Member:	Miss Susan Hurds
Registrant Tribunal Member:	Dr Michelle Taggart

Tribunal Clerk:	Mrs Olivia Gamble
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mrs Sian Jones, 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 Impairment - 28/02/2025

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

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal refused Dr Kumar's application, made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to seek attendance at this review hearing of the GMC Assistant Registrar who made the decision on his Review on Papers ('ROP') and his Investigation Officer. The Tribunal's full decision on the application is included at Annex A.

Background

3. Dr Kumar qualified with MBBS at Lucknow University – King George's medical college in 1996.

4. There is a lengthy history to the case and a summary of the key issues is set out below.

2015 Tribunal

5. Dr Kumar's case was first considered by a Medical Practitioner's Tribunal in July 2015 ('the 2015 Tribunal'). On 15 August 2014, Dr Kumar was convicted of sexual assault and

sentenced to a Community Order for 60 days and placed on the Sexual Offenders' Register for a period of five years.

6. The conviction related to an incident on a public bus on the 18 April 2014, when Dr Kumar touched the neck and hair of a 15-year-old female passenger, as well as using his foot to rub her leg. Dr Kumar was arrested and detained by the police on the day of the incident, before being interviewed and released on bail. He was subsequently charged with the offence of sexual assault and entered a guilty plea to the offence on the 15 August 2014, when he was sentenced to the Community Order. Dr Kumar did not inform the GMC of his charge, conviction or sentence.

7. The 2015 Tribunal determined that Dr Kumar's fitness to practise was impaired by reason of the sexual assault conviction and by misconduct, in failing to notify the GMC of his charge and conviction. The 2015 Tribunal had regard to the nature of the offence i.e. sexually assaulting a 15-year-old girl in a public place which led to the sentence being imposed. The 2015 Tribunal considered that the public confidence in the profession had been undermined and the profession brought into disrepute. Specific breaches of Good Medical Practice ('GMP') were also found in relation to Dr Kumar's failure to notify the GMC of the charge and conviction as well Dr Kumar demonstrating a lack of insight.

8. The 2015 Tribunal took account of Dr Kumar's guilty plea and other mitigating factors, including the fleeting nature of the sexual touching and the absence of repetition. However, the 2015 Tribunal considered the sexual assault of a juvenile to represent a serious breach of GMP and likely to bring the profession into disrepute. The 2015 Tribunal was also not satisfied that Dr Kumar had demonstrated sufficient insight into his actions and that more reflection was needed to reduce the risk of repetition. The Tribunal concluded that erasure was not required, but in order to maintain public confidence in the profession, an order of suspension for the maximum period of 12 months was necessary and proportionate.

2016 Tribunal

9. Dr Kumar's case was first reviewed by a Tribunal on 14 July 2016 ('the 2016 Tribunal') and it considered the background of the case, as well as a reflective statement and other developments. Dr Kumar had attended all necessary appointments with his probation officer, but the offence-focused work had been limited due to Dr Kumar stating that he could not remember the incident. The 2016 Tribunal determined that Dr Kumar's fitness to practise remained impaired by reason of his conviction and misconduct, as he still did not appreciate

the gravity of the offence and had not provided sufficient evidence of insight, with a resulting risk of repetition.

10. The 2016 Tribunal suspended Dr Kumar's registration for a further period of 12 months, to allow him a further opportunity to reflect and gain insight into his conviction and misconduct. The Tribunal provided Dr Kumar with recommendations of what may assist a future Tribunal at a review hearing.

2017 Tribunal

11. Dr Kumar's case was reviewed by a Tribunal between the 25 to 26 July 2017 ('the 2017 Tribunal'). The 2017 Tribunal was satisfied that Dr Kumar had demonstrated exceptional insight and now understood the gravity of the offence, which resulted in him no longer being impaired by reason of his conviction. However, the 2017 Tribunal considered there to be insufficient evidence of remediation, particularly in maintaining his skills and knowledge. The 2017 Tribunal concluded that Dr Kumar's fitness to practise remained impaired by reason of misconduct.

12. In considering sanction, the 2017 Tribunal was impressed by Dr Kumar's level of insight but concerned about the absence of evidence of maintaining skills and knowledge. The 2017 Tribunal suspended Dr Kumar's registration for a period of nine months to provide Dr Kumar with the opportunity to seek and secure clinical attachments, as well as to undertake necessary courses. The 2017 Tribunal provided recommendations for evidence to be obtained by Dr Kumar that would assist a reviewing Tribunal.

2018 Tribunal

13. Dr Kumar's case was reviewed by a Tribunal on 22 May 2018 ('the 2018 Tribunal'), which recounted the background of the case and subsequent developments. Dr Kumar provided evidence of the courses he had undertaken, as well as offers for clinical attachments. The 2018 Tribunal found, that as Dr Kumar remained on the Sexual Offender's Register, coupled with his own concession that his knowledge and skills were insufficient, a further finding of impaired fitness to practise was necessary.

14. The 2018 Tribunal suspended Dr Kumar's registration for a further period of eight months and gave Dr Kumar detail of what would assist a future reviewing tribunal

highlighting that there was a persuasive burden on him to demonstrate that his skills and knowledge were up to date.

March 2019 Tribunal

15. Dr Kumar's case was reviewed by a Tribunal in January and March 2019 ('the March 2019 Tribunal'), where some further documentary evidence was provided by Dr Kumar, but at that time he had not been able to undertake any clinical attachments. This Tribunal found that his fitness to practise remained impaired as he remained subject to the Sexual Offender's notification requirements and had not provided sufficient evidence that his skills and knowledge had been maintained. Dr Kumar was suspended for a further six months by this Tribunal, with recommendations to engage with the Deanery and obtain a mentor in advance of a subsequent review.

September 2019 Tribunal

16. Dr Kumar's case was again reviewed by a Tribunal on 2 September 2019 ('the September 2019 Tribunal'), by which point he was no longer subject to the Sex Offenders' notification requirements. However, Dr Kumar's fitness to practise was found to be impaired on the basis that he had not undertaken any clinical practice since 2010 and was found to be deskilled. This Tribunal suspended Dr Kumar's registration for 12 months to allow him sufficient opportunity to undertake substantial efforts to return to clinical practice, detailing steps that should be taken in advance of a review. This included that he engages with the Deanery; secures a mentor; provides continued evidence of maintaining his medical knowledge; documentary evidence of the attempts he has made to seek clinical or non-clinical attachments and reports from them.

17. Dr Kumar's case has not been reviewed by a full Tribunal since 2 September 2019.

Reviews on papers

18. Dr Kumar's case was the subject of reviews on the papers on 12 August 2020, 20 August 2021, 8 August 2022 and 24 July 2023. On all four occasions, as both the GMC and Dr Kumar agreed that there had been no change in circumstances, further periods of suspension were imposed.

19. Dr Kumar's case was last reviewed on the papers by a Legally Qualified Chair ('LQC') on 21 May 2024. The LQC on that occasion found that since the last review, circumstances had not changed, and Dr Kumar had not been able to meet the recommendations of the September 2019 nor what was stated by the AR. The LQC was satisfied that Dr Kumar's fitness to practise remained impaired by reason of misconduct and that his registration be further suspended for nine-months and that suspension was proportionate and was sufficient to protect the public and the public interest.

20. In reaching that decision, the LQC had particular regard to the submissions made by Dr Kumar relating to XXX and personal issues he was experiencing XXX. All of these had the cumulative effect on Dr Kumar that he was unable to engage in activities/ actions to enable him to satisfy any recommendations from the September 2019 Tribunal, or what was stated by the AR that a reviewing Tribunal would need to see. Dr Kumar did not provide evidence of undertaking any clinical practice since 2010. It was determined that a further period of suspension for 9 months would provide Dr Kumar with opportunity to engage with the Deanery, obtain a mentor, provide evidence that he had updated his medical knowledge and that should he return to practice patient safety would not be put at risk.

Today's Review hearing

The Evidence

21. The Tribunal has taken into account all the evidence received, both oral and documentary.
22. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
- Previous Record of Determinations, dated 2015 to 2024.
 - AR Review Decision, dated 24 July 2024.
 - Email from Dr Kumar attaching his witness statement, dated 27 February 2025.
 - Email from Dr Kumar with request to call GMC witnesses, dated 27 February 2025.

Submissions

On behalf of the GMC

23. Ms Jones submitted that there was no dispute from Dr Kumar that his fitness to practice remains impaired. She submitted nothing has changed in circumstances since the

last several reviews, such as evidence provided by Dr Kumar that would show that he is no longer impaired.

24. Ms Jones invited the Tribunal to consider Dr Kumar's witness statement, dated 27 February 2025. She submitted the tone and content of that letter was quite worrying as it seeks to go back to the original incident that brought Dr Kumar before the GMC. She submitted that within that letter, Dr Kumar has effectively sought to undo what he pleaded guilty to, by attesting that false allegations were made by witnesses, and he was wrongfully arrested. Also, within that letter, he also continued to describe a situation where he has been a victim of corrupt police and CPS systems. Ms Jones submitted that Dr Kumar's insight was something of significant concern to previous Tribunal and this letter was a significant factor in the current Tribunal's consideration of insight and impairment.

25. In conclusion, Ms Jones submitted Dr Kumar's fitness to practice remained impaired.

Dr Kumar's submissions

26. Dr Kumar stated that he does not have his laptop and that is the reason he was not able to provide actual evidence, but has provided screenshots. He submitted that he is not the first person in the UK to talk about being wrongfully convicted and referred to the Post Office Scandal in which people were wrongfully convicted. Dr Kumar referred to the impact on him of the conviction, these proceedings and other matters that have arisen since the original conviction and that he endures this every day in his head: he continues to hope to rebuild his life and says that he is quite resilient.

27. In terms of his fitness to practice, Dr Kumar accepted that he remained impaired.

The Relevant Legal Principles

28. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

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

The Tribunal's Determination on Impairment

Misconduct

30. The Tribunal reminded itself that, in his submissions today, Dr Kumar sought to deny the sexual assault incident which led to his conviction in 2014. The Tribunal reminded itself that Dr Kumar entered a guilty plea to his conviction in 2014 and he admitted the allegations against him at the 2015 Tribunal.

31. The Tribunal bore in mind the tone and content of the witness statement provided by Dr Kumar dated 27 February 2025, in which his opening words were '*this farce began...*', and in which he described his conviction as a "*wrongful arrest*" and that it was a "*perversion of course of justice*". He also criticised the victim of his sexual assault, as well as the Police, GMC and MPTS within this statement. The Tribunal was concerned that Dr Kumar's witness statement was indictive that his insight was deteriorating, instead of developing. Indeed, the Tribunal considered that Dr Kumar had little understanding of the gravity of the offence and the impact it had on the victim and the wider medical profession. The Tribunal considered that Dr Kumar does not have sufficient insight into the relevant matters.

32. XXX

33. The Tribunal also took into account that there was very limited evidence before it to demonstrate that Dr Kumar has taken any steps to remediate or reflect on his misconduct. There is also limited information before it and no documentary evidence to demonstrate that Dr Kumar has kept his clinical skills and knowledge up to date.

34. This Tribunal has therefore determined that Dr Kumar's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 01/04/2025

35. Having determined that Dr Kumar's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules on the appropriate direction as to sanction, if any, to impose.

36. Having previously been present at the impairment stage of this review hearing and being made aware of the reconvened hearing date, Dr Kumar chose to voluntarily absent

himself from the sanction stage of the hearing. The Tribunal confirmed that Dr Kumar had been provided with notice of the hearing and the hearing link and had sent an email at 1am this morning to state that he would not be attending today.

The Evidence

37. The Tribunal has taken into account the background to the case and the evidence received during the hearing, in reaching a decision on what action, if any, it should take with regard to Dr Kumar's registration.

38. At this stage in proceedings, Dr Kumar provided further documentation in the form of:

- A sanction stage witness statement;
- Police and witness statements in relation to Dr Kumar's original offending behaviour and subsequent conviction;
- A transcript of the impairment stage of this review hearing.

Submissions of Ms Jones, on Behalf of the GMC

39. On behalf of the GMC, Ms Jones submitted that at this stage in proceedings, it was the view of the GMC that erasure was now the appropriate sanction. Ms Jones stated that it was no longer appropriate to keep suspending Dr Kumar without any progress in between each period of suspension.

40. Ms Jones submitted that Dr Kumar has not been in clinical practice since 2010 and has never been in clinical practice in the UK. She stated that during the last 5 years of review hearings, Dr Kumar has not taken any steps towards remediating his impairment and that his de-skilling can only have grown greater during this time.

41. Ms Jones submitted that there has been a general lack of progress in all of the concerns identified by the previous Tribunals and a worrying deterioration of insight. Ms Jones stated that it is likely that the long periods of suspension without any remediation steps taken have led to the distorted position now adopted by Dr Kumar in the first stage of this hearing. Ms Jones stated that that position remains present as set out in the latest statement received by this Tribunal just hours before it commenced today.

42. Ms Jones submitted that throughout the last 4 review hearings, Dr Kumar has cited XXX that he maintains have prevented him from remediating his misconduct. However, he has consciously chosen not to produce evidence of such issues.

43. Ms Jones stated that this is now the 10th review and Dr Kumar remains unable or unwilling to provide any evidence of remediation. Further, Dr Kumar has not made any suggestion, even in his most recent statement, of any specific steps he proposes to take to

remediate and ensure his clinical skills and knowledge are up to date in a further period of suspension, if it were to be imposed. Ms Jones submitted that Dr Kumar has failed to propose any specific steps he may take or address specific issues of concerns and remains focused on arguing the original events of the criminal behaviour. Ms Jones submitted that Dr Kumar has also made no suggestion of anything that is going to change in the near future, if a further period of suspension was imposed.

44. Ms Jones submitted that the aim of a sanction should not be punitive but needs to protect the public and uphold the overarching objective. She stated that Dr Kumar has had a very significant period of time to address the concerns identified and has not done so. Ms Jones stated that there is no objective evidence of XXX and noted that the impairment is now at an increased level rather than a decreased level and therefore, engages all limbs of the overarching objective.

45. Ms Jones submitted that Dr Kumar does not feel there is anything to address as he does not feel he has done anything wrong in the first place therefore there is no basis for there to be any expectation that he is going to remediate in any way based on what he himself has said.

46. Ms Jones referred to paragraph 168 of the Sanctions Guidance (SG) and stated that suspension is no longer appropriate after so long with no progress. She stated that realistically, even if the maximum of 12 months suspension was to be imposed, nothing has been outlined by Dr Kumar as to what he proposes to address nor has he provided any evidence that there would be any changes in the situation.

47. Accordingly, Ms Jones submitted that erasure is the appropriate and proportionate sanction at this stage in the hearing of Dr Kumar.

48. The Tribunal considered the written evidence of Dr Kumar, in particular the statement prepared for the sanction stage of these proceedings provided today.

The Tribunal's Determination on Sanction

49. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. In doing so, it has given consideration to the submissions made by Ms Jones and the further evidence provided by Dr Kumar.

50. In reaching its decision, the Tribunal has taken account of the SG. It has borne in mind that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal also had regard to the principle of proportionality, and it weighed Dr Kumar's interests against those of the public. It reminded itself that it should only impose the minimum sanction necessary to meet the over-arching objective.

Aggravating Factors

51. The Tribunal consider the following to be aggravating features of Dr Kumar's case:
- Dr Kumar's persistent lack of insight which has deteriorated over time;
 - The significant passage of time Dr Kumar has had to develop insight and remediate his misconduct;
 - The deterioration of Dr Kumar's clinical skills during the 10-year period he has been suspended and the 15 years that he not practised in a clinical role.

Mitigating Factors

52. The Tribunal noted the fact that Dr Kumar has referred to XXX. However, it accepted the GMC submission that little weight can be applied to this assertion as the Doctor has failed to provide any evidence of this. Further, Dr Kumar has told the Tribunal himself that he has continued to work for 6 of the 11 years he has been suspended, and he is working currently.

The Tribunal's Decision

No action

53. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Kumar's case, the Tribunal first considered whether to conclude the case by taking no action.

54. The Tribunal has already determined that Dr Kumar's fitness to practise remains impaired by reason of his misconduct. Taking no action is only considered appropriate where there are exceptional reasons for doing so. It determined that there are no exceptional circumstances in this case and therefore taking no action would be inappropriate.

Conditions

55. The Tribunal next considered whether a continued period of conditional registration would be appropriate. In doing so, it bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

56. The Tribunal noted that Dr Kumar is not currently employed and has never been employed in a clinical position in the UK. The Tribunal determined that no measurable or workable conditions could be formulated in this case. Further, the Tribunal did not consider that a period of conditional registration would be sufficient to mark the seriousness of the findings against Dr Kumar and would not satisfy the overarching objective, public interest or uphold public confidence in the profession.

Suspension

57. The Tribunal moved on to consider whether a further period of suspension was appropriate in the case of Dr Kumar.

58. The Tribunal had regard to paragraph 93 of the SG.

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

59. The Tribunal also had regard to paragraph 97b of the SG which states:

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.

...

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

60. The Tribunal determined that these paragraphs of the SG do not apply in the case of Dr Kumar.

61. The Tribunal went on to consider the overarching objective:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the medical profession;
- To promote and maintain proper professional standards and conduct for members of that profession.

62. The Tribunal considered that Dr Kumar has not even attempted to maintain clinical knowledge through online CPD or courses and has not acted upon any of the recommendations made by previous Tribunals for example to contact his local Deanery to seek a clinical attachment. The Tribunal has noted that there has been sufficient time since

the ending of the Sex Offenders Registration notification and ceasing of covid restrictions to enable Dr Kumar to engage with these recommendations.

63. The Tribunal considered that when taking into account the deterioration of Dr Kumar's clinical skills and knowledge and his persistent lack of insight and failure to remediate the concerns surrounding his practice, all three limbs of the overarching objective were engaged in this case.

64. The Tribunal was of the view that imposing a further sanction of suspension on Dr Kumar's registration is unlikely to produce a different outcome at this stage of the ongoing regulatory proceedings particularly given that the original suspension was imposed ten years ago, with little evidence of positive change throughout that lengthy period of time.

65. The Tribunal considered that Dr Kumar has a duty to attempt to remediate his misconduct and adhere to the principles set out in GMP. The Tribunal determined that he has continuously failed to do so and accordingly, it cannot be satisfied that Dr Kumar would avail of a further period of suspension to remediate and become safe to look after patients.

66. Therefore, the Tribunal concluded that a period of suspension would not be appropriate to sufficiently maintain and uphold proper professional standards and protect the public confidence in the profession.

Erasure

67. In the circumstances, the Tribunal determined that at this stage in these proceedings the only appropriate sanction was one of erasure. In reaching its determination, the Tribunal considered the below paragraphs of the SG:

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

b a deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

d Abuse of position/trust

...

f Offences of a sexual nature, including involvement in child sex abuse materials

...

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

68. The Tribunal considered the above paragraphs of the SG to be engaged in this case.

69. The Tribunal considered that Dr Kumar has had many years to address the concerns regarding his practice and has persistently failed to do so.

70. The Tribunal took the view that Dr Kumar has now disengaged with the hearing process and is therefore unlikely to endeavour to remediate the concerns regarding his practice.

71. In all the circumstances, the Tribunal determined that no lesser sanction than erasure would adequately promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of that profession.

72. Therefore, the Tribunal determined to erase Dr Kumar's name from the Medical Register.

73. The current order of suspension will continue throughout any appeal period.

74. That concludes this case.

ANNEX A – 28/02/2025

Application on admissibility of evidence

75. At the outset of proceedings, Dr Kumar, made an application under Rule 34(1) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') to seek attendance at this review hearing of the GMC Assistant Registrar ('AR') who made the decision to refuse a Review on Papers ('ROP') and the attendance of his Investigation Officer.

76. The Tribunal received an email from Dr Kumar to the GMC/MPTS with his request to call GMC witnesses and MPTS acknowledgment, dated 27 February 2025.

Submissions

Dr Kumar submissions

77. Dr Kumar reminded the Tribunal of XXX and submitted that the unnamed AR has wilfully turned a blind eye to the disclosure of XXX.

78. Dr Kumar submitted that he wished for the AR who made the decision on his Review On Papers proposal on 5 December 2024, to attend today's review hearing to explain their decision and why the AR ignored such a sensitive disclosure.

On behalf of the GMC

79. Ms Jones submitted that Dr Kumar's application was totally misconceived. She submitted that there was no process or procedure which requires an AR to explain their decision. She submitted that it would be inappropriate to call the AR to justify their decision. Furthermore, she submitted that the AR's evidence was not relevant to impairment or sanction at this review hearing.

80. Ms Jones submitted that Dr Kumar has been subjected to continuous periods of suspension since July 2015 and his case was last heard by a Tribunal in 2019. Since then he has been, by agreement, granted a Review on papers and that has resulted in further periods of suspension. She submitted that Dr Kumar was simply unhappy that he did not get his wish for a review and agreement to a further period of suspension.

81. Ms Jones submitted that there is no requirement on the GMC to agree to a ROP if they cannot agree on a sanction. She submitted that the GMC considered it appropriate for his case to be considered by a Tribunal and it is entirely within their powers to do so.

82. Ms Jones submitted that there is no disadvantage to Dr Kumar because suspension, which he wishes for, was still an available sanction for him at this review hearing.

Relevant Legal Principles

83. The Tribunal took into account Rule 34(1) of the Rules:

‘...a Tribunal may admit any such evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.’

84. The Tribunal accepted that Rule 34(1) of the Rules gives it a wide discretion to admit evidence if it is fair and relevant to do so. It accepted that it must consider fairness from all perspectives and consider the over-arching objective.

The Tribunal’s Determination

85. The Tribunal bore in mind Dr Kumar’s submissions, that he considered that the review on papers process was unfair. However, it was of the view that Dr Kumar will have the opportunity to present his case today in a thorough way and the Tribunal will consider all the evidence and all the options available to it.

86. The Tribunal considered that the AR decision was not an issue relevant to proceedings at this review hearing.

87. The Tribunal was satisfied that continuing without evidence from GMC witnesses will strike a fair balance, allowing Dr Kumar to present his case whilst ensuring that the public interest in a fair and efficient disposal of these proceedings is maintained.

88. Therefore, applying the test of fairness and relevance, the Tribunal determined not to allow the GMC witnesses to be called.

ANNEX B – 28/02/2025

Application on adjournment and extension of current sanction

89. The Tribunal was due to convene to hear submissions on sanction from the parties in the afternoon session. However, in the afternoon session, Dr Kumar has been experiencing technical issues logging onto Microsoft Teams and he has not been able to rejoin. This echoed his difficulties that he had in the morning of today's hearing. The Tribunal allowed considerable time for Dr Kumar to reboot his laptop and fix connection issues to rejoin the link; however this was unsuccessful. The Tribunal considered that given the remaining time for the hearing today, that it would not be possible to conclude matters.

90. Considering the importance of hearing Dr Kumar's submissions and his evidence in respect of sanction, the Tribunal considered it was critical that he was able to participate to ensure that this part of the hearing was fair. Therefore, the Tribunal determined that it was necessary to adjourn the hearing to reconvene at a later date. The Tribunal took account of paragraph 170 of the Sanctions Guidance (2024) (the SG) which states:

'Where a review hearing cannot be concluded before the conditional registration or suspension expires, the tribunal can extend it for a short period. This would allow for re-listing of the review hearing as soon as practicable and to maintain the status quo before the outcome of the review hearing'

91. The Tribunal has identified 1 April 2025 as the soonest possible time that all Tribunal members and parties can reconvene. This date has been confirmed by the MPTS Case Management Team.

92. The Tribunal noted that the current suspension on Dr Kumar's registration is due to expire on 18 March 2025. It invited submissions from the GMC as to whether it is necessary to extend the current order of suspension in accordance with section 35D(5)(a) of the Medical Act 1983 and Rule 22(5) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The GMC submitted that it was necessary to extend the current suspension, given the finding of current impairment, pending determination of sanction.

93. Although Dr Kumar was not present at this part of the hearing, the Tribunal considered his position as outlined in the bundle, that he would like the order of suspension to continue.

94. The Tribunal noted that both parties conceded that the hearing could not be concluded today and acknowledged that it was necessary for public protection, and in the public interest and was proportionate in this case for the order of suspension to be extended for a period of three months.