

PUBLIC RECORD**Dates:** 03/03/2025 - 07/03/2025

Doctor: Dr Sachin MANORAJ

GMC reference number: 7944815

Primary medical qualification: MB BS 2022 Imperial College London

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

Summary of outcome

Suspension, 12 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Graham White
Lay Tribunal Member:	Miss Susan Hurds
Registrant Tribunal Member:	Dr Deborah Brooke

Tribunal Clerk:	Mr Joel Taylor-Garratt
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Paul Williams, 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 - 05/03/2025

Background

1. Dr Manoraj qualified in 2022. Prior to and following the events which are the subject of the hearing Dr Manoraj was a medical student at Imperial College London.
2. The allegation that has led to Dr Manoraj's hearing can be summarised as dishonesty relating to his failure, when completing three application forms, to disclose that he was subject to ongoing Police investigations and that he had received two criminal convictions. It is specifically alleged that Dr Manoraj was convicted of criminal offences on two separate occasions. First on 14 September 2021, in the magistrates court, for driving without due care and attention, in respect of which he was sentenced to a fine of £150 with and six penalty points endorsed on his licence. Secondly, on 24 April 2023, Dr Manoraj was convicted in the Crown Court of dangerous driving for which he was sentenced on 8 June 2023 to a 12-month community order with a 90 hour unpaid work requirement and disqualified from driving for 12 months.
3. The initial concerns were first formally raised with the GMC when on 13 June 2023 Dr Manoraj emailed the fitness to practise department to inform them that on 8 June 2023 he had been disqualified from driving for 12 months.
4. The circumstances leading to Dr Manoraj's conviction for driving without due care and attention were that he drove into the back of a vehicle which had stopped at a zebra crossing and pushed it forward causing a pedestrian to fall and injure themselves.

5. The conviction for dangerous driving arose from events which occurred after Dr Manoraj met a friend and two of his friend's associates for lunch in March 2020. At a point when Dr Manoraj was driving, with all three as passengers, his friend identified a 15 year old male on an electric scooter as someone who owed him money for a designer back pack which he had taken without paying. Dr Manoraj, shouted at him from his lowered window and then drove his car on to the pavement to prevent the young boy from leaving. The car made contact with the scooter causing the boy to fall off. Dr Manoraj's friend left the car, pursued the boy and beat him severely with a metal rod. Dr Manoraj then pulled up by them, allowed his friend back into the car and after one of the others put the scooter in his boot, drove away, dropping all three passengers with the bike at a nearby station.
6. Dr Manoraj was initially charged with dangerous driving, inflicting grievous bodily harm with intent and theft of the scooter, all of which he denied. After protracted delays in both the charging and court process, Dr Manoraj pleaded guilty at Isleworth Crown Court on 24 April 2023 to the dangerous driving.

The Outcome of Applications Made during the Facts Stage

7. The Tribunal determined, with agreement from both parties and pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the Allegation be amended to correct an error in the numbering in respect of which paragraphs related to which head of impairment.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Manoraj is as follows:

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

1. On or around 14 June 2020 when applying for entry to the fifth year of the Bachelor of Medicine and Surgery Imperial College London ('ICL') you submitted a School of Medicine Criminal Record Self Declaration Form and you:
 - a. answered 'No' to the question 'have you a case pending with the police, either in the UK or overseas? If yes, please give brief details including dates.'

Admitted and found proved

- b. confirmed that the information you had provided was accurate. **Admitted and found proved**
- 2. You knew that at the time of submitting the form referred to in paragraph 1 you had been arrested and that you were on Police bail for outstanding criminal offences, and therefore you knew that you had a case pending with the police. **Admitted and found proved**
- 3. Your actions at paragraph 1 were dishonest by reason of paragraph 2. **To be determined**
- 4. On 14 September 2021 at Willesden Magistrates Court you were:
 - a. convicted of driving without due care and attention contrary to section 3 of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
 - b. sentenced to:
 - i. a fine of £150; **Admitted and found proved**
 - ii. your driver's licence being endorsed with six penalty points. **Admitted and found proved**
- 5. On 12 November 2021 you were charged by the Metropolitan Police with various criminal offences. **Admitted and found proved**
- 6. You failed to declare the information at paragraphs 4 a. and 5 above to ICL. **Admitted and found proved**
- 7. You knew that you should have declared the information at paragraphs 4 a. and 5 above to ICL. **To be determined**
- 8. Your actions in paragraph 6 were dishonest by reasons of paragraph 7. **To be determined**
- 9. On or around 6 June 2022 you applied for provisional GMC registration and you:
 - a. answered 'No' to the question 'Have you been formally cautioned or convicted by the police or a court?'; **Admitted and found proved**
 - b. answered 'No' to the question, 'Has any other action been taken against you by the police or similar organisation?'; **Admitted and found proved**

- c. confirmed that the information you had provided in this application was correct and true. **Admitted and found proved**
- 10. You knew that at the time of submitting the form referred to in paragraph 9 above you had:
 - a. been convicted on the offence at paragraph 4 a; and/or **Admitted and found proved**
 - b. committed the offence at paragraph 4a; **Admitted and found proved**
 - c. pleaded guilty to the offence at paragraph 4a; **Admitted and found proved**
 - d. received the sentence at paragraph 4b. **Admitted and found proved**
- 11. You knew that at the time of submitting the form referred to in paragraph 9 above that you were on bail to attend Isleworth Crown Court for outstanding criminal offences. **Admitted and found proved**
- 12. Your actions at paragraph 9 were dishonest by reason of paragraphs 10a. and/or 10 b. c. and d. and 11. **To be determined**
- 13. On or around 25 May 2023 when applying for full GMC registration you:
 - a. answered 'No' to the question 'Are you aware of any proceedings, act or omission on your part that have occurred since you were granted provisional registration, which might render you liable to be referred to the General Medical Council for investigation or consideration of your fitness to practise?'; **Admitted and found proved**
 - b. confirmed that the information you had provided in this application was correct and true. **Admitted and found proved**
- 14. You knew that at the time of submitting the form referred to in paragraph 13 above that;
 - a. on 24 April 2023, at Isleworth Crown Court, you were convicted of driving a motor vehicle dangerously contrary to section 2A of the Road Traffic Act 1988; **To be determined**
 - b. you were bailed to attend Isleworth Crown Court for Sentence on 8 June 2023 in respect of your conviction at paragraph 14a. **Admitted and found proved**

15. Your actions at paragraph 13 were dishonest by reason of paragraph 14. **To be determined**

Conviction

16. On 24 April 2023, at Isleworth Crown Court, you were convicted of driving a motor vehicle dangerously contrary to section 2A of the Road Traffic Act 1988. **Admitted and found proved**

17. On 8 June 2023, at Isleworth Crown Court, you were sentenced to:

- a. a 12 month Community Order; **Admitted and found proved**
- b. an unpaid work requirement of 90 hours; **Admitted and found proved**
- c. 12 month disqualification from driving until you passed an extended driving test. **Admitted and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. misconduct in respect of paragraph ~~1 – 15~~ 1 – 3 and 5 – 15. **Amended under Rule 17(c). To be determined**
- b. conviction in respect of paragraph 4 and 16 - 17. **Amended under Rule 17(c). To be determined**

The Admitted Facts

9. At the outset of these proceedings, Dr Manoraj made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of 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.

The Facts to be Determined

10. In the light of Dr Manoraj's response to the Allegation made against him, the Tribunal is required to determine:

- whether, as alleged at paragraph 7, Dr Manoraj knew he should have declared the conviction and sentence for driving without due care and attention;
- whether, as alleged at paragraph 14a, he knew at the time of submitting his application for full registration, he had been convicted of driving motor vehicle dangerously;
- whether, as alleged at paragraph 3, he had been dishonest in answering 'No' to the question "have you a case pending with the police..." in the ICL self-declaration form and confirming the information he had provided was accurate; whether, as alleged at paragraph 8, his actions in failing to declare the magistrates' court conviction and sentence and the ongoing police enquiries were dishonest;
- whether, as alleged at paragraph 12, his actions in answering "No" to the questions in his application for provisional registration "Have you been...convicted by a court...?" and "Has any other action been taken against you by the police...?" and in confirming that his answers were true, he had acted dishonestly; and
- whether, as alleged in paragraph 15, his action was dishonest in answering "No" to the question "Are you aware of any proceedings... that have occurred since you were granted provisional registration which might render you liable to be referred to the General Medical Council for investigation or consideration of your fitness to practise?"

Witness Evidence

11. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following who were not called to give oral evidence:
 - Ms A, International Liaison and Illegal Practice (ILIP) Manager at the GMC;
 - Ms B, Deputy Head of Programme Management across the MBBS programme at Imperial College London.
12. Dr Manoraj provided his own witness statement and also gave oral evidence at the hearing. In his oral evidence, Dr Manoraj maintained that he had not been dishonest in not disclosing his convictions or Police proceedings. He said that it had been a series of errors and misjudgements, although he accepted that it could be seen as being dishonest. He told the Tribunal that he had a tendency to compartmentalise stressful events, as a way of coping with trauma. He had done so throughout the lengthy criminal investigation and proceedings relating to the assault on the 15 year old boy.
13. Dr Manoraj said that he was a diligent and high performing student, previously a prefect at private school, and had been shaken by his experience of the assault. He said that he

put thoughts of court dates and Police procedures completely out of his head so that he could concentrate on revision for his final exams in medical school.

14. Dr Manoraj acknowledged that he had a duty to inform ICL of any on-going Police investigations and that he should have declared these and his convictions on his applications to the GMC. He said that, at the time, he had not understood that the conviction for driving without due care was any more serious than a speeding fine and did not realise it should have been declared. Dr Manoraj also said that he did not understand that he had been convicted of dangerous driving at the point that he pleaded guilty on 24 April 2023 – he thought that this would happen at a later point when he was sentenced. He told the Tribunal that he had spoken to a GMC adviser by telephone when at court on 24 April 2023 and they had advised him to wait for the matter to be resolved before informing the GMC of his conviction.
15. Dr Manoraj told the Tribunal that he informed both his foundation programme co-ordinator and deputy medical director of his impending conviction of his own volition in May 2023. He said that, following his initial interviews with the Police in March and May 2020, he swept thoughts of the assault '*under the rug*' as he did not believe he was guilty of any offence and heard nothing more until he was charged in November 2021.
16. The Tribunal also received evidence on behalf of Dr Manoraj in the form of a witness statement from Dr C, consultant in Emergency Medicine, who was not called to give evidence at the hearing.

Documentary Evidence

17. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to certificates of conviction, Judge's sentencing remarks, various Police documentation and email correspondence between Dr Manoraj and the GMC.

The Tribunal's Approach

18. 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 Manoraj 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 in question occurred.

19. The Tribunal should reach all its decisions only on the evidence before it. It will be entitled to draw reasonable inferences, that is to say reach common sense conclusions, from the evidence it received but should not allow itself to speculate. It will take into account all the evidence before it, namely witness statements, documentary exhibits and oral evidence.
20. The case of *Ivey v Genting Casinos (UK) Ltd (t/a Crockfords) [2017] UKSC 67 (25 October 2017)* set out the following test to be applied in determining issues of dishonesty:

‘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.’

The Tribunal’s Analysis of the Evidence and Findings

21. 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.
22. The Tribunal began by considering those paragraphs which dealt with the state of Dr Manoraj’s actual knowledge at the time of events, namely paragraphs 7 and 14(a).
23. Turning first to paragraph 7 of the Allegation, the Tribunal considered the ICL policy and procedure document relating to DBS checks, which sets out the following:

‘2.1. All existing registered students are responsible for reporting the receipt of any Fixed Penalty Notices or fines, police cautions, convictions or where a case is pending with the police, to the relevant year School of Medicine Senior Tutor in a timely manner. Please note that whilst a Fixed Penalty Notice may not always appear on a DBS Certificate, students are required to declare this information to the GMC prior to registration and any non-declarations to the School of Medicine will be investigated by the GMC.’

2.2 *All existing registered students due to progress to Year 5 in July of each year are required to complete a DBS self-declaration form in January/February noting if they have received any Fixed Penalty Notices, police cautions, convictions or have a case pending with the police.'*

24. The Tribunal reminded itself that Dr Manoraj had admitted his 14 September 2021 conviction and sentence and also that he had received the 12 November 2021 charging summons. He further acknowledged in his evidence that he had been aware of the ICL policy and procedures document relating to DBS checks and accepted that he had a duty, as set out in that document, to inform ICL of his conviction and criminal charges.
25. The Tribunal considered that the ICL document set out a clear duty, which Dr Manoraj had failed to comply with, to inform the ICL *in a timely manner* of his conviction and charges. It was not only in his Year 5 self-declaration form that Dr Manoraj had to make this declaration; the duty to disclose was on-going. In the light of this and Dr Manoraj's acceptance that he was aware of this duty, the Tribunal determined that paragraph 7 of the Allegation was proved.
26. The Tribunal then went on to consider paragraph 14(a) of the Allegation.
27. The Tribunal reminded itself of the relevant facts, namely that Dr Manoraj had entered a guilty plea on 24 April 2023, meaning that his conviction was effective from that date. The Tribunal acknowledged that it was Dr Manoraj's position that he did not understand this to be the case and that he believed his conviction would only become effective once sentence had been passed.
28. The Tribunal considered that many people would understand that entering a guilty plea results in being convicted at the same time. However, it considered it plausible that Dr Manoraj did not understand this and believed a conviction to occur at sentencing. The Tribunal was mindful that the burden of proof rests on the GMC and was not satisfied that sufficient evidence had been provided to counter Dr Manoraj's account of events and establish on balance of probabilities that he knew he had been convicted on 24 April 2023. Accordingly, the Tribunal determined that paragraph 14(a) of the Allegation was not proved.

Dishonesty

29. The Tribunal then went on to consider the outstanding paragraphs of the Allegation, which allege that Dr Manoraj acted dishonestly.

30. The Tribunal began with paragraph 3 of the Allegation, which relates to Dr Manoraj answering 'No' on his criminal record self-declaration form for Year 5 of ICL to the question *'have you a case pending with the police, either in the UK or overseas?'*
31. The Tribunal noted that this form was completed on or around 14 June 2020 and that Dr Manoraj's case was that he did not understand at the time that he was being actively investigated by the Police. His case was that he had given honest answers during his police interview, was not guilty of any crime and so would not be investigated further. The Tribunal considered it highly unlikely that Dr Manoraj would not have understood that the investigation was on going as he had been interviewed twice, most recently only a few weeks before completing this form and had not been informed of the result.
32. The Tribunal considered it was understandable that Dr Manoraj might have been in denial at this point about the seriousness of his involvement in the matters under investigation by the Police but did not accept that he did not understand that he remained subject to the investigation. He had not been informed of its conclusion. As such, the Tribunal considered that Dr Manoraj had knowingly answered this question inaccurately in the hope that the investigation would conclude without his further involvement. Having regard to the case of *Ivey*, the Tribunal concluded that this would be seen as dishonest by the objective standards of ordinary, decent people. Therefore, the Tribunal found paragraph 3 of the Allegation proved.
33. The Tribunal then turned to paragraph 8 of the Allegation. The Tribunal reminded itself that it had found Dr Manoraj knew of his conviction and charges and of his duty to disclose them to ICL. In the light of Dr Manoraj's acceptance that he knew of this duty but failed to comply with it, the Tribunal concluded that this would be seen as dishonest by the objective standards of ordinary, decent people. Therefore, the Tribunal determined that paragraph 8 of the Allegation was proved.
34. The Tribunal then turned to paragraph 12 of the Allegation, which relates to Dr Manoraj's application for provisional registration with the GMC.
35. The Tribunal bore in mind that Dr Manoraj had made admissions to paragraph 10 and 11 of the Allegation, that he was aware at the time of completing the form that he had received a conviction and was on bail in respect of outstanding criminal offences. The Tribunal noted that Dr Manoraj's evidence was that he did not understand that the conviction for driving without due care and attention met the threshold for necessary declaration. The Tribunal gave little weight to this explanation as Dr Manoraj had

attended Magistrates Court, had pleaded guilty, and was fined. He was aware of the seriousness of the incident, which involved injury to a pedestrian. Furthermore, the Tribunal noted that, even if it had accepted Dr Manoraj's case on this point, he also knew that he was on bail to attend Isleworth Crown Court, which he was also under a duty to declare.

36. The Tribunal considered that, although he had not yet been convicted, Dr Manoraj should have declared the outstanding criminal charges because they came under the question *'Has any other action been taken against you by the police or similar organisation?'*
37. The Tribunal considered Dr Manoraj's explanation that he had *'compartmentalised'* when he failed to declare these incidents on his application for provisional registration. The Tribunal accepted that compartmentalisation might help Dr Manoraj understand why he had been dishonest. However, the Tribunal concluded that failing to disclose these incidents on the form would be found to be dishonest conduct by ordinary, decent people, and so found paragraph 12 of the Allegation proved.
38. The Tribunal then went on to consider paragraph 15 of the Allegation, which relates to Dr Manoraj's application for full registration with the GMC. The Tribunal bore in mind the question on the form:

'Are you aware of any proceedings, act or omission on your part that have occurred since you were granted provisional registration, which might render you liable to be referred to the General Medical Council for investigation or consideration of your fitness to practise?'
39. The Tribunal noted that this form was completed shortly before Dr Manoraj's sentencing in June 2023. The Tribunal considered that the word *'might'* was key in this consideration. If it accepted that Dr Manoraj had been advised in April 2023 by the GMC that he should await the conclusion of proceedings, the Tribunal was of the view that he would still have been aware that his impending sentencing was something that *'might'* render him liable to be referred to the GMC for investigation. His knowledge of this possibility placed a duty on Dr Manoraj to disclose that in this form. The Tribunal also considered that Dr Manoraj was aware of his duty to disclose criminal proceedings as he had gone through similar processes in the past.
40. The Tribunal noted that Dr Manoraj had given evidence that he had informed his superiors, including the Deputy Medical Director, of his impending sentencing in May

2023. The Tribunal considered that this indicated some dawning insight into the impact that such a sentence may have on his GMC registration, yet he still answered ‘No’ to the question above. The Tribunal considered that if Dr Manoraj understood he should inform his Deputy Medical Director of his conviction, then it should have been clear to him that he needed to declare it on this form.

41. The Tribunal found that Dr Manoraj had completed this form incorrectly which, taken with the two other such instances, indicated a trend of attempting to minimise and deny his various criminal investigations and subsequent convictions. The Tribunal considered that, having not declared these at the first opportunity, Dr Manoraj had become disincentivised to make disclosures at subsequent opportunities. The Tribunal determined that this was a course of action that would be considered dishonest by the objective standards of ordinary, decent people and so paragraph 15 of the Allegation was found proved.

The Tribunal’s Overall Determination on the Facts

42. The Tribunal has determined the facts as follows:

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

1. On or around 14 June 2020 when applying for entry to the fifth year of the Bachelor of Medicine and Surgery Imperial College London (‘ICL’) you submitted a School of Medicine Criminal Record Self Declaration Form and you:
 - a. answered ‘No’ to the question ‘have you a case pending with the police, either in the UK or overseas? If yes, please give brief details including dates.’
Admitted and found proved
 - b. confirmed that the information you had provided was accurate. **Admitted and found proved**
2. You knew that at the time of submitting the form referred to in paragraph 1 you had been arrested and that you were on Police bail for outstanding criminal offences, and therefore you knew that you had a case pending with the police. **Admitted and found proved**
3. Your actions at paragraph 1 were dishonest by reason of paragraph 2. **Determined and found proved**

4. On 14 September 2021 at Willesden Magistrates Court you were:
 - a. convicted of driving without due care and attention contrary to section 3 of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
 - b. sentenced to:
 - i. a fine of £150; **Admitted and found proved**
 - ii. your driver's licence being endorsed with six penalty points. **Admitted and found proved**
5. On 12 November 2021 you were charged by the Metropolitan Police with various criminal offences. **Admitted and found proved**
6. You failed to declare the information at paragraphs 4 a. and 5 above to ICL. **Admitted and found proved**
7. You knew that you should have declared the information at paragraphs 4 a. and 5 above to ICL. **Determined and found proved**
8. Your actions in paragraph 6 were dishonest by reasons of paragraph 7. **Determined and found proved**
9. On or around 6 June 2022 you applied for provisional GMC registration and you:
 - a. answered 'No' to the question 'Have you been formally cautioned or convicted by the police or a court?'; **Admitted and found proved**
 - b. answered 'No' to the question, 'Has any other action been taken against you by the police or similar organisation?'; **Admitted and found proved**
 - c. confirmed that the information you had provided in this application was correct and true. **Admitted and found proved**
10. You knew that at the time of submitting the form referred to in paragraph 9 above you had:
 - a. been convicted on the offence at paragraph 4 a; and/or **Admitted and found proved**
 - b. committed the offence at paragraph 4a; **Admitted and found proved**

- c. pleaded guilty to the offence at paragraph 4a; **Admitted and found proved**
 - d. received the sentence at paragraph 4b. **Admitted and found proved**
11. You knew that at the time of submitting the form referred to in paragraph 9 above that you were on bail to attend Isleworth Crown Court for outstanding criminal offences. **Admitted and found proved**
12. Your actions at paragraph 9 were dishonest by reason of paragraphs 10a. and/or 10 b. c. and d. and 11. **Determined and found proved**
13. On or around 25 May 2023 when applying for full GMC registration you:
- a. answered 'No' to the question 'Are you aware of any proceedings, act or omission on your part that have occurred since you were granted provisional registration, which might render you liable to be referred to the General Medical Council for investigation or consideration of your fitness to practise?'; **Admitted and found proved**
 - b. confirmed that the information you had provided in this application was correct and true. **Admitted and found proved**
14. You knew that at the time of submitting the form referred to in paragraph 13 above that;
- a. on 24 April 2023, at Isleworth Crown Court, you were convicted of driving a motor vehicle dangerously contrary to section 2A of the Road Traffic Act 1988; **Determined and found not proved**
 - b. you were bailed to attend Isleworth Crown Court for Sentence on 8 June 2023 in respect of your conviction at paragraph 14a. **Admitted and found proved**
15. Your actions at paragraph 13 were dishonest by reason of paragraph 14. **Determined and found proved**

Conviction

16. On 24 April 2023, at Isleworth Crown Court, you were convicted of driving a motor vehicle dangerously contrary to section 2A of the Road Traffic Act 1988. **Admitted and found proved**
17. On 8 June 2023, at Isleworth Crown Court, you were sentenced to:

- a. a 12 month Community Order; **Admitted and found proved**
- b. an unpaid work requirement of 90 hours; **Admitted and found proved**
- c. 12 month disqualification from driving until you passed an extended driving test. **Admitted and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- c. misconduct in respect of paragraphs ~~1 – 15~~ 1 – 3 and 5 – 15. **Amended under Rule 17(c). To be determined**
- d. conviction in respect of paragraphs 4 and 16 - 17. **Amended under Rule 17(c). To be determined**

Determination on Impairment - 06/03/2025

43. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Manoraj's fitness to practise is impaired by reason of misconduct or his convictions for criminal offences.

The Evidence

44. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

45. On behalf of the GMC, Mr Williams, Counsel, submitted that Dr Manoraj's fitness to practise is impaired by reason of both his convictions and his misconduct. He said that Dr Manoraj's dishonesty was persistent, taking place over an extended period of time and in multiple instances, which fell far short of the standards expected of the profession. Mr Williams submitted that the Tribunal should look not just at the specific acts of dishonesty but also the function of the forms that Dr Manoraj had completed dishonestly, and the context that these issues had been repeatedly highlighted to Dr Manoraj as an undergraduate.

46. Mr Williams submitted that probity was at the heart of the profession as doctors hold a special place of trust within society. He said that it behoves a doctor to answer the forms in question not only openly and honestly but also in the spirit of what they are asking for, namely for any criminal proceedings that could call a doctor's practise into question.
47. Mr Williams submitted that dishonesty is not impossible but very difficult to remedy as it is an intrinsic part of a person's character. He said that to remedy dishonesty, a person must look deep inside to understand why they acted dishonestly. Mr Williams submitted that Dr Manoraj had not done such work. He denied he was dishonest and therefore lacked insight into his misconduct; and there was a real risk of him being dishonest in the future.
48. Mr Williams reiterated that cases of dishonesty are viewed particularly seriously by the profession, especially when the dishonesty is persistent. He submitted that Dr Manoraj's actions were clearly serious misconduct and that Dr Manoraj's fitness to practise was thereby impaired. He argued that Dr Manoraj's dishonesty undermined public confidence in the profession and fell far short of proper professional standards.
49. Mr Williams submitted that Dr Manoraj's convictions were a separate but still serious consideration. He reminded the Tribunal that Dr Manoraj's careless driving had resulted in the serious injury of a pedestrian. He further submitted that Dr Manoraj's conviction for dangerous driving was for a serious offence which included the pursuit of a 15 year old boy and mounting the kerb to stop him before Dr Manoraj's passenger left the car and severely beat him.
50. Mr Williams submitted that Dr Manoraj's convictions had not been remedied by time or any other work and that his fitness to practise was impaired because of them.
51. Dr Manoraj submitted that he accepted the Tribunal's findings of dishonesty, agreed that dishonesty is a core principle of the profession and that his actions fell far below the standards expected of the profession. He submitted that, whilst he accepted that his actions could be seen as dishonest, intent was an important consideration as he had never intended to conceal his convictions. He said that this was evidenced by him disclosing the matters to his supervisors of his own volition and subsequently self referring to the GMC.
52. Dr Manoraj accepted that he had been given all the necessary information regarding standards of practice and that it was his responsibility to uphold those standards, but recalled the excitement he felt at the time this information was being given out, having

just started at medical school. He said that, although it was his responsibility, he may have ‘switched off’ when being given this information, possibly because he had a very low expectation of ever having any interaction with the Police.

53. Dr Manoraj explained that, although he accepted his actions could be seen as dishonest, it was extremely difficult to develop insight into something he did not think he had done. He said that one of the reasons for it may have been an assumption that driving did not have a link to being a good quality doctor and that, at the time, he did not understand how it would affect his ability to be a doctor. He explained that he had ‘grown a lot’ in the five years since the incidents and had developed a better understanding of GMP and the information that should be disclosed. He said that he had undertaken a probity course and had chosen to work with XXX to understand how and why he acted the way he did. He told the Tribunal that, in the past, he tended to deal with things alone but he now accepts support from his family, understands the value of speaking to XXX about such issues, had written a reflection, and regularly writes about his feelings and experiences in a journal. It was only on reflection that he ‘realised how serious a mistake it was’.
54. Dr Manoraj submitted that he had learned now that honesty was always the best approach, regardless of the consequences, and assured the Tribunal that there was no risk of him repeating his dishonesty in the future.

The Relevant Legal Principles

55. The Tribunal reminded itself that at this stage of proceedings, that there is no burden or standard of proof and the decision in respect of impairment is a matter for the Tribunal’s judgement alone.
56. In approaching its decision, the Tribunal was mindful of the two stage process to be adopted. First, the Tribunal should consider and decide whether or not the facts found proved amounted to misconduct which was serious. The second stage is to determine whether, as a consequence of any misconduct established and/or the convictions, Dr Manoraj’s fitness to practise is currently impaired.
57. The Tribunal must determine whether Dr Manoraj’s fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, whether they have been remedied and any likelihood of repetition.

58. The test for impairment can be summarised as that set out by Dame Janet Smith and cited in *CHRE v NMC and P Grant* [2011] EWHC 927 (Admin):

- 'a) Whether the registrant 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;*
- b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
- c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*
- d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

59. The Tribunal noted relevant case law which described '*misconduct*' as a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances and includes conduct of a morally culpable or otherwise disgraceful kind, which may bring the reputation of the profession into disrepute.

60. The case of *General Medical Council v Nwachuku* [2017] EWHC 2085 (Admin) (10 August 2017) addressed the topic of dishonesty:

'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].*

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].’

The Tribunal’s Determination on Impairment

Misconduct

61. The Tribunal began by considering whether Dr Manoraj’s actions in failing to declare his convictions and on-going Police investigations amounted to misconduct.
62. As part of its considerations, the Tribunal identified that Dr Manoraj was a medical student at the time of events, not a qualified doctor. It therefore considered it necessary to identify whether Dr Manoraj should be held to the standards set out in Good Medical Practice (2013) (GMP). Standards of behaviour for medical students were set out in ‘Achieving good medical practice: guidance for medical students (2016)’, which set out that GMP was the standard expected. In dealing specifically with dishonesty, that guidance says:

‘81 *A medical student’s behaviour must justify the trust that patients and the public have in them. Examples of unprofessional behaviour that would be a cause for concern are listed below. Some of these examples apply to the medical school environment, but it’s important to remember that you need to behave professionally outside your medical school too. Unprofessional behaviour over a number of different areas, or repeated or persistent unprofessional behaviour, could lead to fitness to practise proceedings. It’s important to note that this list is not exhaustive.*

...

- *Failure to declare relevant misconduct or health issues to your medical school or university'*

63. The Tribunal was satisfied that this guidance indicated that Dr Manoraj's actions at all relevant times should be judged against the standards set out in GMP. The Tribunal considered that the following paragraphs were of particular relevance:

'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.'

64. The Tribunal reminded itself that Dr Manoraj's dishonesty was spread over four separate instances. The first was completing incorrectly part of an application form for entry to ICL, the second was a failure to disclose ongoing Police investigations to ICL, and the third and fourth were completing application forms for GMC registration incorrectly. The Tribunal considered that the forms in question were significant because they were applications for Dr Manoraj to proceed to his 5th year of medical school and then for admission to the medical register. The Tribunal was of the view that failing to declare his convictions to the GMC was particularly serious as it denied the regulator the chance to perform its duties both to regulate a member of the profession and to protect the public.

65. The Tribunal was satisfied that Dr Manoraj's dishonest actions, taken both together and individually, fell far below the standards set out in GMP and amounted to serious misconduct.

Impairment

66. Having found that Dr Manoraj's actions amounted to serious misconduct, the Tribunal went on to consider whether Dr Manoraj's fitness to practise was impaired by reason of either his misconduct or his convictions.

67. The Tribunal first dealt with Dr Manoraj's convictions, addressing them individually. It reminded itself of the circumstances of Dr Manoraj's conviction for careless driving, which included injury to a pedestrian. The Tribunal noted the serious injury that the

pedestrian suffered but did not consider this conviction to reach the threshold for impairment. It concluded that Dr Manoraj had a momentary lapse of concentration, which had unfortunately resulted in him colliding with the rear of another vehicle which had stopped suddenly. The Tribunal bore in mind that the sentence for this conviction was a modest fine and the imposition of six penalty points on his licence, which reflected the level of seriousness decided by the magistrates.

68. However, the Tribunal considered Dr Manoraj's second conviction, that for dangerous driving, to be more serious. The Tribunal had regard to the Judge's sentencing remarks:

'The fact of the matter is that you drove deliberately onto the pavement, but I am satisfied that you did not by that intend to use the car as a weapon but more of a method of trying to get [the victim] to stop because he was already beginning to flee the scene when this happened.'

In the words of your counsel, this was a serious misjudgement rather than the weaponisation of the car that you were driving. It has to be acknowledged that you were in doing that paying reckless disregard to the safety of others...

Manoraj, you also have no previous convictions. You have expressed remorse and I accept that is genuine remorse.

You have now qualified as a registered medical practitioner and work as a junior doctor in a hospital elsewhere in England. You have achieved stellar academic results, and it is a great shame that they have been blemished by this incident which took place before you became a doctor. I am happy to confirm that you were influenced by and egged on in your driving by the other people in the car. You are due to be married later this year. You want to continue as a doctor, and you want to be a GP. I accept what [Counsel] submitted on your behalf, that this was one burst of bad behaviour on one day.'

69. The Tribunal considered that the conduct leading to Dr Manoraj's conviction for dangerous driving was of a serious nature but balanced this against the Judge's remarks that he had been 'egged on' and his conduct had been 'one burst of bad behaviour.' It noted that the sentence imposed was a community order rather than any form of imprisonment.
70. The Tribunal accepted that Dr Manoraj's remorse was genuine and that there were mitigating circumstances. Nonetheless, it considered that a member of the public would be shocked if a finding of impairment were not made due to the nature of Dr Manoraj's

reckless actions and the associated serious assault by his friend. In particular, the Tribunal considered that a member of the public would be very concerned that Dr Manoraj did not leave the situation and indeed went back to pick up the attacker. Furthermore, the incident of careless driving occurred when Dr Manoraj knew he was still under investigation for dangerous driving and related offences. The Tribunal therefore determined that, whilst further convictions were unlikely, a finding of impairment by reason of his convictions was necessary on public interest grounds.

71. The Tribunal then went on to consider whether Dr Manoraj's fitness to practise was impaired by reason of his misconduct.
72. The Tribunal reminded itself that Dr Manoraj had been dishonest on four separate occasions, on application forms for enrolment at medical school and GMC registration, all of which was of a serious nature. The Tribunal accepted that dishonesty was difficult to remedy, but not impossible.
73. The Tribunal accepted that Dr Manoraj had shown genuine remorse for his actions as well as some insight into his shortcomings. It noted that he had completed a course on probity, had worked with XXX to identify and understand reasons for his conduct and had taken to regularly making reflective entries in a journal as a method of monitoring his thought processes and behaviour. The Tribunal considered that although Dr Manoraj had undertaken meaningful and profound work to remedy his misconduct, he had not yet fully remedied his understanding of his dishonesty. The Tribunal considered that the adverse impact of Dr Manoraj's actions on public confidence in the medical profession must also be addressed.
74. Notwithstanding his denial of dishonesty at the hearing, the Tribunal considered that Dr Manoraj had demonstrated for some time a determination to address the factors that led to his dishonest behaviour. He recognised early in the hearing process that he had made serious misjudgements. He made frank admissions, which included knowledge of his duty to disclose and failure to do so. Dr Manoraj now seeks more open support from his parents, will turn to XXX when needed and is no longer inclined to '*sweep things under the rug.*' The Tribunal considered that these factors indicated a maturing attitude on Dr Manoraj's part and a willingness to change.
75. However, the Tribunal considered that Dr Manoraj was still hampered in his journey to full insight by his continued denial of dishonesty and not yet having reflected sufficiently on the adverse impact of his actions on public confidence in the profession. The Tribunal

also considered that Dr Manoraj's reflections lacked consideration of the specific impact of his dishonesty on the profession.

76. The Tribunal found that Dr Manoraj's four instances of dishonesty indicated a trend of attempting to minimise and deny his legal proceedings. It considered that he had wanted to ignore the issues he was facing and so was dishonest about their existence or severity. Having failed to declare the issues once, it became more difficult for him to declare them in the future.
77. The Tribunal considered that Dr Manoraj had demonstrated some insight and made significant efforts towards remediation but had not yet fully appreciated the dishonest nature of his actions, or that dishonesty does not require a specific intent to deceive. Therefore, the Tribunal considered that Dr Manoraj had not yet fully remedied the misconduct and concluded that his fitness to practise remains impaired for that reason.
78. The Tribunal further determined that Dr Manoraj's dishonest actions brought the medical profession into disrepute and undermined public confidence in the profession. It considered that a member of the public would be extremely concerned that a doctor had been dishonest on multiple forms when applying for registration and enrolment. The Tribunal considered that a finding of impairment was also necessary on public interest grounds.
79. The Tribunal has therefore determined that Dr Manoraj's fitness to practise is impaired by reason of misconduct and conviction for a criminal offence.

Determination on Sanction - 07/03/2025

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

The Evidence

81. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

82. On behalf of the GMC, Mr Williams, Counsel, submitted that the only appropriate sanction in this case was one of erasure. He submitted that this was because of the persistent nature of Dr Manoraj's dishonesty and the seriousness of his conviction for dangerous driving, as well as the fact that his dishonesty denied the GMC the opportunity to regulate the profession. Mr Williams said that this breached a fundamental tenet of the profession.
83. Mr Williams submitted that the dangerous driving incident was incredibly serious and that Dr Manoraj's actions were reckless. He also submitted that the suggestion Dr Manoraj was 'egged on' was no mitigation at all as a doctor must be able to resist any such negative influence on dangerous actions. Mr Williams further argued that the careless driving was serious in its own right.
84. Mr Williams reminded the Tribunal that Dr Manoraj had continued to deny that when completing the forms that he had been dishonest and submitted that this indicated that his insight is very limited. Insight and remediation were very much at the starting stage and the risk of repetition was significant. Mr Williams reminded the Tribunal of its findings that Dr Manoraj had demonstrated a trend of trying to deny and minimise his legal proceedings. He submitted that Dr Manoraj's nascent insight and remediation and the nature of his persistent dishonesty meant that there was a significant risk he would repeat his dishonesty when facing difficult situations in the future. He said that it is incumbent on doctors to be honest and open about any shortcomings or if they had let down a patient or the public. Such honesty was not an attribute of Dr Manoraj.
85. Mr Williams referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (2024) ('the SG'), including:

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

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

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

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

...

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.

...

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.

...

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure.'

86. Mr Williams submitted that Dr Manoraj's dishonesty meant that this case fell squarely within these paragraphs and therefore erasure was the only appropriate sanction. He submitted that to take no action would not be appropriate, nor would an order of conditions. He submitted that Dr Manoraj's actions amounted to a very serious departure from the standards set out in GMP. He had engaged in persistent dishonesty resulting in his personal gain by the avoidance of GMC regulation. Mr Williams submitted that this was fundamentally incompatible with continued registration and so a period of suspension would also not be appropriate or proportionate.
87. In his submissions, Dr Manoraj repeated his regret for his actions and acknowledged the seriousness of both his dishonesty and conviction. He said that he understood how his actions had undermined public trust in the profession and fell far short of the standards expected of a doctor. He accepted that his actions could reasonably be seen as dishonest but repeated that he had no dishonest intent.
88. Dr Manoraj submitted that he had developed a full understanding of the need for complete honesty and integrity and that his reflections have been a painful but necessary part of his growth. He said that his actions since the events have led to him being a safer, wiser and more self-aware doctor.
89. Dr Manoraj submitted that he was committed to ensuring his response to the dishonest actions continues to be one of deep reflection, real accountability and lasting

improvement. He said that he completed the requirements of his conviction and engaged in remediation efforts of his own volition to ensure he would not repeat his actions in the future.

The Tribunal's Determination on Sanction

90. The Tribunal understood that the decision as to what sanction, if any, to impose on Dr Manoraj's registration is a matter for this Tribunal alone, exercising its independent judgement. In reaching its decision, the Tribunal has taken account of, and has applied, the SG.
91. The Tribunal recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must consider imposing a sanction if it is required to protect patients, maintain public confidence in the profession, and/or meet the wider public interest.
92. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Manoraj's interests with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.
93. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, in order to establish which sanction is appropriate and proportionate.

Aggravating and mitigating factors.

94. The Tribunal began by considering aggravating and mitigating factors in this case.
95. The Tribunal identified the repeated nature of Dr Manoraj's dishonesty as an aggravating factor in this case. In the light of Mr Williams' submissions, the Tribunal considered carefully whether Dr Manoraj lacked insight to the extent that it could be regarded as an aggravating factor. It reminded itself of its findings throughout the hearing that Dr Manoraj had done significant work to develop his understanding of his actions. Although it had found Dr Manoraj's insight was not yet complete, the Tribunal did not accept Mr Williams' submission that his insight is nascent. It noted that Dr Manoraj had expressed genuine remorse and had taken concrete steps remedial steps. In these circumstances, the Tribunal did not believe Dr Manoraj's level of insight to be an aggravating factor.

96. The Tribunal considered that mitigating factors in the case were the significant efforts that Dr Manoraj has taken to remedy his misconduct, his genuine apology and expressions of regret.
97. The Tribunal noted the positive testimonial from a senior colleague.
98. The Tribunal considered whether the early stage of Dr Manoraj's career could be regarded as a mitigating factor. It acknowledged that his understanding of the context of his professional work would have been developing rapidly at the time of the events in question. The Tribunal considered that this could offer only limited mitigation in relation to dishonesty.
99. The Tribunal also reviewed the question of aggravating and mitigating factors specifically in relation to Dr Manoraj's conviction for dangerous driving. It was mindful of the Judge's sentencing remarks and considered that the fact of the conviction was not an aggravating feature, nor were the particulars of the context to that conviction. The Tribunal considered it relevant that Dr Manoraj received no form of custodial sentence. The Tribunal accepted Dr Manoraj's explanation that, during the incident, it had not been possible for him to identify that the victim was a child. The Tribunal concluded that there were no aggravating or mitigating factors in relation to Dr Manoraj's conviction.

No action

100. The Tribunal concluded that there were no exceptional circumstances in this case to justify it taking no action. Taking no action would not serve the public interest, nor would it satisfy the need to maintain public confidence in the profession or uphold proper professional standards. Therefore, the Tribunal determined that taking no action would not be an appropriate or proportionate outcome to this case.

Conditions

101. The Tribunal had regard to paragraph 81 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.'*

102. The Tribunal decided that no proportionate, workable or measurable conditions relevant to Mr Manoraj's misconduct could be formulated. The Tribunal also considered that an order of conditions would not be sufficient to mark the seriousness of Dr Manoraj's misconduct or meet the need to uphold public trust in the profession or maintain proper professional standards. Therefore, the Tribunal determined not to impose an order of conditions.

Suspension

103. The Tribunal then went on to consider whether to impose a period of suspension. It took account of following paragraphs of the SG:

- '91 Suspension has a deterrent effect and can be used to send out a signal to the doctor the profession and public about what is regarded as behaviour unbefitting a registered doctor...*
- 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 (see paragraphs 24–49).*
- 97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

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

104. The Tribunal was confident that Dr Manoraj's insight and remediation had developed to the point that further repetition of his misconduct was unlikely. Although repeated during a period of three years, the Tribunal considered that Dr Manoraj's dishonesty was all of a similar type – failing to disclose being subject to criminal proceedings and investigations. It was satisfied that this occurred because of his failure to recognise the importance of declaring these proceedings truthfully.

105. The Tribunal found that, otherwise, Dr Manoraj had conducted himself in accordance with GMP and no other concerns had been raised. It considered that he had shown positive evidence of his reflections and meaningful behavioural changes to consolidate his learning. He had shown a positive attitude towards remediation, regularly completes a reflective journal and welcomes advice and support from his family. The Tribunal considered that this all demonstrated that Dr Manoraj is capable of understanding his dishonesty in light of the Tribunal's findings and is prepared to address it. In these circumstances, the Tribunal concluded that Dr Manoraj's misconduct fell just short of being fundamentally incompatible with continued registration.

106. Whilst considering that an order for suspension may be appropriate in this case, the Tribunal went on to consider erasure.

Erasure

107. The Tribunal took fully into account the submissions made by Mr Williams and the paragraphs of the SG to which he referred. It considered the following to be relevant to Dr Manoraj's case:

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

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

(a) A particularly serious departure from the principles set out in good medical practice where the behaviour is difficult to remediate.

(b) A deliberate or reckless disregard for the principles set out in good medical practice.

...

(d) Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').

...

(h) dishonesty, especially where persistent and stroke or covered up

...

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

124 Although it may not direct indirect harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (EG providing false statements....) Is particularly serious. This is because it can undermine the trust the public place in the medical profession...

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure.'

108. The Tribunal acknowledged that Dr Manoraj's misconduct was persistent, of a very serious nature and would be difficult to remedy. However, as it had outlined in its

impairment determination, the Tribunal considered that Dr Manoraj had taken significant steps to remediate and was satisfied that the risk of repetition was low.

109. The Tribunal considered it significant that Dr Manoraj had disclosed to his superiors of his own volition the fact that he was to be sentenced. It also recognised that his dishonesty towards ICL and his regulator had been persistent. It accepted Dr Manoraj's evidence that he had not understood that he had been convicted from the time he entered a guilty plea and believed it was upon being sentenced that his duty to declare began, at which point he did disclose the disqualification. The Tribunal also accepted that Dr Manoraj had called the GMC for advice when he entered his guilty plea at the Crown Court. The Tribunal considered that this all indicated that Dr Manoraj was not seeking to cover up his criminal proceedings to the full extent alleged by the GMC.
110. The Tribunal was satisfied that Dr Manoraj now had a greater understanding of how serious his dishonest actions had been. It remained mindful of the persistent nature of the dishonesty but, looking forward, considered that Dr Manoraj had produced good evidence of his willingness and efforts to remediate his shortcomings and make substantial changes to his outlook and ways of working. The Tribunal was convinced that he had undergone meaningful behavioural change. In the light of Dr Manoraj's positive approach to remediation, the Tribunal considered that it was likely he would continue to reflect more deeply on the impact of his actions on public confidence in the profession. The Tribunal was also mindful that Dr Manoraj had been at the very start of his career and had previously lacked a full understanding of the standards expected of the profession that a doctor with more experience would have fully internalised.
111. In summary, the Tribunal concluded that, in the particular circumstances of this case, Dr Manoraj's actions, although very serious, were not fundamentally incompatible with continued registration because of the work that he has put in to remediate his actions. This served to prove his readiness to reflect on proper professional standards and to develop his practice. His evidence of positive change reassured the Tribunal that repetition was unlikely. Therefore, the Tribunal determined that an order of erasure was not necessary in this case and an order of suspension would be sufficient to mark the seriousness of Dr Manoraj's misconduct and to uphold public confidence in the profession.
112. The Tribunal then went on to consider the length of such an order. It considered that its findings were of a serious nature and that the public would expect a sanction that reflected that seriousness. Dr Manoraj's actions had undermined public confidence in the profession through his persistent acts of dishonesty. The Tribunal also considered

that any suspension would need to be sufficiently lengthy to allow Dr Manoraj to complete his remediation and fully develop his insight. In light of this, the Tribunal determined to impose a suspension for a period of 12 months.

113. The Tribunal also determined to direct a review of Dr Manoraj'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 Manoraj to demonstrate how he has fully developed his insight into the causes of his dishonest actions as well as their impact on public confidence in the profession. It therefore may assist the reviewing Tribunal if Dr Manoraj provides:

- Engagement with further CPD courses and workshops relating to dishonesty, probity and medical ethics, with a description of his learning from these resources and with particular reference to the relevance of his learning to his misconduct.
- Evidence of his understanding of the importance of probity and maintaining proper professional standards.
- Evidence that he has maintained his professional skills and knowledge.

Dr Manoraj will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 07/03/2025

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

Submissions

115. On behalf of the GMC, Mr Williams, Counsel, submitted that an immediate order was necessary in this case. He submitted that the grounds for the substantive order were present today and so an immediate order was necessary to maintain public confidence in the profession and to uphold proper professional standards.

116. Mr Williams submitted that the substantive suspension was of the maximum length, which indicated the seriousness of Dr Manoraj's misconduct and informed the need to uphold the public interest.

117. Dr Manoraj submitted that an immediate order was not necessary in this case. He submitted that there was no realistic prospect of his working in a clinical environment until after the suspension was completed. He submitted that an immediate order of suspension would add, unnecessarily, to the impact the suspension would have on his wellbeing.

118. Dr Manoraj submitted that a member of the public would recognise that he had taken responsibility for his actions, had expressed his remorse and had started to undertake appropriate remediation, and would therefore not consider that an immediate order was necessary.

The Tribunal's Determination

119. 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 - 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 ... 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 ... 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.'

120. The Tribunal reminded itself of its previous findings regarding the serious nature of Dr Manoraj's misconduct, which had undermined public confidence in the profession, but noted that no patient safety concerns had been raised.

121. The Tribunal considered that, due to the serious nature of Dr Manoraj's misconduct, the public would expect immediate action to be taken. Therefore, the Tribunal determined that it was necessary to impose an immediate order of suspension to uphold public confidence in the profession and to maintain proper professional standards.

122. This means that Dr Manoraj's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.