

PUBLIC RECORD

Dates: 06/01/2025 – 10/01/2025, 18/06/2025, 02/07/2025 - 04/07/2025

Doctor: Dr Arun BAGGA

GMC reference number: 4021281

Primary medical qualification: BM 1993 University of Southampton

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Mark Scott
Lay Tribunal Member:	Dr Richard Vautrey
Registrant Tribunal Member:	Dr Timothy Oakley
Tribunal Clerk:	Ms Fiona Johnson, 06/01/2025 – 10/01/2025 Ms Maria Khan, 18/06/2025 Mr John Poole, 02/07/2025 - 04/07/2025

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, Counsel
GMC Representative:	Ms Eleanor Fry, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision-making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 02/07/2025

1. This determination will be handed down in private. However, as this case concerns Dr Bagga's conviction, a redacted version will be published at the close of the hearing.

Background

2. Dr Bagga qualified in 1993 from the University of Southampton. Dr Bagga gained GMC registration and became a fully qualified GP practicing for 18 years. Dr Bagga specialised in writing medico-legal reports for 11 years. Dr Bagga at the time of events was working as a Locum GP through various agencies.

3. The allegations that have led to Dr Bagga's hearing can be summarised as that, on 30 September 2022 at Reading Magistrates' Court, Dr Bagga was convicted of engaging in controlling/coercive behaviour XXX and, at the Crown Court on 27 January 2023, he was sentenced to 30 months' imprisonment and XXX.

4. It is further alleged that on 31 July 2024 at Reading Magistrates' Court, Dr Bagga was convicted of two counts of XXX and, on 17 October 2024, Dr Bagga was sentenced to eight months imprisonment, suspended for 12 months, a rehabilitation activity for 10 days, and an unpaid work requirement for 100 hours.

5. Dr Bagga self-referred to the GMC on 18 September 2022. He stated that on 9 September 2022 he had been charged with a criminal offence. Dr Bagga self-referred again on 18 October 2024, advising he had been sentenced in Reading on 17 October 2024.

The Outcome of Applications Made during the Facts Stage

6. At the outset of the hearing, through his representative Mr Lee Gledhill, Counsel, Dr Bagga made an application under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 as amended ('the Rules'), for the entirety of hearing to be heard in private.

7. Mr Gledhill submitted that the factors of this case touch on XXX

8. XXX

9. Ms Eleanor Fry, Counsel, representing the GMC, submitted that when dealing with matters directly related to XXX, evidence of XXX, should be given in private. She submitted that matters relating to testimony evidence such as their view on Dr Bagga's professionalism or his character, should be heard in public.

10. The Tribunal had regard to Rule 41 of the Rules. It noted the presumption in favour of sitting in public and reminded itself of the principle of open justice. XXX. The Tribunal also had regard to the submissions of the parties. The Tribunal noted that the convictions had been joined for the purpose of these proceedings. XXX. Accordingly, the Tribunal determined that any evidence regarding the convictions should be heard in private. The Tribunal was satisfied that XXX outweighed the public interest in the hearing being held in public. The Tribunal considered that all of Dr Bagga's evidence should be held in private on the basis that it is likely to relate to XXX and to move in and out of public and private session would be impracticable.

11. XXX

12. The Tribunal determined when it was hearing testimonial evidence it would hear that evidence in public where it related to comment on Dr Bagga's professionalism, character or similar matters. Where a witness giving testimonial evidence is asked about Dr Bagga's convictions then for the reasons noted above this evidence shall be heard in private.

13. Save for the matters detailed above which will be heard in private, the Tribunal determined that the remainder of the hearing would be held in public. The Tribunal recognised that this could cause practical difficulties, and it was therefore indicated to the parties that the Tribunal would keep this under review as the hearing progressed and if the Tribunal's approach became unworkable then it would reconsider its approach.

14. The Tribunal granted an application made by Ms Fry, Counsel, on behalf of the GMC, made pursuant to Rule 17(6) of the Rules, to amend paragraphs 3 and 4 the allegation. The amendments as follows:

3. Reading ~~Magistrates'~~ Crown Court and

4. ~~Having been committed for sentence to the Crown Court, on 17 October 2024, you were sentenced to:~~ On the 17th of October 2024, you were sentenced at the Crown Court to:

15. Mr Gledhill, did not oppose the application. The Tribunal was satisfied that the proposed amendments could be made without injustice and clarified the Allegation for Dr Bagga and so granted the application.

16. Ms Fry made a second application on behalf of the GMC, to admit additional evidence relating to XXX pursuant to Rule 34(1) of the Rules. The Tribunal rejected the application. Its full decision is set out in Annex A.

The Allegation and Dr Bagga's Response

17. The Allegation made against Dr Bagga is as follows:

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

1. On 30 September 2022 at Reading Magistrates' Court, you were convicted of engaging in controlling/coercive behaviour XXX. **Admitted and found proved**
2. Having been committed for sentence to the Crown Court, on 27 January 2023, you were sentenced to:
 - a. 30 months' imprisonment;
Admitted and found proved
 - b. XXX. **Admitted and found proved**
3. On 31 July 2024 at Reading ~~Magistrates' Court~~ Crown Court, you were convicted of two counts of XXX. **Amended under Rule 17(6)**
Admitted and found proved
4. ~~Having been committed for sentence to the Crown Court, on 17 October 2024, you were sentenced to:~~ On the 17th of October 2024, you were sentenced at the Crown Court to: **Amended under Rule 17(6)**
 - a. eight months' imprisonment, suspended for 12 months; **Admitted and found proved**
 - b. a Rehabilitation Activity for 10 days;
Admitted and found proved
 - c. an Unpaid Work Requirement of 100 hours.
Admitted and found proved

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

The Admitted Facts

18. At the outset of these proceedings, through his representative, Mr Gledhill, Dr Bagga made admissions to the Allegation, as set out above, in its entirety, 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.

Impairment

19. In light of Dr Bagga's response to the Allegation against him, there are no facts to be determined. The Tribunal therefore had to determine in accordance with Rule 17(2)(l) of the Rules whether Dr Bagga's fitness to practise was impaired by reason of his conviction.

Witness Evidence

20. Dr Bagga provided his own witness statement dated 23 December 2024, and also gave oral evidence at the hearing. In addition, the Tribunal heard oral evidence in support of Dr Bagga from the following witnesses:

- Mr A, XXX;
- Dr B, XXX;
- Dr C, Dr Bagga's personal mentor;
- Mr D, XXX;
- Ms E, XXX.

XXX

21. XXX

Documentary Evidence

22. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to:

2022 Conviction

- Certificate of Conviction, dated 10 May 2023;
- Transcript of criminal proceedings, dated 27 January 2023;
- Pre-sentence report, dated 3 December 2022;
- Dr Bagga's online self-referral form, dated 18 September 2022.

2024 Conviction

- Certificate of conviction, dated 13 November 2024;
- Transcript of sentencing hearing, dated 17 October 2024;
- Pre-sentence report, undated;
- Self-referral emails from Dr Bagga and his representative to the GMC, dated from 6 August-18 October 2024;

Other

- Various testimonials on behalf of Dr Bagga, dated various;
- Dr Bagga's remediation work;
- Dr Bagga's CPD record;
- Dr Bagga's witness statements.

Submissions

On behalf of the GMC

23. Ms Fry reminded the Tribunal it must apply the statutory overarching objective. There was no burden or standard of proof at this stage and the decision was for the Tribunal's judgement alone. Ms Fry submitted that Dr Bagga was impaired by reason of his convictions. The misconduct was serious. He had broken the law, resulting in two convictions for three offences, and received a 30-month sentence and a suspended sentence. HHJ Real had found the offence to be in the highest category of culpability, intended to maximise fear or distress, with persistent conduct involving humiliation and degradation, and very serious alarm or distress.

24. Ms Fry referred to HHJ Real's comments on the application of the sentencing guidelines. She submitted that the 2.5 year starting point was elevated by multiple higher culpability and greater harm factors, with credit for mitigation, lack of previous convictions, professional impact, and a 33% guilty plea. Ms Fry further referred to HHJ Real's conclusion that only custody could be justified. Ms Fry commented that the conduct would be considered 'deplorable by fellow practitioners' and the Tribunal must consider whether it was remediable, whether it had been remedied, and whether repetition was likely.

25. Ms Fry referred to the Fifth Shipman Report as adopted in CHRE v NMC and Grant [2011] EWHC 297 Admin and submitted the second and third limbs were engaged. Dr Bagga had in the past brought, and was liable in future to bring, the profession into disrepute and he had breached, and was liable to breach, a fundamental tenet of the profession. There were clear breaches of *Good medical practice* (2013 version) ('GMP') including not acting within the law, not safeguarding vulnerable people, and not justifying the public's trust.

26. Ms Fry submitted that the Tribunal could not go behind the convictions. She acknowledged XXX would be referred to by the Defence XXX. She further submitted that the Court had considered this evidence and still placed the offence in the highest category. Dr Bagga accepted his behaviour was deliberate and that he gave himself permission to act in the way that he did.

27. Ms Fry referred to the incident of XXX and submitted that Dr Bagga had assaulted the complainant and prevented her seeking medical attention. He accepted he was concerned she would report him. GMP required doctors not to rely on their own assessment of risk.

28. Ms Fry submitted that distorted attitudes and beliefs were found. The probation officer assessed high risk. The statutory dangerousness test was not met, but the risk was substantial. A custodial sentence and XXX were imposed. XXX. Ms Fry submitted that the conduct may not be easily remediable and had serious implications for public confidence and standards.

29. Ms Fry submitted that caution was required in assessing Dr Bagga's insight. He had been suspended for dishonesty in 2007, after which insight and reflective practice had been accepted. Despite this, his conduct was again found to be criminal. XXX

30. Ms Fry submitted that although Dr Bagga undertook remediation and took on leadership roles, this mirrored the public face of a man committing private offences. XXX. Coaching had helped him speak persuasively and demonstrate general insight, but caution was necessary. Ms Fry further submitted that Dr Bagga had provided extensive material to control the narrative, suggesting offending was limited to XXX and linked to XXX.

31. Ms Fry submitted that Dr Bagga claimed he had only hit or thrown things no more than three times. His timeline of "*no offences*" from XXX to XXX was not supported by the conviction or sentencing remarks. He initially claimed the victim was lying. Denial of misconduct does not prove incapacity to remediate, but the contrast between accepted offences and denials suggested deliberate dishonesty and lack of full insight.

32. Ms Fry submitted that Dr Bagga told police the victim had told others to lie. Probation noted he denied XXX until presented with evidence. He later claimed to have insight, but he accepted wrongdoing only when he could not do otherwise. The Court rejected his limited basis of plea and sentenced on full facts.

33. Ms Fry submitted that Dr Bagga remained impaired and the risk of repetition was not as low as suggested. All three limbs of the overarching objective were engaged. A finding of impairment was necessary to uphold public confidence and professional standards.

34. Ms Fry submitted that the public would be horrified if no finding of impaired fitness to practise were made. Such a conclusion would send a message that doctors could act with impunity behind closed doors. She referred to paragraph 119 of the 2024 Sanctions Guidance ('the SG'): doctors convicted of serious offences should not resume unrestricted practice before completing their sentence. Dr Bagga remained subject to a suspended sentence and XXX.

35. Ms Fry submitted that there was no reason to depart from this principle. If delay due to the second set of charges was raised, the Tribunal should note that Dr Bagga continued denying the offences until June 2024. XXX

On behalf of Dr Bagga

36. Mr Gledhill submitted that Dr Bagga accepted his fitness to practise was currently impaired by reason of his convictions. There was no two-stage test in conviction cases; the Tribunal was to look at the seriousness of the conduct, taking into account all the evidence and HHJ Real's remarks. Mr Gledhill acknowledged that convictions lay on a continuum from lesser to higher seriousness and that the Tribunal would take this into account.

37. Mr Gledhill submitted that Dr Bagga had presented evidence of his journey and the evolution of his thinking, stating, *“I have worked very hard to confront who I was.”* While in prison, he attended and led courses and had approached the authorities to develop a support programme for men. Since release, he had continued with courses and worked with counsellors or coaches. Mr Gledhill told the Tribunal that Dr Bagga had genuinely sought to change, acknowledged fault, and evolved over time. Though there may have been moments of minimisation, there had been a clear evolution in thinking and analysis, and the remediation was done in sincerity.

38. Mr Gledhill submitted that there was very strong evidence of proper engagement on the part of Dr Bagga with addressing his wrongdoing, even if there had been *“bumps in the road”*. He emphasised the significance of the passage of time since the index offences and noted that the second sentencing concerned overlapping conduct. He reminded the Tribunal that GMC guidance encouraged remediation, yet doctors were *“damned if they do, and certainly damned if they don’t.”* He submitted that Dr Bagga had held up to the light every aspect of concern and broadly embraced the historical evidence against him, even if some matters were too painful to confront immediately.

39. Mr Gledhill submitted that matters raised by the sentencing judge outside the conviction period led to sentencing but were not part of the conviction. XXX. Previous GMC involvement in 2007 related to conduct of a very different type, and its evidential value was close to nil. Though a policy consideration might arise from previous proceedings, the nexus in this case was remote or negligible.

40. Mr Gledhill acknowledged that while a public and private face had been suggested, it would be a stretch to say that remained true today. Suggestions that Dr Bagga sought to control the narrative could be seen as further bumps in the road. He had acknowledged being on a journey, had confronted historical triggers, and had taken considerable steps to achieve fuller understanding. Mr Gledhill submitted that delays in acknowledging matters from the second sentencing were due to lack of specific information at the time. A basis of plea existed, and the evolving understanding showed engagement, not avoidance.

41. XXX

42. Mr Gledhill submitted that Dr Bagga remained very sorry. XXX. His efforts in prison and the community, including work on men and masculinities, XXX, and voluntary roles, further demonstrated his evolution. The probation service confirmed that he accepted responsibility and had completed voluntary programmes. He also volunteered with Cancer Research and a food bank, which showed he had evolved as an individual.

43. XXX

44. Mr Gledhill submitted that evidence of mentoring and support for others in prison and a testimonial from Ms F, Dr Bagga’s Prison Tutor, was relevant. Dr Bagga wished to help other men and had support from Dr C and Mr D. He submitted that considerable weight

could be given to their views on future risk. Probation had verified that Ms E knew of the convictions, demonstrating openness and engagement with conditions. XXX. The Tribunal was invited to recognise the significant journey, the progress made, and the sincere efforts of Dr Bagga to confront his wrongdoing.

45. XXX

46. XXX

47. XXX

48. XXX

49. XXX

50. Mr Gledhill drew the Tribunal's attention to HHJ Real's sentencing remarks in 2024. HHJ Real had recalled XXX, and she noted Dr Bagga's compliance since release, and remarked that many issues were the same as last time. She noted that he had done all that had been asked of him.

51. Mr Gledhill submitted that HHJ Real had taken Dr Bagga's efforts into account and she concluded that the risk of repetition was now much less. Most sentencing elements had been completed or were ending. XXX. It was his stated position that anything that had happened before would never happen again.

52. Mr Gledhill submitted that XXX. Dr Bagga was a very different man today, continuing his journey, and he wished to return to practice to give back to the community. He had developed insight into the wider impact of his behaviour, and he wished to make amends, and help others.

53. Mr Gledhill submitted that this was Dr Bagga's journey and direction of travel. He accepted current impairment and the seriousness of the conduct but, Mr Gledhill submitted, the evidence showed a well-progressed journey. Mr Gledhill stated that probation attendance would continue until October, with two to three sessions left. Sessions took place every five weeks. This was raised for noting, with evidence to follow at the next stage.

The Relevant Legal Principles

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

55. Throughout its decision-making process the Tribunal bore in mind the overarching objective which is 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.

56. The Tribunal bore in mind that the essential purpose of fitness practice proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practice. The tribunal thus looks forward, not back. However, in order to form a view as to the fitness of a person to practice today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.

57. The Tribunal must determine whether Dr Bagga'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 whether there is any likelihood of repetition.

58. The Tribunal had regard to the case of *CHRE v NMC & Paula Grant* [2011] EWHC 927 (Admin), in which Mrs Justice Cox quoted from Dame Janet Smith's Fifth Shipman Report:

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

- a. 'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. Has in the past acted dishonestly and or is liable to act dishonestly in the future.'*

The Tribunal's Determination on Impairment

59. The Tribunal took into account the documentary and oral evidence presented before it, as well as the submissions from both parties.

60. The Tribunal first had regard to the serious nature of the convictions within the Allegation, and the details surrounding them. It bore in mind the HHJ Real's observations as set out below:

2023 Sentencing remarks

"[XXX]

In [XXX], an assault: You punched her on the arm [XXX] and also [XXX] another accusation of [XXX]; shouting and swearing; throwing [XXX]; calling her a "fucking bitch" and punching the left side of her head repeatedly leaving her with concussion,

refusing to take her to hospital saying words to the effect of “Are you going to do what I’ve asked or do I need to keep hitting you?” and you pinned her up against the [XXX] door. You applied pressure to her neck; she describes struggling to breathe and she thought “He’s going to kill me today”.

On [XXX], words “Wish you were dead”, “Fucking waste of space” again, and you were going to make her life hell.

And then [XXX], a particular assault [XXX] you grabbed hold of her leg and hit her with a [XXX] lamp in the area of her waist. [XXX].

I’ve referred to the voice recordings because they are particularly chilling hearing you say [XXX]

.....

In terms of the offence-specific guideline, in my judgment this is a higher culpability offence - in fact, no one takes issue with it being in the highest category of culpability - and harm features are, in my judgment, conduct intended to maximise fear or distress. [XXX]. It’s a persistent action over a prolonged period. There are multiple methods of the controlling or coercive behaviour and there are aspects of your conduct that are clearly intended to humiliate and degrade the victim.

.....

To the extent that it is explained that you become overwhelmed in the moment, that simply in my judgment highlights the level of risk you pose [XXX] and the extent of work that needs to be done in order to reduce that risk.”

2024 Sentencing Remarks

“I sentence you in accordance with your basis of plea; I’m obliged to do so. By way of the facts, I won’t recap them in quite so much detail as the prosecution went through, but your basis of plea admits three specific incidents [XXX]. A further two incidents where you were [XXX]

However, that’s not the limit to your admissions in the basis of plea. Those are the specifics. You accept in that basis of plea that you [XXX]. There was also an incident [XXX], which is specifically accepted in your basis of plea. [XXX]

[XXX]

.....

The counsel agree and I agree with them that this is a medium culpability case, culpability C. There are multiple incidents of cruelty. [XXX].

....

I start with the sentencing category, which gives me a guideline which starts at a custodial period. The offences are in themselves so serious that only custody can be justified.”

61. The Tribunal considered that Dr Bagga’s offences were particularly serious. He had caused harm XXX to the extent that only a custodial sentence could be justified by HHJ Real.

62. The Tribunal considered that in this case the following paragraphs of GMP were engaged:

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.

63. In determining whether a finding of current impairment of fitness to practise was necessary, the Tribunal looked for evidence of insight, remediation, expressions of remorse or regret, and considered the likelihood of repetition, while having regard throughout to the overarching statutory objective.

64. The Tribunal noted that Dr Bagga had admitted the charges in the criminal proceedings at the Crown Court stages and that, at this hearing, he admitted the Allegation and conceded that his fitness to practise was impaired.

65. The Tribunal had regard to the following remarks of HHJ Real from 2023:

“You have taken steps since your arrest to demonstrate that you are attempting to rehabilitate. You have attended an anger specialist [XXX].

I’ve read your letters to the court. Your first letter you express some insight into your behaviour so at least on reflection you can see what impact you have had and that’s of some encouragement and then you have submitted a second letter since your time in custody which is clearly having a deterrent and punitive effect.”

and from 2024:

“You’ve completed much by way of offending behaviour work, that’s before, during and since your time in prison, and that work is over and above that which was required of you by the probation service. I raised a query with your counsel over your remorse due to your initial stance in the police interview in relation to these matters. As I’ve observed, that doesn’t increase the sentence but it caused me to query your remorse. I accept it needed some time to go through the evidence and make appropriate

admissions in this case, and counsel has addressed that aspect and tells the court that with the admissions you now have, you're able to reapply the principles that you've learnt and accept responsibility. Overall, although there may have been some prevarication over earlier admissions, I accept that your remorse is genuine.

.....

The pre-sentence report addendum, as I remarked, goes over many of the same issues as last time in terms of the offence analysis and your background, [XXX]. I won't dwell on those details, but I have it all firmly in mind. You've done all that has been asked of you since your release from prison by way of offending behaviour work and compliance. At the present time, it is unknown as to the extent to which you've addressed those problematic issues, behaviours and attitudes that underlie these offences. It's fair to say that the situation remains untested. There's still some work to complete.

.....

This is going to be a sentence that can be suspended and, in my judgment, there is a very different balance of factors now that the court is considering: your compliance with measures so far, the fact that your risk can be managed in the community and there is a realistic prospect of rehabilitation."

66. The Tribunal accepted that Dr Bagga had expressed remorse and acknowledged that he had undertaken significant remediation, including attending courses, XXX, and engaging in rehabilitative work, including setting up a peer support group for men and his work with Mr D, XXX. Both written and oral evidence supported the sincerity and depth of this remediation. Witnesses who had worked with him closely described his efforts as complete and assessed his risk of reoffending as low. Although some witnesses were less familiar with the detail of Dr Bagga's offending behaviour and of his rehabilitation work, those who had direct involvement provided more weighty evidence that remediation had been both full and effective.

67. The Tribunal took into account the evidence of Dr Bagga's personal mentor and colleague, Dr C. In his written statement dated 21 November 2024, Dr C addressed the Tribunal from a personal perspective. He stated that he was fully aware of the serious nature of the offences and the Tribunal's duty to uphold the integrity and reputation of the medical profession, which he, as a practising doctor, fully supported. He described Dr Bagga as an exceptional clinician who had served his prison sentence and used that time to "*leave no stone unturned*" in exploring XXX, life events, and personality traits that had contributed to his behaviour, offences which Dr Bagga himself had described as "*despicable*."

68. The Tribunal noted that Dr C expressed his willingness to act as an ongoing mentor should Dr Bagga be allowed to return to practice under appropriate supervision or restrictions. He believed Dr Bagga could continue to contribute meaningfully to the patient

groups he had attended for many years. While acknowledging that the decision was not his to make, Dr C offered his continued support and commitment to mentoring Dr Bagga in line with any recommendations made by the Tribunal.

69. The Tribunal also had regard to an email from Dr Bagga's Probation Office to Mr Gledhill, dated 2 January 2025, in which he wrote;

"I do concur with the course facilitator that Dr Bagga does accept responsibility for his behaviours and actions. We discussed how him [XXX] as well as completing Men and Masculinities and how this course helped him understand and acknowledge his behaviour rather than minimise it. Completing building better relationships will offer him an insight into how to utilise this knowledge and apply this to future relationships as well.

Dr Bagga's compliance and engagement with his order has been positive. He has completed voluntary programmes whilst in the community such as Men and Masculinities and [XXX]. Dr Bagga is also working at Cancer Research and a local Foodbank as a voluntary worker."

"During the sessions, Arun willingly shares his personal experiences with the group and is supportive of the other group members. He politely challenges other participants' views which are not pro-social, thus encouraging open/ honest discussions in the group. During his time on the programme, Arun has not at any point minimised or justified his behaviours, taking full responsibility for his behaviours, often demonstrating remorse. He has demonstrated a good awareness of the psychological impact of his behaviours on [XXX]."

"He also has discussed how the offences he has committed, and behaviours exhibited would have impacted [XXX] both in a physical and psychological capacity."

70. The Tribunal accepted that Dr Bagga had acknowledged the extent of his behaviour and the harm caused XXX. He had written notional letters XXX as part of his reflective process. When asked to reflect on his current position, he stated: *"I feel as if I have infinitely more self-awareness and understanding of the things that have happened and contributed to my actions, but that doesn't take away responsibility."* The Tribunal accepted that this demonstrated a degree of insight, although it noted that remorse and insight, however genuine or substantial, could not mitigate the seriousness of the original offences or undo the harm caused.

71. The Tribunal had regard to XXX. However, the Tribunal specifically noted the observations of HHJ Real that the nature of the offending behaviour and the persistent element to it, had persisted over XXX. The Tribunal also had regard to HHJ Real's remark that. *"The offences themselves don't overlap, but the circumstances and the evidence do because they concern the atmosphere that prevailed [XXX] over that period."* Having had regard to all the evidence, the Tribunal concluded that whilst the risk of repetition was low this did not

equate to no risk and if repetition were to occur the harm associated with the relevant behaviour would be substantial.

72. XXX

73. The Tribunal also took into account HHJ Real's remarks:

"I've considered your case very carefully and, although I accept there is a risk [XXX] which is substantial, I don't find in the context in the whole and your background and lack of previous convictions that you meet the statutory dangerousness criteria"

"The probation service still assesses you as a high risk of harm [XXX], and that's just simply because of the history and all that has gone before."

74. In considering whether Dr Bagga's fitness to practise is currently impaired, the Tribunal balanced its assessment of his insight and remediation and the risk of repetition against each limb of the statutory overarching objective, namely the health, safety and wellbeing of the public, maintaining public confidence in the profession and maintaining proper professional standards and conduct for members of the profession.

75. The Tribunal had regard to the test as set out in *Grant* and determined that factors (b) and (c) were engaged in this case. It determined that Dr Bagga's actions undermined public trust and confidence in the medical profession by virtue of the seriousness of the convictions. The Tribunal was also mindful of its findings that Dr Bagga's actions breached fundamental tenets of the profession and represented a significant departure from the standards expected of doctors as set out in GMP. This had an adverse effect on the reputation of the profession.

76. While there was no evidence of risk to patients, the Tribunal concluded that there remained a risk to members of the public within a domestic context. It determined, therefore, that all three limbs of the overarching objective were engaged.

77. The Tribunal was satisfied that in terms of insight and remediation, Dr Bagga had done as much as he could, and the risk of repetition was low. However, the Tribunal was also satisfied that public confidence in the profession, the regulator and the disciplinary process would be undermined if a finding of impairment was not made. A reasonably informed member of the public would be concerned if no finding of impaired fitness to practise was made in circumstances where a doctor had been convicted of such serious criminal offences and had been imprisoned. In relation to the need to promote and maintain proper professional standards and conduct for members of the profession, the Tribunal concluded that this would be undermined if a finding of impairment was not made.

78. Accordingly, The Tribunal determined that Dr Bagga's fitness to practise is currently impaired by reason of his conviction.

Determination on Sanction - 04/07/2025

79. Having determined that Dr Bagga's fitness to practise is impaired by reason of his convictions, 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

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

81. The Tribunal received further evidence on behalf of Dr Bagga at this stage of the hearing including witness evidence from Mr H, Managing Director, Breakthrough Social Enterprise. Mr H provided a testimonial dated 23 May 2025 and, in his evidence, he talked about the operations of his enterprise which provides services such as coaching, mentoring and AI education to individuals from underserved communities, including those who have interacted with the criminal justice system. Mr H submitted that Dr Bagga first got in touch to learn more about AI and has since become a guest speaker for their cohorts. He explained that Dr Bagga's level of openness has helped the organisation to engage with hard-to-reach communities and has motivated people to make a change.

82. The Tribunal also received further testimonials from Ms E and Ms I, further reflective statements from Dr Bagga, and certificates relating to Diplomas in Inner Child Healing and CBT. Dr Bagga also produced his proposed return to work plan.

Submissions

On behalf of the GMC

83. On behalf of the GMC, Ms Fry submitted that the appropriate and proportionate sanction was erasure.

84. Ms Fry referred the Tribunal to relevant sections of the Sanctions Guidance (2024) ('the SG').

85. Ms Fry reminded the Tribunal that sanctions are not imposed to punish doctors but may have a punitive effect. She reminded the Tribunal that it should have at the forefront of its mind the overarching objective, and that the Tribunal had already determined that all three limbs of the overarching objective were engaged.

86. Ms Fry submitted that the SG outlines that patients must be able to trust doctors with their lives and their health, and doctors must make sure that their conduct justifies their patients trust in them and the public's trust in the profession. She submitted that the

Tribunal must impose the appropriate and proportionate sanctions and that the reputation of the profession is more important than the interests of any individual doctor.

87. Ms Fry submitted that the Tribunal must consider the aggravating and mitigating factors in this case.

88. Ms Fry submitted that there were various aggravating factors.

- a) the offence (in relation to the first conviction) was in the highest category of culpability;
- b) Dr Bagga appreciated the impact that this was having on the victim (as opposed to conduct which he ought to have realised was having a serious effect);
- c) The conduct was intended to maximise fear or distress;
- d) It was persistent action over a prolonged period (the indictment period was XXX)
- e) There were multiple methods of controlling or coercive behaviour;
- f) Aspects of Dr Bagga's conduct were clearly intended to humiliate and degrade the victim.
- g) The sentencing remarks included the comment that *'there has been fear of violence on many occasions and very serious alarm or distress caused.'*
- h) There has been a previous finding of impaired fitness to practise. Ms Fry acknowledged that the misconduct before the previous tribunal was of a different nature to this case but submitted that the fact Dr Bagga repeatedly allowed himself to behave in a criminal manner despite having had the eye-opening experience of FTP proceedings previously, can properly be regarded as aggravating.
- i) Paragraph 56 of the SG advises that Tribunals are likely to take more serious action where certain conduct arises in a doctor's personal life, such as:
 - (c) XXX
 - (d) misconduct involving violence or offences of a sexual nature

89. In regard to mitigating factors, Ms Fry noted that insight and remediation can be a mitigating factor but highlighted the Tribunal's finding *'that remorse and insight, however genuine or substantial, could not mitigate the seriousness of the original offences or undo the harm caused.'* Ms Fry also acknowledged the evidence of personal and professional matters and reminded the Tribunal that these were considered by the sentencing judge at the time of the convictions.

90. In terms of remediation, Ms Fry drew the Tribunal's attention to paragraphs 32 and 33 of the SG which advise:

'32 However, there are some cases where a doctor's failings are difficult to remediate. This is because they are so serious that despite steps subsequently taken, there remains a current and ongoing risk to public protection and action is needed to maintain public confidence. This might include where a doctor knew, or ought to have known, they were causing harm to patients, and should have taken steps earlier to prevent this.'

33 In such serious cases, the tribunal must fully and clearly explain:

a the extent to which the issues can be remediated

b the steps the doctor has taken

c how the seriousness of the findings – including the doctor's failure to take steps earlier – justifies the tribunal taking action, notwithstanding the steps subsequently taken.'

91. Ms Fry reminded the Tribunal that it must have regard to the principle of proportionality and consider the available sanctions beginning with the least restrictive and then settle upon the one that is necessary to protect the public.

92. Ms Fry submitted that it would be wholly inappropriate to take no action in this case.

93. Ms Fry submitted that conditions would not adequately address the gravity of the case and the impact upon public confidence and the ability to maintain proper professional standards.

94. Ms Fry addressed the Tribunal in relation to suspension. She noted the deterrent effect the suspension can have. She also highlighted that the SG advises that suspension is an appropriate response for conduct that is serious but falls short of being fundamentally incompatible with continued registration. She also noted the various factors outlined in the SG which would indicate that suspension might be appropriate, namely:

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

95. However, Ms Fry submitted that the conduct in this case is fundamentally incompatible with being a registered doctor and she reminded the Tribunal that Dr Bagga, in

his evidence on Day 1 of the hearing, accepted that his behaviour was completely incompatible with being a doctor.

96. Ms Fry addressed the Tribunal in relation to the sanction of erasure. She submitted that the following paragraphs were engaged:

‘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.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients...

...

g Offences involving violence.

Ms Fry submitted that this offence involved a combination of violence and causing a person to fear that violence will be used against them, on multiple occasions over the course of a XXX indictment period.

...

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

Ms Fry submitted that this is reflected to a degree within the indictment period, although she also submitted that because Dr Bagga knew the serious effect his behaviour was having XXX over the course of the indictment period, this demonstrates higher culpability than a lack of insight.

97. Ms Fry also reminded the Tribunal of the general principle outlined at paragraph 119 of the SG that *‘where a doctor has been convicted of a serious criminal offence or offences,*

they should not be permitted to resume unrestricted practice until they have completed their sentence.’ XXX

98. In her submissions Ms Fry also invited the Tribunal to consider the case of *Solicitors Regulation Authority v Main [2018] EWHC 3666 (Admin)*. She said the administrative court found favour in the grounds of appeal as the relevant tribunal had failed to consider the question “*Would public confidence in the profession be harmed if they found that a man recently convicted of offences such as these [XXX] was currently practising as a solicitor?*” .

99. Ms Fry observed that whilst it might be submitted that there is a public interest in allowing good doctors to return to practise, the Tribunal must weigh this against the gravity of the convictions.

100. Ms Fry submitted that the Tribunal may take the view that the nature of Dr Bagga’s offences and convictions are fundamentally incompatible with continued registration such that erasure is the only sanction which can adequately protect the public by maintaining public confidence in the medical profession and upholding proper professional standards. She submitted that imposing anything less than erasure would send out a message to members of the public, and to other practitioners, that doctors can behave with impunity XXX, committing serious offences upon vulnerable victims over lengthy periods of time.

On behalf of Dr Bagga

101. On behalf of Dr Bagga, Mr Gledhill submitted that a sanction of erasure was not necessary in the circumstances of this case and that suspension would be appropriate and proportionate.

102. Mr Gledhill took the Tribunal through the further material provided on behalf of Dr Bagga at this stage of the hearing, XXX

103. Mr Gledhill also reiterated the evidence provided by Mr H at this stage of the hearing. Mr Gledhill submitted that it was clear that Dr Bagga continues to give to the community, learn a tremendous amount, and is committed to passing on his learning and experiences to people who might not ordinarily be reached. Mr Gledhill submitted that Dr Bagga seems to inspire people who attend his talks. He submitted that Dr Bagga has learnt from his past experience and is passing the learning points on to other people. Mr Gledhill submitted that any suggestion that Dr Bagga is doing all this to ‘*dot the i’s and cross the t’s*’ should be rejected given the detail and energy Dr Bagga has put into it. He submitted that Dr Bagga has shown a genuine commitment to ensuring that he takes on board the lessons learned, and transfers them into society, particularly towards men.

104. Mr Gledhill submitted that Dr Bagga is not the person he once was and that the risk of repetition was very low. In relation to the victims involved in the index offences, Mr Gledhill submitted that Dr Bagga has made strong efforts in relation rebuilding relationships with those with whom he is able to do so. He submitted that Dr Bagga is utterly disgusted and

ashamed of his own conduct XXX, and he wishes he could turn back the clock so that none of it had happened.

105. Mr Gledhill reminded the Tribunal of the matters relating to Dr Bagga's history which he submitted assist in understanding his actions at the peak of his offending. He submitted that Dr Bagga has gone on to explore at significant length those matters that had troubled him for a very long period of time. He submitted that whilst those historical matters will always be there, there can be confidence moving forward because Dr Bagga understands them, has explored them and learned to live in a different way. Mr Gledhill submitted that those contributing factors are very likely to have been ameliorated to a negligible level with the tools that Dr Bagga has acquired.

106. Mr Gledhill submitted that Dr Bagga would like to one day return to be a GP. He submitted that is a long journey ahead of Dr Bagga to achieve that. He added that Dr Bagga would also like to become a specialist in toxic masculinity's impact XXX.

107. Mr Gledhill submitted that if Dr Bagga was erased it would take him many years to potentially get back on the register through way of restoration.

108. Mr Gledhill submitted that that the public interest runs two ways. He submitted that there is a public interest in ensuring that good doctors can remain in practice or that they able to return to practice after a period of censure and that being censored by a regulator is a very serious matter in its own right. Mr Gledhill submitted that after properly scrutinising the case and looking to the future, Dr Bagga is going to be a safe doctor.

109. Mr Gledhill agreed that taking no action or imposing conditions would not be appropriate at this juncture. He submitted that a sanction of suspension is not a '*slap on the wrists*' and is a very serious sanction which sends a message to the doctor, the profession and the public about the gravity of the failures. He submitted that a period of 12 months would enable to Dr Bagga to complete his sentence. Dr Bagga would also continue to revisit his past conduct and continue his journey of reflection and remediation such that in 12 months' time he would be a position to present to a review tribunal and demonstrate this his fitness to practise is no longer impaired.

110. Mr Gledhill submitted that there is strong evidence in this case that Dr Bagga has done enough such that suspension for a period of 12 months, with a review, would be appropriate.

111. Mr Gledhill submitted that XXX was not something that the Tribunal needs to be concerned about, beyond knowing that there is a regulatory process to review this in 12 months.

112. Mr Gledhill said that Ms Fry had a made a strong and legitimate argument for erasure. However, the unique circumstances of this case need to be considered. He further said that there was strong evidence of Dr Bagga confronting the significant contributing factors,

although they don't excuse or justify his behaviour. Dr Bagga accepts his behaviour was utterly wrong. The work Dr Bagga has completed and the passage of time change the way in which his conduct should be interpreted.

113. In his submissions Mr Gledhill also referred the Tribunal to principles from the following cases; Lusinga v Nursing And Midwifery Council [2017] EWHC 1458 (Admin), Giele v GMC [2005] EWHC 2143 Admin and Bijl v. General Medical Council (GMC) [2001] UKPC 41.

114. Mr Gledhill also submitted that since Dr Bagga last gave evidence, he has completed two diplomas, one in advanced CBT and one in inner child therapy. Dr Bagga has also completed a course on health coaching, working three days a week with Cancer Research and at a food bank. Dr Bagga has also spent one to two days a week supporting men who have suppressed emotions and burnout. Mr Gledhill also reminded the Tribunal of its finding that *'in terms of insight and remediation, Dr Bagga had done as much as he could, and the risk of repetition was low.'* Mr Gledhill submitted that should Dr Bagga be given a period of suspension; he will continue to build on that such that the risk will be negligible moving forward.

115. In summary, Mr Gledhill submitted that Dr Bagga acknowledges that this is an extremely serious case. He submitted Dr Bagga has confronted the history and made significant and permanent changes that are likely to be resilient under stress. He submitted that if the public knew the full picture as to what had contributed to the historic offending, and if they were to look at the work Dr Bagga has done to overcome those and the steps he has taken to give back to society, they would be reassured. The public could be satisfied that the regulatory process has properly scrutinised the conduct and come to the view that Dr Bagga can remain on the register.

The Relevant Legal Principles

116. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG.

117. The Tribunal bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

118. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Bagga's interests with the public interest, but on the basis that the reputation of the profession as a whole is more important than the interests of an individual doctor.

119. The LQC referred the Tribunal to the case of GMC v Saeed [2020] EWHC 830 (Admin) which was a case involving convictions XXX and for which a medical practitioners tribunal imposed a suspension for a period of 12 months. The decision was successfully appealed by the GMC on the grounds that:

- the MPT failed to apply the Sanctions Guidance properly by failing to apply Paragraph 109, and failing to give reasons why any of the six factors identified in the Guidance were not sufficient to warrant erasure; and
- the MPT failed to apply the Sanctions Guidance by erring in its consideration of Paragraph 119

120. The LQC advised that the same issues were expanded upon in the case of GMC v Donadio [2021] EWHC 562 (Admin) and the court said that ‘the Guidance requires an MPT to do something more than fasten on to “proportionality”, or the difference between misconduct which “falls short of being fundamentally incompatible with continued registration”, in a generalised or intuitive fashion”.

The Tribunal’s Determination on Sanction

121. Before deciding what action to take in respect of Dr Bagga’s registration, the Tribunal considered the aggravating and mitigating factors present in this case.

Aggravating factors

122. The Tribunal agreed with Ms Fry’s submissions in relation to the aggravating factors and determined that the follow were present:

- a. The offence (in relation to the first conviction) was in the highest category of culpability. (In relation to the second conviction it was of medium culpability).
- b. Dr Bagga appreciated the impact this was having on the victim (as opposed to conduct which he ought to have realised was having a serious effect).
- c. The conduct was intended to maximise fear or distress.
- d. It was persistent action over a prolonged period XXX
- e. with multiple methods of controlling or coercive behaviour
- f. aspects of the doctor’s conduct which were clearly intended to humiliate and degrade the victim.
- g. there had been fear of violence on many occasions and very serious alarm or distress caused.

- h. Previous findings of impaired Fitness to Practise.
(the Tribunal did not attach significant weight to this given how different the previous misconduct was to these matters but it considered it relevant)
- i. SG56: Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as:
 - (c) inappropriate behaviour towards children or vulnerable adults
 - (d) misconduct involving violence or offences of a sexual nature
- j. The Tribunal also considered to be an aggravating factor the fact that there were multiples convictions XXX.

Mitigating factors

123. The Tribunal identified the following mitigating factors in this case:

- a. Dr Bagga has a good level of insight and completed significant amounts of remediation. The evidence provided at this stage of the hearing shows that Dr Bagga has continued with his efforts to remediate and gain insight. The Tribunal considered that his efforts were commendable, and he should be encouraged to continue this journey.
- b. Dr Bagga's personal and professional issues. Dr Bagga had a number of personal issues which he had not engaged meaningfully with at the time of his offending behaviour, including in relation to his upbringing, XXX, and he also had various work-related pressures.
- c. Dr Bagga's expressions of regret and the apologies that he made, or attempted to make in so far as he is able to.

124. The Tribunal also noted the testimonials provided which support Dr Bagga's continued efforts to remediate. It considered that Mr H's evidence corroborated Dr Bagga's remediation and commitment to helping others with similar problems.

No action

125. The Tribunal first considered whether to conclude the case by taking no action. It bore in mind that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

126. The Tribunal considered that there were no exceptional circumstances in Dr Bagga's case which could justify taking no action. It considered that concluding the case by taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Bagga's criminal conviction.

Conditions

127. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Bagga's registration.

128. The Tribunal bore in mind the type of cases where conditions might be appropriate and considered that this was not such a case. Given the seriousness of its findings, the Tribunal determined that conditions would be neither appropriate nor proportionate.

Suspension

129. The Tribunal considered whether a sanction of suspension would be appropriate. It had regard to the paragraphs of the SG which advise when suspension might be appropriate, including the following paragraphs:

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

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (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).

130. The Tribunal also noted the factors referred to by Ms Fry at paragraph 97 of the SG which being present, would indicate suspension may be appropriate. The Tribunal considered that whilst some of these factors are present, for reasons detailed below, Dr Bagga's conduct is fundamentally incompatible with continue registration, notwithstanding the level of insight and remediation undertaken.

131. The Tribunal considered that even the maximum period of suspension of 12 months duration would not be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards.

Erasure

132. The Tribunal therefore went on to consider whether erasure was the appropriate sanction. It had regard to the following paragraphs of the SG:

‘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.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence...

...

g Offences involving violence.

133. The Tribunal considered that Dr Bagga’s departure from Good medical practice was so serious that it is fundamentally incompatible with continued registration. It involved multiple convictions, XXX. The Tribunal recognised that whilst such conduct is difficult to remediate, Dr Bagga has done a considerable amount of remediation. However, despite his efforts to develop insight and remediation, the seriousness of the conduct is such that nothing less than erasure would uphold public confidence in the profession. The gravity of the offending was such that any lesser sanction would cause significant damage to the trust that the public places in the medical profession. The offending behaviour was still relatively recent, Dr Bagga remains subject to a suspended sentence XXX, and the gravity of his offending behaviour was heightened by the sustained and protracted period that it occurred over, the harm caused, and the fact that Dr Bagga knew he was causing harm to his victim.

134. The Tribunal therefore determined to erase Dr Bagga’s name from the medical register.

Determination on Immediate Order - 04/07/2025

135. Having determined that Dr Bagga’s name should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Bagga’s registration should be subject to an immediate order.

Submissions

136. On behalf of the GMC, Ms Fry submitted that an immediate order of suspension was necessary for the public protection, and in particular for maintaining public confidence in the profession and the upholding of proper professional standards. She also submitted that if an immediate order is made the interim order of suspension should be revoked.

137. On behalf of Dr Bagga, Mr Gledhill submitted that an immediate order was not opposed.

The Tribunal's Determination

138. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public, is in the public interest, or is in the best interests of the practitioner.

139. The Tribunal had regard to the following paragraphs of the SG:

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

140. Given its findings, the Tribunal determined that an immediate order was necessary for the protection of the members of the public and was in the public interest. The Tribunal was of the view that public confidence in the medical profession would be negatively impacted if an immediate order was not made.

141. This means that Dr Bagga's registration will be suspended from today. The substantive direction of erasure 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.

142. The interim order is hereby revoked.

143. That concludes this case.

ANNEX A – 02/07/2025

144. At the outset of proceedings, Ms Fry, on behalf of the GMC, made an application pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') that additional material in respect of XXX should be admitted into evidence.

145. Ms Fry submitted that the Tribunal should receive into evidence some additional information which expand on matters already within the bundle of evidence. She said that they relate to matters which the GMC indicate are relevant and fair to be admitted.

146. Ms Fry submitted that the additional material relates to XXX

147. XXX

148. XXX

149. XXX

150. XXX

151. XXX

152. XXX

153. Ms Fry said that the additional material does not completely assist the GMC as there are matters in XXX which do not reflect well upon the relevant complainant. However, she submitted that it is appropriate for the Tribunal to see all such relevant matters.

154. Mr Gledhill submitted that this is a misconceived application. XXX

155. He submitted that the GMC proposal is a procedural irregularity and to admit the additional material would be unjust. XXX. Mr Gledhill pointed out that no witness evidence had been called by the GMC with regard to the additional material. XXX. He submitted that he remains confused as to the nature of any cross examination on that history and its relevance and bearing on these proceedings.

156. Mr Gledhill submitted that not much can be drawn from XXX and that Dr Bagga is obligated in any event to adhere to Good Medical Practice and the standards therein.

157. XXX

158. Mr Gledhill submitted that in conclusion, it would be wrong for the Tribunal to use the additional material in considering the case against Dr Bagga and to admit the additional material would be a procedural irregularity that would be unjust.

Legal Advice

159. The Tribunal reminded itself of Rule 34(1) of the Rules which states that:

‘34(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.’

160. Admissibility of evidence is at the discretion of the Tribunal, and it should have regard to the interest of fairness and also consider any prejudice. The decision should also be considered through the lens of the overarching objective.

Tribunal’s Decision

161. The Tribunal considered counsels’ submissions. The Tribunal noted that the Allegation faced by Dr Bagga is serious. The Tribunal further noted that the additional material related to XXX. It would not be fair to permit matters outside the Allegation to be brought into these proceedings without formally amending the Allegation. The GMC had not brought an application to amend the Allegation XXX.

162. To admit the additional material, XXX would clearly be unfair to Dr Bagga. Further, as no witness evidence was being called relating to the additional material the Tribunal would not have an opportunity to test the evidence XXX. The Tribunal also noted that the evidence which had already been admitted in these proceedings included XXX. Accordingly, there was nothing to prevent the GMC asking Dr Bagga about XXX.

163. The Tribunal considered that the additional material could have relevance to these proceedings on the basis that XXX. However, the unfairness outlined above could not be mitigated against given the absence of any GMC witness evidence.

164. The Tribunal was mindful that the public interest must be balanced with the potential impact and any prejudice to Dr Bagga. It determined that the prejudice to Dr Bagga in admitting the additional material was not outweighed by the public interest. As detailed at paragraph 25 above, the GMC could still explore the impact of XXX.

165. Accordingly, the Tribunal considered that it would not be fair to admit the additional material.

Conclusion

166. The Tribunal therefore determined not to grant the application to admit the evidence XXX into the hearing.