

PUBLIC RECORD**Dates:** 03/02/2025 - 18/02/2025**Doctor:** Dr Yogesh PARASHAR**GMC reference number:** 6150408**Primary medical qualification:** MB BS 2002 Gujarat

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

Summary of outcomeErasure
Immediate order imposed**Tribunal:**

Legally Qualified Chair	Mr Graham White
Lay Tribunal Member:	Ms Sally Allbeury
Registrant Tribunal Member:	Dr Joanne Topping
Tribunal Clerk:	Ms Jemine Pemu

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Adam Lodge, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held 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 - 13/02/2025

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

Background

2. Dr Parashar qualified in 2003 with MBBS from Gujarat University. He moved to the UK in 2006 and commenced work within the NHS in 2008. Dr Parashar qualified as a General Practitioner ('GP') in 2015. At the time of the events in question Dr Parashar was variously working as a salaried GP or as a locum GP at various Medical Centres across the United Kingdom including Sunderland GP Alliance, William Brown Medical Centre, Middle Chare Medical Group and Moredon Medical. The allegations occurred both within and outside of Dr Parashar's workplaces.

3. The allegation that has led to Dr Parashar's hearing can be summarised as follows:

4. On one or more occasion, Dr Parashar attended work and consulted with one or more patients whilst under the influence of alcohol.

5. During consultations with Patient A on 4 September 2020 and 14 October 2020, Dr Parashar failed to carry out a number of actions that were required for their treatment and care. On 14 October 2020, during a telephone conversation with Patient B, he failed to record some of their ongoing symptoms.

6. On 8 June 2022, at Newcastle Upon Tyne Crown Court Dr Parashar was convicted of driving a motor vehicle dangerously and whilst above the legal alcohol limit on 17 October 2021 for which he was sentenced on 5 August 2022 to 12 months imprisonment and

disqualified from driving for 30 months with an extension of 6 months until passing an extended test.

7. On 20 April 2023, whilst at the XXX hotel, Sunderland, Dr Parashar behaved inappropriately towards Ms C, a staff member, following which he was escorted by the police to his home address where an altercation took place. It is alleged that Dr Parashar's actions towards Ms C were sexually motivated and amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997.

8. XXX

9. The initial concerns were raised with the GMC on 27 July 2023 by Ms F Professional Standards Manager (Medical Directorate) NHS England and NHS Improvement - North East & Yorkshire following a performance issue being raised with NHS England- North on 30 April 2020. A complaint had been made by a patient that their GP, Dr Parashar, had been under the influence of alcohol during their consultation. A further concern was raised with the GMC on 06 September 2023 by Ms C via email following the incident at the XXX hotel.

The Outcome of Applications Made during the Facts Stage

10. Dr Parashar was neither present nor represented at the hearing. The Tribunal accepted the submission by Mr Adam Lodge on behalf of the GMC pursuant to Rule 40 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules'), that notice of this hearing had properly been served on Dr Parashar, and granted its application, made pursuant to Rule 31 of the Rules, that the hearing should proceed in his absence. The Tribunal's full decision is included at Annex A.

11. On day one of the proceedings, the Tribunal decided pursuant to Rule 41 of the Rules, that the hearing should be held in private when matters relating to XXX were dealt with. The Tribunal's full decision is included at Annex B.

12. Also on day one of the proceedings, the Tribunal granted an application by the GMC, pursuant to Rule 34(1) of the Rules, to admit further documents in evidence. The Tribunal's full decision is included at Annex C.

13. On 12 February 2025, on day 8 of proceedings, the Tribunal invited Mr Lodge to comment on an amendment it proposed to make to paragraph 6 of the Allegation pursuant

to Rule 17 of the Rules. Mr Lodge accepted that the amendment should be made by way of correction. The Tribunal's full decision on the application is included at Annex D.

The Allegation and the Doctor's Response

14. The Allegation made against Dr Parashar is as follows:

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

1. On one or more of the dates set out in Schedule 1 you:
 - a. attended work; **To be determined**
 - b. consulted with one or more patient(s); **To be determined**whilst you were under the influence of alcohol. **To be determined**

Patient A

2. On 4 September 2020 you consulted with Patient A and you failed to:
 - a. take the steps needed to exclude potential spinal cord compression and/or cauda equina syndrome, in that you did not:
 - i. arrange for Patient A to be seen in person within 24 hours in order to carry out a physical examination of their:
 1. spine; **To be determined**
 2. lower limbs; **To be determined**
 - b. adequately assess whether an urgent:
 - i. lumbar MRI (within 24 hours); or **To be determined**
 - ii. same day referral to a neurosurgery specialist for an urgent neurological opinion; **To be determined**was required.
3. On 14 October 2020 you consulted with Patient A and you:
 - a. failed to record an adequate history, in that you recorded 'no red flags noted' despite Patient A displaying the symptoms set out in Schedule 2; **To be determined**

- b. failed to:
 - i. carry out an examination of Patient A's;
 - 1. abdomen; **To be determined**
 - 2. spine; **To be determined**
 - 3. legs; **To be determined**
 - ii. conduct a digital rectal examination in order to check Patient A's anal tone; **To be determined**
 - iii. formulate an adequate treatment plan, in that you did not refer Patient A for an urgent neurosurgical opinion; **To be determined**
 - iv. ask Patient A whether his pain and neurological symptoms were stable or progressive; **To be determined**
 - v. record whether Patient A's pain and neurological symptoms were stable or progressive (in the alternative to paragraph 3biv); **To be determined**
 - vi. provide Patient A with safety netting advice, in that you did not advise him to seek urgent medical attention or to attend A&E if he developed any of the symptoms set out in Schedule 3. **To be determined**

Patient B

- 4. On 14 October 2020 you consulted with Patient B by telephone and you failed to maintain adequate medical records, in that you did not record Patient B's ongoing symptoms of:
 - a. backache; **To be determined**
 - b. dark urine. **To be determined**

Conviction

- 5. On 8 June 2022 at Newcastle Upon Tyne Crown Court you were convicted of driving a motor vehicle on 17 October 2021:
 - a. when your alcohol level was above the legal limit; **To be determined**
 - b. dangerously. **To be determined**

6. On ~~8 June 2022~~ 5 August 2022 you were sentenced to: **amended under Rule 17(6)**
- a. 30 months' obligatory driving disqualification, including an extension period of 6 months under section 35A of the Road Traffic Offenders Act 1988, and until extended test passed; **To be determined**
 - b. 12 months' imprisonment. **To be determined**

Sexual misconduct and harassment

7. On 20 April 2023, whilst at the XXX hotel, Sunderland ('the Hotel'), you behaved inappropriately towards Ms C, a staff member, in that you:
- a. told her she had:
 - i. nice eyes; **To be determined**
 - ii. pretty lips; **To be determined**
 - iii. a beautiful face; **To be determined**or words to that effect;
 - b. asked her to come to your room, or words to that effect; **To be determined**
 - c. said, 'please I will give you money to spend the night', or words to that effect. **To be determined**
 - d. walked quickly towards Ms C as she was walking to the Hotel restaurant and tried to usher her into the Hotel toilets; **To be determined**
 - e. tried to grab Ms C's hand; **To be determined**
 - f. said to Ms C:
 - i. 'I will give you, money, a thousand pounds to spend the night with me'; **To be determined**
 - ii. 'we will make it quick'; **To be determined**or words to that effect.
8. Following your actions as described at paragraph 7, you were escorted by the Police to the address set out in Schedule 4 and you:
- a. burst in through the front door; **To be determined**

- b. ripped off and threw your jacket; **To be determined**
 - c. tensed your fist(s); **To be determined**
 - d. lashed out and/or resisted Police Constable D and Police Constable E after they had taken you to the floor. **To be determined**
9. Your conduct as described at paragraph 7:
- a. was sexually motivated; **To be determined**
 - b. amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress to Ms C when you knew, or ought to have known, that your conduct amounted to harassment. **To be determined**

XXX

10. XXX

11. XXX

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

- a. misconduct in relation to paragraphs 1 to 4 and 7 to 9; **To be determined**
- b. conviction in relation to paragraphs 5 and 6; **To be determined**

XXX

The Facts to be Determined

15. As Dr Parashar was neither present nor represented at the hearing, no admissions were made at any stage. Therefore, the Tribunal was required to determine the entirety of the allegation.

Witness Evidence

16. The Tribunal heard oral evidence, via video link, on behalf of the GMC from the following witnesses:

- Ms D, Practice Manager at William Brown Medical Centre. She provided a witness statement dated 28 August 2024;
- Mr E, Advanced Clinical Practitioner at Abbey Meads Medical Practice. He provided a witness statement dated 16 September 2024;
- Ms F, formerly Dr Parashar’s NHS England Case Manager. She had provided a witness statement dated 18 October 2024;
- Dr G, GP at Abbey Meads Medical Practice, Swindon. He had provided a witness statement dated 17 September 2024;
- Ms H, formerly employed by Sunderland GP Alliance (‘Trust’) as an Advanced Nurse Practitioner from 2017 until 2020. She had provided a witness statement dated 01 April 2022 and a supplemental statement dated 17 October 2024;
- Dr I, GP Partner for Middle Chare Medical Group (‘MCMG’) and Joint Clinical Director at Chester Le Street Primary Care. He had provided a witness statement dated 28 July 2022;
- Ms J, Managing Partner for MCMG. She had provided a witness statement dated 25 May 2022;
- Ms C, staff member at the XXX, Sunderland. She provided a witness statement dated 2 April 2024.

17. The Tribunal also received evidence on behalf of the GMC in the form of written statements from the following witnesses who were not called to give oral evidence:

- Ms K, Pharmacy Technician employed by Sunderland GP Alliance (‘Trust’), dated 31 March 2022;
- PC L, witness statement dated 16 October 2024;
- PC M, witness statement dated 22 September 2024;
- Patient A, dated 10 October 2024.

18. No witness statement was provided by or on behalf of Dr Parashar.

Expert Witness Evidence

19. The Tribunal also received oral evidence by video link from Dr N, an expert in General Practice, called by the GMC. He provided a written report, dated 1 July 2021 and a supplemental written report, dated 6 October 2024. His evidence was directed at assisting the Tribunal in understanding the professional standards to be expected of a GP.

Documentary Evidence

20. The Tribunal had regard to the documentary evidence provided by the GMC. This evidence included but was not limited to:

- XXX;
- XXX;
- Service bundle, dated 03 February 2025;
- Extract from court records 11 May 2022 to 8 June 2022;
- Certificate of Conviction, dated 14 September 2022;
- Contemporaneous record (Ms K), dated 20 August 2019;
- Contemporaneous record (Ms H), dated 20 August 2019;
- Notes of meeting with Ms J, dated 17 November 2020;
- Teams meeting Dr I and NHS England Clinical Investigator, dated 17 November 2020;
- Statement to HR department (Ms D), dated 27 April 2020;
- Answers to questions posed by GMC (Ms D), 7 August 2023;
- Contemporaneous record (Mr E), dated 12 May 2022;
- Email of contemporaneous record to GPs and Practice Manager, dated 12 May 2022;
- Email chain Mr E and Mr O, dated 19 August 2024;
- “Details of Incident” Report, dated 15 July 2022;
- Internal email from Dr G dated 16 May 2022 about 12 May 2022 incident ;
- Concerns referral from Ms D to Ms F, dated 28 April 2020;
- Summary to GMC by NHS England and NHS Improvement, dated 27 July 2023;
- Record of NHS England meeting with Dr Parashar, dated 16 June 2020;
- Note of telephone call Ms F with GMC, dated 19 May 2022;
- GMC complaint, dated 6 September 2023;
- Diagram of hotel reception area exhibited to statement by Ms C dated 2 April 2024;
- Email to GMC re incident, dated 15 June 2023.

The Tribunal’s Approach

21. 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 Parashar does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

22. The Tribunal had regard to Rule 34 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’), which provides:

“(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.”

...

“(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.”

23. The conviction and the sentence are conclusively proved by the Certificate of Conviction from the Newcastle upon Tyne Crown Court dated 14 September 2022. According to the Court Extract the proportion of alcohol in Dr Parashar’s breath was 114 microgrammes in 100 millilitres of breath. The legal limit is 35.

24. No formal admissions have been made by Dr Parashar. His email to the MPTS Case Management Team dated 31 January 2025 stated that he would not be attending the hearing because of XXX and he confirmed that he did not want to cross-examine – in his words “any evidences” That does not constitute an admission or obviate the requirement for the GMC to prove each of the factual allegations and to do so on the balance of probabilities, that is to say that the matter alleged is more likely than not to have happened.

25. Paragraph 9 (a) of the allegation alleges that Dr Parashar’s actions described in paragraph 7 were sexually motivated. The words “sexually motivated” mean that the conduct was either in pursuit of sexual gratification or in pursuit of a future sexual relationship. The GMC does not have to prove that the acts alleged involved sexual activity in themselves. Rather, the GMC must prove that there was a sexual motive on the part of Dr Parashar which drove such actions, whether explicit or implicit.

26. The Tribunal is entitled to reach a conclusion by drawing an inference so long as the inference is reasonable having regard to all the surrounding facts and circumstances. The case of *Arunkalaivanan v. General Medical Council* ([2014] EWHC 873 (Admin)) reminds the Tribunal that it is important not to equate inappropriate conduct with sexually motivated conduct and that a tribunal should consider whether there could be any other explanation

for inappropriate conduct. The Tribunal should make a deduction from all the facts and circumstances of the case looking at the material in the round. If there is no plausible alternative explanation as to why Dr Parashar engaged in the conduct alleged the Tribunal is entitled to conclude that the motivation was sexual.

27. Paragraph 9 (b) alleges that Dr Parashar's actions as described in paragraph 7 amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that he engaged in a course of improper, oppressive or unreasonable conduct causing alarm and/or distress to Ms C when he knew, or ought to have known, that his conduct amounted to harassment.

28. Section 1 of the Protection from Harassment Act 1997 states:

- '1. (1) a person must not pursue a course of conduct –*
(a) which amounts to harassment of another, and
(b) which he knows or ought to know amounts to harassment of the other.
- (2) For the purposes of this section..... The person whose course of conduct is in question ought to know that it amounts to or involved harassment of another if a reasonable person in possession of the same information would think the course of conduct amounted to harassment of the other.*
- (3) Subsection (1) does not apply to a course of conduct if the person who pursued it shows that it was pursued for the purpose of preventing or detecting crime, that it was pursued under any enactment or rule of law or to comply with any condition or requirement imposed by any person under any enactment, or that in the particular circumstances the pursuit of the course of conduct was reasonable.'*

29. Section 7 of the Act states as follows:

- '(1) this section applies for the interpretation of sections 1 to 5A.*
(2) references to harassing a person include alarming the person or causing the person distress.
(3) a course of conduct must involve (a) in the course of conduct in relation to a single person, conduct on at least two occasions in relation to that person.'.....

30. In applying the utmost care reaching its factual decisions, the Tribunal will have regard to the seriousness of each allegation, and to any inherent unlikelihood of an occurrence taking place. The Courts have held that factors such as the seriousness of the allegation or its intrinsic improbability means that the evidence in relation to such an allegation should be examined more critically before a tribunal concludes that it has been proved.

31. The fact that Dr Parashar has not given evidence or provided any other written statement should not be held against him. It is the GMC who have brought the allegations, and it is for the GMC to prove them.

32. The Tribunal should apply the ordinary meaning of relevant words in the context of other allegations. For example, the word “inappropriate” means “not suitable or proper in the circumstances” and a “failure” to do something involves a duty to do it.

33. The Tribunal will 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 has received but should not allow itself to speculate. It will take into account all the evidence, oral and documentary, including hearsay evidence, which it has received, and which is relevant to the facts alleged in the Particulars. The Tribunal will assess the evidence and give it such weight as it considers appropriate and fair. It will take into account in relation to statements and records made by persons who have not given direct evidence the fact that they have not been questioned in the hearing.

34. The Tribunal is entitled to have regard to the experts’ evidence and to the opinions expressed by them. It should bear in mind that, if having given the matter careful consideration, it does not accept the evidence of an expert or part of it, it does not have to act upon it. Indeed, the Tribunal does not have to accept even the unchallenged evidence of an expert although, if that were the case, it would have to be carefully reflected in its reasons. It is for the Tribunal to make its own assessment.

The Tribunal’s Analysis of the Evidence and Findings

35. 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.

36. The Tribunal bore in mind that a number of witnesses, Ms H, Ms K, Ms D, Dr G, and Mr E had made notes of their interactions with Dr Parashar at or soon after the relevant time. Some others, Dr I, Ms F and Ms J referred to written records of formal meetings with him of an investigative nature. Their written statements and any oral evidence given did not deviate materially from these accounts .

Paragraph 1

1(a)

37. The Tribunal proceeded to determine whether on one or more of the dates the dates set out, Dr Parashar attended work under the influence of alcohol.

20 August 2019

38. The Tribunal had regard to the contemporaneous account provided by Ms K, dated 20 August 2019 and confirmed in her witness statement, in which she stated: *‘I was called by [the Receptionist] as she had gone to Dr Parashar’s room with query, as she was concerned that he didn’t look very well and was slurring. I also noticed [XXX] and he smelled strongly of alcohol was slurring his words and had trouble standing and was quite uneasy on his feet nearly falling over a few times.’*

39. The Tribunal also noted the contemporaneous record provided by Ms H, also dated 20 August 2019, in which she stated:

I was called by reception staff to review dr parashar who they thought didn’t look well, when I entered the room he was slightly slurring his speech there was a strong smell of alcohol .

His co-ordination was poor and was struggling to press keys on keyboard; I asked if he was ok and didn’t seem to comprehend there was a problem. I asked if [XXX]. There was [XXX], the room looked in disarray papers on floor and items from his bag on bench. [XXX].’

40. In her witness statement to the GMC, dated 01 April 2022 and confirmed in her oral evidence, Ms H said, *‘...it may have been admin staff, Ms K who called me to review Dr Parashar and this would have been sometime in the afternoon after 2:00pm... I would like to*

add that this was the first time I observed Dr Parashar in this state. I initially suspected after entering the room that Dr Parashar was [XXX].'

41. In her oral evidence before the Tribunal, Ms H confirmed that the smell of alcohol referred to was from Dr Parashar's breath.

42. The Tribunal was satisfied from the descriptions of Dr Parashar's presentation, in particular the reference to the smell of alcohol on his breath and in the absence of a medical explanation for his presentation, that on 20 August 2019, he attended work whilst under the influence of alcohol. Furthermore, given the observation that Dr Parashar had not properly completed his paperwork from the morning session, the Tribunal could properly conclude that Dr Parashar consulted with one or more patient whilst under the influence of alcohol.

27 April 2020

43. The Tribunal considered the witness statement dated 28 August 2024 by Ms D, Practice Manager at William Brown Medical Centre, in which she stated, *'I worked with Dr Parashar closely while he was a GP at the Surgery. He began working as a GP on 9 December 2019 and continued until 2020, when he was involved in a disciplinary meeting following an incident on 27 April 2020.'*

44. The Tribunal also considered Ms D's exhibited statement to the HR department following concerns raised on 27 April 2020:

'Dr Parashar was due to see patients in the covid room this afternoon at around 1.30pm... Dr Parashar was standing outside of the covid room without his mask or visor on with the patient. I advised Dr Parashar to put on his PPE then went back inside to open the door to let him and the patient in to the room.as you cannot open the door externally....

I was then called to the desk as the husband of the patient Dr Parashar had seen wanted to make a formal complaint....On discussion the patients husband alleges his wife reported that she felt Dr Parashar was under the influence of alcohol (in her words drunk), she advised that he could not get his words out, smelt of alcohol and that he could not put the thermometer in to her ear. She alleges that Dr Parashar then asked her to get on to the bed, on getting on the bed she said Dr Parashar had said to her she was beautiful, then proceeded to ask her could he? The patient asked could he

what? To which the patient said Dr Parashar had said you know what I mean. The patient said she was very upset and left.

I went to find Dr Parashar, ... I called Dr Parashar and did note that he was not behaving as usual and appeared disorientated.... I advised Dr Parashar that in my opinion I thought his behaviour was erratic and I thought he may be under the influence of alcohol he noted that as he trusted me If I felt his behaviour was odd he would believe that... I asked had he drank on the lunchtime as his behaviour was not like this on the morning. Dr Parashar denied alcohol at lunch time but said he had been drinking on and off during the night [XXX]... As Dr Parashar was not in a fit state to drive I advised I would call him a taxi so he could get home. I helped pack and fasten his bag as he was having some trouble.'

45. The Tribunal bore in mind that there was a disciplinary hearing following the events of 27 April 2020:

'A disciplinary meeting took place on the 15 June 2020, where Dr Parashar accepted the allegation of being under the influence of alcohol but denied the allegation of inappropriate comments advising that he hardly interacted with the patient.

Dr Parashar advised that there may have been some alcohol in his blood on the day of the 27 April 2020 and that is why the smell of alcohol came out. Dr Parashar believes that once the patient smelt the alcohol on him that his reputation with the patient was ruined. Dr Parashar confirmed that it was only the patient and himself in the consolation room as they were a suspected COVID-19 case.'

46. Ms F was Dr Parashar's NHSE case manager. She received the report from Ms D regarding the incident on 27 April 2020 and later spoke to Dr Parashar directly on 16 June 2020. In the notes of this meeting and in response to Tribunal questions about this topic, Ms F clarified that Dr Parashar had not given any indication as to what he had been drinking, for how long he had been drinking or the volume of alcohol that he had consumed. XXX.

47. The Tribunal considered the evidence and the description of Dr Parashar's presentation, both by colleagues and a patient. It noted that the accounts provided were consistent with Dr Parashar being intoxicated whilst at work and whilst consulting with at least one patient. The Tribunal bore in mind that Dr Parashar admitted that he had been drinking the night before he attended work but claimed that he was not "intoxicated to the

point of not being able to walk”. This indicates that he had consumed alcohol in the hours before attending work, making it more likely than not that he was under the influence of alcohol whilst at work on 27 April 2020.

14 October 2020

48. In the notes of the NHS England and NHS Improvement meeting on 17 November 2020 exhibited by Ms J, reference is made to concerns about Dr Parashar’s course of conduct between 13 and 16 October 2020. On 13 October Dr Parashar absented himself from work, and in the course of repeated telephone calls, Dr Parashar appeared to have forgotten earlier telephone calls about the same matter and was slurring his words.

49. On Wednesday 14 October, Ms J advised that she had received messaged during the practice MDT meeting held via Teams that staff had concerns about Dr Parashar’s strange behaviour during the call. Ms J, who had been working from home, decided to attend the Practice. On arrival at the Practice, she could hear loud shouting from Dr Parashar in another language. She knocked on his door and, receiving no answer, knocked again before entering. Ms J highlighted that Dr Parashar’s eyes were bloodshot and his mask was not on correctly. He stated that everything was okay and he just had XXX problems. Ms J noted that she could not smell alcohol on Dr Parashar but the room did smell of what she thought maybe was cheap alcohol gel. She considered the room appeared messy, there was coffee on the floor and down Dr Parashar’s shirt. He was acting ‘agitated and twitchy’.

50. In her witness statement dated 25 May 2022, Ms J further described her observations of Dr Parashar on 14 October 2020:

‘...following Dr Parashar’s unusual conduct, I reviewed his telephone consultation from the morning surgery where I noted that the quality of the calls had declined.

Dr Parashar was slurring his words during the calls and had forgotten key information relating to a patient’s father-in-law who had died. In another call Dr Parashar called a patient and asked “how can I help you” when the patient had not requested a call...

I suspect Dr Parashar was under the influence of alcohol due to what I observed. This includes the coffee stains on Dr Parashar’s shirt, the fact he was slurring his words and that the room was messy which was unlike him. Dr Parashar was normally well dressed, clear in his communication and kept his room tidy...

...Dr Parashar was struggling with his coordination and would bump into things whilst failing to walk straight. He seemed confused, agitated, and twitchy whilst patting himself down frantically looking around for his car keys only to realise, they were in his pocket...

Dr Parashar eyes were also visibly blood shot red and despite the covid restrictions he kept touching my arm as though he was intoxicated. He was also over friendly referring to me as “sister” which I found to be unprofessional...’

51. In her oral evidence before the Tribunal, Ms J confirmed that she was aware that Dr Parashar was subject to conditions on his practice and that she saw him routinely each morning before his work started. If she was not available somebody else would do this.

52. The Tribunal also had regard to the Witness statement of Dr I, dated 28 July 2022:

‘Regarding Dr Parashar’s conduct on Wednesday 14 October 2020, I would like to clarify that I could not smell alcohol of Dr Parashar. However, he did have a stain on his shirt and there was coffee on the floor. Furthermore, whilst he was talking, he was raising his arms and hitting the desk and did not seem to understand the question asked of him or be able to explain coherently.

The reasons why there were concerns that Dr Parashar may have been drinking is because he was not adequately performing as a GP [XXX]. Furthermore, [XXX].

Although Dr Parashar was acting strangely between 13 October 2020 to 16 October 2020, he denied drinking when asked. Dr Parashar was [XXX]. Although his presentation could be explained by alcohol intoxication, I am unsure as to whether he was under the influence of alcohol, and it was my personal preference to give him the benefit of the doubt.’

53. In his oral evidence, Dr I said that Dr Parashar had a distinct lack of insight into his conduct, was suffering from memory impairment and appeared confused. He said that Dr Parashar’s presentation was consistent with being intoxicated, that he was not fit for work and was sent home. Dr I also confirmed that XXX and that there were measures in place to supervise him.

54. The Tribunal considered this evidence and the descriptions of Dr Parashar's presentation. It concluded that this was consistent with Dr Parashar being intoxicated throughout the day whilst at work and whilst consulting with patients. That the quality of his telephone consultations had diminished in quality is a clear indication that he was becoming increasingly intoxicated during the day. In the absence of any medical explanation for Dr Parashar's presentation, the Tribunal concluded that it is more likely than not he was intoxicated on 14 October 2020 whilst at work. It bore in mind that, on this date, Dr Parashar had consultations with both patient A and patient B where it is alleged that aspects of the quality of care provided were considered by Dr N to have been seriously below the standard expected.

12 May 2022

55. The Tribunal considered the witness statement of Mr E, Advanced Clinical Practitioner at Abbey Meads Medical Practice dated 16 September 2024 in which he says:

'At around 4.30pm on 12 May 2022, one of the receptionists at the practice... came into my clinic room. She expressed concerns about Dr Parashar, that something wasn't quite right, and he didn't seem his usual self.... Dr Parashar had come out of his room confused, and that he could not physically see the patient sat in front of him in the waiting room. Their immediate concern was that they were worried that he was unwell...

I took it upon myself to go in and make an assessment with a plan for welfare for Dr Parashar. I knocked on his clinic room door and went in. Dr Parashar was sat at his desk when I walked in... I asked him some open questions, which were something like, 'how are you, what's your day been like?' Dr Parashar replied, 'what patient are you talking about?' He looked at his computer and was looking for the patient on his system. I found this odd, and he was clearly not listening to what I was saying. I didn't know him, and I wondered whether he was physically unwell. [XXX]....

I then left the room and updated the reception staff that Dr G was coming to deal with the issue. I knew that Dr Parashar had no more patients to be seen, so there was no risk to further patients. Whilst in reception, I saw a mum and child in the waiting area who were both crying.... The mum explained to me that they had just had an appointment with Dr Parashar, and they felt baffled and unsure of what had just happened. She described the consultation as 'off'.

... I could not give any evidence to suggest that there was any alcohol involved.'

56. The Tribunal also had regard to the witness statement of Dr G, dated 17 September 2024:

'When I spoke to Dr Parashar in his clinic room, it was clear to me that he was incapable of proceeding with his clinic. His tone of voice was fine, but he appeared confused. He recognised me, stood up to greet me, and was able to talk, but something wasn't quite right. He wasn't stuttering, but his words were jumbled, making his sentences less coherent than usual...

Dr Parashar told me that he had been drinking before his shift but denied drinking during working hours. To the best of my recollection, he said that he had been drinking the night before. He didn't specify how much or at what time he drank.'

57. In light of Dr Parashar's admission to Dr G that he had been drinking earlier in the day and in the absence of any medical or other explanation for his presentation the overwhelming inference is that the cause of his confused state was intoxication. The Tribunal noted that this incident occurred the day after Dr Parashar appeared at court to face allegations of dangerous driving and driving under the over the prescribed alcohol limit, XXX. The Tribunal concluded that it is more likely than not that Dr Parashar was intoxicated on 12 May 2022 whilst at work. It is clear from the evidence of Mr E that there had been a number of patients seen by Dr Parashar on 12 May 2022.

58. The Tribunal was satisfied to the required standard that Dr Parashar attended work on the four occasions listed, whilst intoxicated.

59. Accordingly, the Tribunal found paragraph 1(a) of the Allegation proved.

1(b)

60. The Tribunal went on to determine whether on one or more of the dates set out, Dr Parashar consulted with patients whilst under the influence of alcohol.

20 August 2019

61. The Tribunal considered Ms H's witness statement, dated 01 April 2022, in which she said, *'Following the incident, I was informed by staff at the practice that one of the General Practitioners called every patient Dr Parashar had seen on the morning of 20 August 2019 because there were concerns that Dr Parashar had not completed the documentation correctly...'*

62. The Tribunal determined that this was conclusive evidence that Dr Parashar had consulted with a number of patients on 20 August 2019 whilst under the influence of alcohol.

27 April 2020

63. The Tribunal noted the statement of Ms D dated 27 April 2020 provided for the Medical Centre's HR Department, which she had exhibited:

'Dr Parashar was due to see patients in the covid room this afternoon at around 1.30pm. Dr Parashar wanted to see the patients in the respiratory room as he didn't want Dr T to have to see them due to him being higher risk if contracting covid.'

Dr Parashar went to the covid room to call the patient. When I noted that the patient had still not been seen I went out of the back door to the rear entrance to see if I could see Dr Parashar.

I was then called to the desk as the husband of the patient Dr Parashar had seen wanted to make a formal complaint. I asked Dr T to come and see the patient as the patient's husband felt that she still needed to be seen.'

64. In her oral evidence, Ms D confirmed that Dr Parashar saw five patients in the morning but just one in the afternoon who was the patient that made the complaint. The Tribunal noted that in the disciplinary meeting, Dr Parashar accepted being under the influence of alcohol.

65. The Tribunal was therefore satisfied to the required standard that Dr Parashar had consulted with patients on 27 April 2020 whilst under the influence of alcohol.

14 October 2020

66. The Tribunal considered the statement of Ms J, dated 25 May 2022 in relation to 14 October 2020, *'I reviewed his telephone consultation from the morning surgery where I noted that the quality of the calls had declined. Dr Parashar was slurring his words during the calls and had forgotten key information relating to a patient's father-in-law who had died. In another call Dr Parashar called a patient and asked, "how can I help you" when the patient had not requested a call.'*

67. The Tribunal considered the notes of meeting with Dr I which took place on 17 November 2020. It noted in particular the entry stating that on 14 October 2020

'Dr Parashar called two other patients having already seen them that morning for face to face consultations, to which the patients had advised they had already seen him that morning. [Dr I] advised that the patients raised other things, which should have been addressed in the face to face consultations, therefore it was [Dr I's] view the face to face consultations hadn't gone particularly well.'

68. Within Dr N's expert report, dated 1 July 2021, he refers to a record of a face-to-face appointment having taken place between Dr Parashar and Patient A on 14 October 2020. The Tribunal found this to be sufficient evidence to prove that Dr Parashar had a face-to-face appointment with a patient on this day.

12 May 2022

69. The Tribunal considered the statement of Mr E, dated 16 September 2024, in relation to the 12 May 2022. In that statement he said *'The mum explained to me that they had just had an appointment with Dr Parashar, and they felt baffled and unsure of what had just happened. She described the consultation as 'off'.*' In his oral evidence, Mr E expanded on this and said that the patient's mother had been stunned and shocked and looked as if they didn't know what had happened. She said that she had never had a consultation like it.

70. The Tribunal also had regard to the statement of Dr G, dated 17 September 2024, *'Dr Parashar was scheduled to see 15 patients that afternoon and had almost completed the day, with only a few patients remaining. For safety, we contacted the patients who had already seen Dr Parashar that day to re-triage them...'*

71. The Tribunal found this to be sufficient evidence to establish that Dr Parashar had seen patients on that day.

72. Accordingly, the Tribunal found paragraph 1(b) of the Allegation proved.

Patient A

2(a)(i)(1) and 2(a)(i)(2)

73. The Tribunal considered whether on 4 September 2020 Dr Parashar consulted with Patient A and failed to take the steps needed to exclude potential spinal cord compression and/or cauda equina syndrome ('CES'), in that he did not arrange for Patient A to be seen in person within 24 hours in order to carry out a physical examination of their spine and lower limbs.

74. In his oral evidence, Dr N explained what CES was and stated that with prompt diagnosis and treatment there may be no long term consequences. However, a delayed diagnosis could lead to permanent neurological damage affecting the lower limbs, bowel and bladder.

75. The Tribunal therefore established a duty for all of Dr Parashar's interactions with Patient A. In his report, Dr N further stated:

'My opinion is that on 04.09.20, Dr Parashar should have arranged to see Patient [A] in person at the surgery in order to carry out a physical examination of Patient [A]'s spine and lower limbs. My opinion is that this should have been arranged within 24 hours because of the possibility of a medically urgent cause for Patient [A]'s symptoms such as cord compression or CES.'

76. Dr N confirmed in his oral evidence that when a patient presents with such symptoms, any reasonably competent GP would seek to rule out CES. Having reviewed the medical records Dr N confirmed that there was no evidence that Dr Parashar had taken any of the steps required.

77. Accordingly, the Tribunal found paragraph 2(a)(i)(1) and 2(a)(i)(2) of the Allegation proved.

2(b)(i) and 2(b)(ii)

78. The Tribunal went on to determine whether on September 2020 Dr Parashar consulted with Patient A and failed to adequately assess whether an urgent lumbar MRI (within 24 hours) or same day referral to a neurosurgery specialist for an urgent neurological opinion was required.

79. The Tribunal considered the report of Dr N:

‘Although a lumbosacral MRI scan is an appropriate investigation for chronic backache with nerve root signs, my opinion is that on 04.09.20, Dr Parashar had not taken the steps needed to exclude potential cord compression or CES by history and by clinical examination (as set out in parts a and b above). If the history and clinical examination had been consistent with these diagnoses then my opinion is that Patient [A] should have been referred for an urgent lumbar MRI (within 24 hours) or alternatively should have been referred urgently (same day) to a neurosurgery specialist for an urgent neurosurgical opinion (depending on how local services are organized). My opinion is that failure to adequately assess whether urgent imaging was indicated was seriously below the standard expected because of the potential for Patient [A] to experience harm from a delayed diagnosis of cord compression or CES.’

80. The Tribunal accepted the evidence within Dr N report that as the patient presented with symptoms and signs of cord compression or CES on 04 September 2020, Dr Parashar should have referred him urgently for a neurosurgical opinion, or alternatively for an urgent MRI scan. He had failed to do so. (It concluded that the failure to urgently refer the patient on 04 September 2020 was seriously below the standard expected because of the possibility for the patient to suffer harm from a delayed diagnosis).

81. Accordingly, the Tribunal found paragraph 2(b)(i) and 2(b)(ii) of the Allegation proved.

3(a)

82. The Tribunal went on to decide whether on 14 October 2020 Dr Parashar consulted with Patient A and failed to record an adequate history, in that he recorded ‘no red flags noted’ despite Patient A displaying the symptoms set out in Schedule 2.

83. The Tribunal considered the expert report of Dr N in which he refers to a request for information made by Ms F, a Neurosurgeon Registrar, on 13 October 2020:

'...I think it will be appropriate to arrange urgent outpatient review for him given the duration of symptoms is 5 weeks which would mean urgent surgery would not be required. However it is important to assess that he is not having progressive symptoms/worsening urinary dysfunction/weakness etc. Could you clarify this and get back'.

84. The Tribunal also considered the surgery consultation notes made by Dr Parashar on 14 October 2020:

*'Comment f2f appt
history noted /consultation noted
bowel /bladder fine
Said ongoing chronic symptom
MRI scan result noted /informed
Agreed f2f appt
no red flags noted
For Trauma & orthopaedics referral
Referral: Trauma & orthopaedics referral'*

85. The Tribunal noted that there was radiological evidence that the patient had cauda equina syndrome. This was shown by the admin entry made by Dr S, a GP Registrar, on 12 October 2020:

"In summary, there is significant L4/5 disc herniation causing severe central stenosis with marked thecal sac impingement and radiological cauda equina compression. Urgent specialist spinal surgical referral is therefore recommended"

86. The Tribunal also noted the record of the telephone consultation by Dr L with Patient A on 13 October 2020:

'Problem Spinal cord compression (First) History see MRI report Spoke to patient, he has weakness right leg and bilateral sensory changes both feet, variably incontinence urine, sometimes cannot initiate urination, urgency on bowels...'

87. The Tribunal accepted the evidence of Dr N that the background context to this consultation is well documented and it was not necessary for Dr Parashar to re-record this again. However, it considered that Dr Parashar had a duty to record whether or not Patient

A's pain symptoms and neurological symptoms were stable. Furthermore, Patient A displayed weakness in his right leg and sensory symptoms in both feet, as well as urinary symptoms and bowel symptoms so Dr Parashar's reporting of 'no red flags' was inaccurate. The Tribunal accepted the expert evidence of Dr N that Dr Parashar failed to record an adequate history considering Patient A's background prior to the consultation and the importance of recording an accurate and complete history to inform assessment of the urgency of neurological referral.

88. Accordingly, the Tribunal found paragraph 3(a) of the Allegation proved.

3(b)(i)(1), 3(b)(i)(2), 3(b)(i)(3) and 3(b)(ii)

89. The Tribunal went on to determine whether on 14 October 2020 Dr Parashar consulted with Patient A and failed to carry out an examination of Patient A's abdomen, spine and legs and failed to conduct a digital rectal examination in order to check Patient A's anal tone.

90. The Tribunal considered the witness statement of Patient A, dated 10 October 2024 in which he stated, 'At my consultation Dr Parashar did not examine me physically. Dr Parashar talked to me across the desk.'

91. In his expert report, Dr N stated '*My opinion is that Dr Parashar should have carried out an examination of Patient [A]'s abdomen, spine, legs and a digital rectal examination to check anal tone.*' Dr N opined that the failure to carry out any of these examinations was seriously below the standard expected because Patient A's MRI scan had been reported as showing radiological CES which is a neurosurgical emergency, and because information from a physical examination of Patient A was needed in order to inform urgent referral to neurosurgery.

92. The Tribunal accepted as proved the unchallenged evidence of Patient A and Dr N.

93. Accordingly, the Tribunal found paragraph 3(b)(i)(1), 3(b)(i)(2), 3(b)(i)(3) and 3(b)(ii) of the Allegation proved.

3(b)(iii)

94. The Tribunal went on to determine whether on 14 October 2020 Dr Parashar consulted with Patient A and failed to formulate an adequate treatment plan, in that he did not refer Patient A for an urgent neurosurgical opinion.

95. The Tribunal bore in mind Dr N report in which he stated:

‘In my opinion, the medical record makes it clear that Dr L had initiated an urgent referral to neurosurgery, that Miss F had asked for further information, and that this information should have been supplied urgently to neurosurgery so that the referral could be actioned with appropriate urgency.’

96. The Tribunal noted that Dr Parashar did not refer the patient. However, it determined that whilst Dr Parashar did have a duty to formulate an adequate treatment plan, he did not have a duty to refer patient A for an urgent neurosurgical opinion as that had already been done.

97. Accordingly, the Tribunal found paragraph 3(b)(iii) of the Allegation not proved.

3(b)(iv)

98. The Tribunal went on to determine whether on 14 October 2020 Dr Parashar consulted with Patient A and failed to ask Patient A whether his pain and neurological symptoms were stable or progressive.

99. The Tribunal considered Patient A’s witness statement dated 10 October 2024:

‘At my consultation with Dr Parashar, he did not examine me physically. Dr Parashar talked to me across the desk. When I explained my symptoms, Dr Parashar’s advice was to rest and to go back to Middle Chare if the pain worsened. Dr Parashar explained that my symptoms were normal symptoms of a bad back. I don’t remember Dr Parashar recommending any pain killers, he certainly did not write a prescription for any.’

100. In Dr N’s opinion, Dr Parashar should have recorded whether or not Patient A’s symptoms were stable. The Tribunal concluded that Dr Parashar had a duty to ask Patient A whether his pain and neurological symptoms were stable or progressive but failed to do so.

101. Accordingly, the Tribunal found paragraph 3(b)(iv) of the Allegation proved.

3(b)(v)

102. The Tribunal did not need to consider this paragraph of the allegation, particularly due to its decision for paragraph 3(b)(iv) of the Allegation which it found proved.

3(b)(vi)

103. The Tribunal went on to determine whether on 14 October 2020 Dr Parashar consulted with Patient A and failed to provide Patient A with safety netting advice, in that he did not advise him to seek urgent medical attention or to attend A&E if he developed any of the symptoms set out in Schedule 3.

104. The Tribunal was mindful of Patient A's witness statement dated 10 October 2024:

'During our consultation, I do not recall Dr Parashar providing me with advice if I were to develop urinary or bowel symptoms. I also do not recall Dr Parashar asking whether my pain symptoms and neurological symptoms were stable. I was already experiencing back pain, leg pain, and motor/sensory symptoms in my legs. Dr Parashar's advice to this as explained previously was to rest and go back to Middle Chare if the symptoms worsened. I would like to note that Dr Parashar did not examine my legs, in which I was experiencing numbness.'

105. The Tribunal noted that Dr Parashar asked Patient A to contact the surgery if his symptoms worsened. However, he did not give any indication of the urgent requirement for medical attention if symptoms deteriorated as he should have done.

106. Accordingly, the Tribunal found paragraph 3(b)(vi) of the Allegation proved.

Patient B

4(a) and 4(b)

107. The Tribunal went on to determine whether on 14 October 2020 Dr Parashar consulted with Patient B by telephone and failed to maintain adequate medical records, in that he did not record Patient B's ongoing symptoms of backache and dark urine.

108. The Tribunal considered Dr N's report in which he stated:

'In my opinion, the consultation record made by Dr Parashar on 14.10.20 was inadequate. This is because Dr Parashar failed to record Patient [B]'s ongoing symptoms of backache and dark urine.the omission of ongoing symptoms from the record was inaccurate and could have been misleading for other clinicians leading to suboptimal care.'

109. The Tribunal accepted Dr N's unchallenged evidence.

110. Accordingly, the Tribunal found paragraphs 4(a) and 4(b) of the Allegation proved.

Conviction

5(a) and 5(b)

111. The Tribunal went on to determine whether on 8 June 2022 at Newcastle Upon Tyne Crown Court Dr Parashar was convicted of driving a motor vehicle on 17 October 2021 when his alcohol level was above the legal limit and dangerously.

112. Pursuant to Rule 34(3) of the Rules, production of the Certificate of Conviction from the at Newcastle Upon Tyne Crown Court dated 14 September 2022 is conclusive evidence of the offence committed.

113. Accordingly, the Tribunal found paragraphs 5(a) and 5(b) of the Allegation proved.

6(a) and 6(b)

114. The Tribunal went on to determine whether on 5 August 2022, Dr Parashar was sentenced to 30 months' obligatory driving disqualification, including an extension period of 6 months under section 35A of the Road Traffic Offenders Act 1988, and until extended test passed and 12 months' imprisonment.

115. The Tribunal noted that Schedule 2 to the Certificate of Conviction sets out details of Dr Parashar's sentence and confirms that on 5 August 2022 he was sentenced to 30 months' obligatory driving disqualification, including an extension period of 6 months under section 35A and 12 months' imprisonment.

116. Accordingly, the Tribunal found paragraphs 6(a) and 6(b) of the Allegation proved.

Sexual misconduct and harassment

117. The Tribunal took into account the unchallenged witness statement of Ms C, dated 2 April 2024. Ms C also gave oral evidence before the Tribunal. She confirmed that she was the XXX at the XXX hotel in Sunderland between March 2016 and October 2023. She stated that Dr Parashar came into the hotel at around 5pm, asked if he could book a room and was told to book it online. He then went to the reception lounge area where he did that and returned to the reception desk about an hour later. She told the Tribunal that Dr Parashar did not seem intoxicated when he first arrived and was quite polite and collected. However, she said that when he came back to the desk, he seemed inebriated and had ‘eye fog’, he was also sweating, fidgeting and appeared quite agitated. She stated that he then complimented her by saying that she had nice eyes, pretty lips, or words to that effect, which made her feel uncomfortable.

118. Ms C went on to say that Dr Parashar then asked her to come to his room. When she said “no”, he said “please I will give you money to spend the night”, or words to that effect. He then went to sit down on the three-seater sofa near the office and Ms C informed the Tribunal that she changed areas and began using the back corridor to avoid him. In her written statement dated 06 September 2023, Ms C said that the hotel receptionist told Dr Parashar that what he was doing and saying was inappropriate.

119. Ms C stated that later on, as she was making her way back from the reception area to the restaurant, Dr Parashar stood up and walked really quickly towards her to usher her towards the toilets. She described it as a dart towards her as if someone was coming towards you to rob your bag. At some point Dr Parashar said to Ms C, *“I will give you money, 1000 pounds to spend the night with me”* and *‘we will make it quick’*, or words to that effect. As he approached her, he tried to grab her hand but Ms C held her hands up, took a step back and shouted, *‘do not come near me, this is inappropriate, you can leave or go to your room...’*. Ms C then pointed to the lift, told Dr Parashar to leave or go to his room and informed him that if he continued, she would call the police. She stated that Dr Parashar then put his head down and muttered that he was sorry before going off to the lift. Following this, the police were contacted.

120. The Tribunal had regard to the Police Summary of Incident sent by PC M to the GMC, dated 15 June 2023. This confirmed that the police received a 101 call from the XXX at approximately 2106 on Thursday 20 April 2023 reporting harassment by a customer, *‘The male was said to have been harassing staff members and making inappropriate comments towards them...’*

7(a)(i), 7(a)(ii) and 7(a)(iii)

121. The Tribunal considered whether on 20 April 2023, whilst at the XXX hotel, Sunderland (‘the Hotel’), Dr Parashar behaved inappropriately towards Ms C, a staff member, in that he told her she had nice eyes, pretty lips, a beautiful face or words to that effect.

122. The Tribunal accepted the evidence of Ms C. It noted that she had been consistent in her oral evidence and witness statement. She was candid in her evidence before the Tribunal and openly stated when she was unable to remember whether or not certain aspects of the incident occurred.

123. The Tribunal, having accepted the unchallenged evidence of Ms C, found paragraphs 7(a)(i), 7(a)(ii) and 7(a)(iii) of the Allegation proved.

7(b), 7(c), 7(d), 7(e), 7(f)(i) and 7(f)(ii)

124. The Tribunal set out to determine whether on 20 April 2023, whilst at the XXX hotel, Sunderland (‘the Hotel’), Dr Parashar behaved inappropriately towards Ms C, a staff member, in that he asked her to come to his room, or words to that effect; said ‘please I will give money to spend the night’, or words to that effect; walked quickly towards Ms C as she was walking to the Hotel restaurant and tried to usher her into the Hotel toilets; tried to grab Ms C’s hand; said to Ms C: ‘I will give you, money, a thousand pounds to spend the night with me’; ‘we will make it quick’ or words to that effect.

125. In the absence of any opposing evidence or challenge, the Tribunal accepted the account of events provided by Ms C.

126. Accordingly, the Tribunal found paragraphs 7(b), 7(c), 7(d), 7(e), 7(f)(i) and 7(f)(ii) of the Allegation proved.

8(a), 8(b), 8(c) and 8(d)

127. The Tribunal went on to determine whether, following Dr Parashar's actions as described at paragraph 7, he was escorted by the Police to the address set out in schedule 4 and he burst in through the front door, ripped off and threw his jacket, tensed his fist(s) and lashed out and/or resisted Police Constable D and Police Constable E after they had taken him to the floor.

128. The Tribunal considered the email sent by Police Constable D (PC M) to the GMC on 15 June 2023 which stated that at 2156, when responding to second call from the same hotel, the officers saw Dr Parashar in the street as they were driving. They reported that Dr Parashar was unsteady on his feet, his eyes were glazed and his speech was slurred. He smelled strongly of intoxicating liquor. He was drunk.

129. The Tribunal took into account the witness statement provided by Police Constable E (PC L), dated 16 October 2024:

'Dr Parashar had a bottle of vodka on him and PC M explained he wasn't allowed to drink it, but he wasn't bothered about what we were trying to tell him and I saw Dr Parashar drink the vodka. We advised him that he was in breach of Sunderland City Council's public spaces protection order.'

130. The officers stated that they then took Dr Parashar to his home address. When they arrived, the following occurred:

'At the home address, PC M waited on the driveway with PARASHAR, whilst PC L enquired of [XXX]. PARASHAR quickly became impatient, and began to become non-engaging with PC M. Eventually, and in furious fashion, he tensed up and burst in through the front door of [the home address]. He let out an exclamation and tensed his fists, having ripped off his jacket and thrown it. Due to the levels of aggression and violence on display, PARASHAR was quickly taken to the floor by PC L and PC M. Approximately 2246 hours, he was arrested to prevent a breach of the peace, but continued to lash out and resisted officers. Swiftly, he was secured in handcuffs.'

131. The Tribunal bore in mind that the PC M had provided a contemporaneous police summary of the occurrence which was consistent with the accounts provided in the officers' unchallenged witness statements. In the absence of any evidence to the contrary it was accepted by the Tribunal.

132. Accordingly, the Tribunal found paragraphs 8(a), 8(b), 8(c) and 8(d) of the Allegation proved.

9(a) and 9(b)

133. The Tribunal went on to determine whether Dr Parashar's conduct as described at paragraph 7 was sexually motivated and amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that he engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress to Ms C when he knew, or ought to have known, that his conduct amounted to harassment

134. The Tribunal has already found that Dr Parashar made the comments to Ms C as described in paragraph 7. In the Tribunal's considered view Dr Parashar's actions and words could have no other interpretation in the circumstances than to be viewed as being in pursuit of sexual gratification. The Tribunal accordingly decided that Dr Parashar's actions were carried out in pursuit of sexual gratification.

135. Ms C described in her oral evidence that Dr Parashar's actions made her feel uncomfortable and she described his conduct as unwanted. Ms C told the Tribunal that she said 'no' and rejected Dr Parashar's advances, letting him know that it was inappropriate. However, despite this, Dr Parashar persisted.

136. The Tribunal regarded the behaviour described by Ms C, particularly the repeated nature of the requests to engage in sexual activity for money clearly sexually motivated. It took the view that no other interpretation could be extracted from the words used. It further concluded that Dr Parashar's behaviour clearly amounted to harassment. It went far beyond anything that could reasonably be considered playful 'banter', with certain unpleasant aspects of it being repeated. Dr Parashar's attempts to physically grab Ms C would have obviously been unpleasant and alarming for her. It should have been obvious to Dr Parashar that his words and actions would have had the effect as described by Ms C. The fact that Ms C felt it necessary to call the police is a clear indicator of how Dr Parashar in a clearly drunken state caused her to feel unsafe and harassed in her workplace.

137. The Tribunal considered whether Dr Parashar's conduct amounted to harassment as defined in Section 1(1) and Section 7 of the Protection from Harassment Act 1997 as set out in paragraph 28 of this decision. It noted the chronology provided by Ms C. She stated that Dr

Parashar arrived at approximately 5pm, she then instructed him to carry out an online booking of a hotel room. An hour later when Dr Parashar approached the desk, was the first time he made a comment on her appearance and suggested that he would pay her money to spend the night with him or words to that effect. Ms C described how the comment made her feel extremely uncomfortable but how she tried to remain professional whilst making it clear to Dr Parashar that his advances were unwelcome. The Tribunal was satisfied that it caused her alarm and distress.

138. Ms C then described avoiding Dr Parashar for a period of time before the second incident in which Dr Parashar again offered her money to spend the night with him and attempted to grab her hand. In oral evidence Ms C told the Tribunal that this had made her feel 'very unsafe, very fearful, that it was going to be an attack. I did not feel safe at all'. The Tribunal was satisfied that his conduct on this second occasion caused her alarm and distress.

139. The Tribunal was satisfied that there was a significant period of time between the two interactions.

140. Accordingly, the Tribunal found paragraphs 9(a) and 9(b) of the Allegation proved.

XXX

XXX

141. XXX

142. XXX

143. XXX

144. XXX

145. XXX

XXX

XXX

146. XXX

147. XXX

148. XXX

149. XXX

150. Accordingly, the Tribunal found paragraph 11 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

151. The Tribunal has determined the facts as follows:

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

1. On one or more of the dates set out in Schedule 1 you:
 - a. attended work; **Determined and found proved**
 - b. consulted with one or more patient(s); **Determined and found proved**whilst you were under the influence of alcohol. **Determined and found proved**

Patient A

2. On 4 September 2020 you consulted with Patient A and you failed to:
 - a. take the steps needed to exclude potential spinal cord compression and/or cauda equina syndrome, in that you did not:
 - i. arrange for Patient A to be seen in person within 24 hours in order to carry out a physical examination of their:
 1. spine; **Determined and found proved**
 2. lower limbs; **Determined and found proved**
 - b. adequately assess whether an urgent:
 - i. lumbar MRI (within 24 hours); or **Determined and found proved**

- ii. same day referral to a neurosurgery specialist for an urgent neurological opinion; **Determined and found proved**

was required.
- 3. On 14 October 2020 you consulted with Patient A and you:
 - a. failed to record an adequate history, in that you recorded ‘no red flags noted’ despite Patient A displaying the symptoms set out in Schedule 2; **Determined and found proved**
 - b. failed to:
 - i. carry out an examination of Patient A’s;
 - 1. abdomen; **Determined and found proved**
 - 2. spine; **Determined and found proved**
 - 3. legs; **Determined and found proved**
 - ii. conduct a digital rectal examination in order to check Patient A’s anal tone; **Determined and found proved**
 - iii. formulate an adequate treatment plan, in that you did not refer Patient A for an urgent neurosurgical opinion; **Not proved**
 - iv. ask Patient A whether his pain and neurological symptoms were stable or progressive; **Determined and found proved**
 - v. record whether Patient A’s pain and neurological symptoms were stable or progressive (in the alternative to paragraph 3biv); **Determined and found proved**
 - vi. provide Patient A with safety netting advice, in that you did not advise him to seek urgent medical attention or to attend A&E if he developed any of the symptoms set out in Schedule 3. **Determined and found proved**

Patient B

- 4. On 14 October 2020 you consulted with Patient B by telephone and you failed to maintain adequate medical records, in that you did not record Patient B’s ongoing symptoms of:
 - a. backache; **Determined and found proved**

- b. dark urine. **Determined and found proved**

Conviction

- 5. On 8 June 2022 at Newcastle Upon Tyne Crown Court you were convicted of driving a motor vehicle on 17 October 2021:
 - a. when your alcohol level was above the legal limit; **Determined and found proved**
 - b. dangerously. **Determined and found proved**
- 6. On ~~8 June 2022~~ 05 August 2022 you were sentenced to: **amended under Rule 17(6)**
 - a. 30 months' obligatory driving disqualification, including an extension period of 6 months under section 35A of the Road Traffic Offenders Act 1988, and until extended test passed; **Determined and found proved**
 - b. 12 months' imprisonment. **Determined and found proved**

Sexual misconduct and harassment

- 7. On 20 April 2023, whilst at the XXX hotel, Sunderland ('the Hotel'), you behaved inappropriately towards Ms C, a staff member, in that you:
 - a. told her she had:
 - i. nice eyes; **Determined and found proved**
 - ii. pretty lips; **Determined and found proved**
 - iii. a beautiful face; **Determined and found proved**or words to that effect;
 - b. asked her to come to your room, or words to that effect; **Determined and found proved**
 - c. said, 'please I will give you money to spend the night', or words to that effect. **Determined and found proved**
 - d. walked quickly towards Ms C as she was walking to the Hotel restaurant and tried to usher her into the Hotel toilets; **Determined and found proved**
 - e. tried to grab Ms C's hand; **Determined and found proved**

- f. said to Ms C:
 - i. 'I will give you, money, a thousand pounds to spend the night with me'; **Determined and found proved**
 - ii. 'we will make it quick'; **Determined and found proved**or words to that effect.
- 8. Following your actions as described at paragraph 7, you were escorted by the Police to the address set out in Schedule 4 and you:
 - a. burst in through the front door; **Determined and found proved**
 - b. ripped off and threw your jacket; **Determined and found proved**
 - c. tensed your fist(s); **Determined and found proved**
 - d. lashed out and/or resisted Police Constable D and Police Constable E after they had taken you to the floor. **Determined and found proved**
- 9. Your conduct as described at paragraph 7:
 - a. was sexually motivated; **Determined and found proved**
 - b. amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress to Ms C when you knew, or ought to have known, that your conduct amounted to harassment. **Determined and found proved**

XXX

10. XXX

11. XXX

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

- a. misconduct in relation to paragraphs 1 to 4 and 7 to 9; **To be determined**
- b. conviction in relation to paragraphs 5 and 6; **To be determined**

XXX

Determination on Impairment - 17/02/2025

152. 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, Dr Parashar's fitness to practise is impaired by reason of misconduct, and/or conviction, XXX.

The Evidence

153. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. It received no further evidence.

Submissions

154. On behalf of the GMC, Mr Lodge reminded the Tribunal of the two-stage process to be adopted in respect of the allegation of misconduct: First whether the facts as found proved amounted to misconduct and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.

155. Mr Lodge directed the Tribunal to the cases of *Roylance v GMC 2000 1AC 311* (*Roylance*) and *Nandi v GMC [2004] EWHC 2317* (*Nandi*).

156. Mr Lodge submitted that Dr Parashar's actions amount to serious misconduct. In respect of the conduct found proved in relation to Dr Parashar working and seeing patients whilst intoxicated, he submitted that this is repeated behaviour which took place at 4 different surgeries over a period of 3 years. This was aggravated by the fact that a least one patient was upset by Dr Parashar's condition and the lack of care he provided. XXX.

157. Mr Lodge submitted that the consequences of Dr Parashar's intoxication were evident in his treatment of Patient A in that, on two dates, he did not take the steps required and expected to rule out CES. Dr Parashar also failed to refer Patient A for an urgent neurosurgical opinion, or alternatively for an urgent MRI scan. Mr Lodge further argued that these failings were particularly serious and amounted to negligence, most likely caused by Dr Parashar's intoxication. He submitted that negligence of this type amounts to serious misconduct and Dr Parashar's omissions threatened patient safety.

158. Mr Lodge submitted, in respect of Patient B, that Dr Parashar's poor recording of symptoms could have had a significant impact on their future care. He submitted that this was negligence amounting to serious misconduct.

159. Mr Lodge reminded the Tribunal of Paragraphs 117 to 120 of its Determination on the facts with regard to its findings in respect of Ms C. He submitted that each aspect of Dr Parashar's behaviour would, individually and collectively, be considered to be appalling and unacceptable by any member of the public or the profession.

160. With regard to the issue of current impairment arising from Dr Parashar's conviction, Mr Lodge referred to the case of *Cheatle v General Medical Council [2009] EWHC 645 (Admin)* to justify the Tribunal taking into account facts arising from past events. He submitted that Dr Parashar committed a serious offence which resulted in an immediate prison sentence and stated that this in itself is an indication of the seriousness of his conduct. Mr Lodge also submitted that Dr Parashar's breathalyser results (114µ/100ml) were more than three times the legal limit for driving (35 µ/100ml).

161. Mr Lodge submitted that whilst there is no statutory definition of impairment, the Tribunal would be assisted by the guidance provided by Dame Janet Smith in her Fifth Shipman Report adopted by the *High Court in CHRE v NMC and Paula Grant [2011] EWHC 297 (Admin)* ('Grant').

162. Mr Lodge reminded the Tribunal of the statutory overarching objectives which include: to protect, promote and maintain the health, safety and wellbeing 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. He submitted that all three limbs are engaged in this case. Mr Lodge referred the Tribunal to the case of *Meadow v. General Medical Council [2006] EWCA Civ 1390* and submitted that, whilst the Tribunal should look forward not back, it should take account of the way in which the person concerned has acted or failed to act in the past in order to form a view as to the fitness of a person to practise today.

163. Mr Lodge reminded the Tribunal of the case of *Cohen v. General Medical Council [2008] EWHC 581 (Admin)* which stated, 'An assessment of current fitness to practise will nevertheless involve consideration of past misconduct and of any steps taken subsequently by the practitioner to remedy it. Silber J recognized this when referring, at paragraph 65, to the necessity to determine whether the misconduct is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated'.

164. Mr Lodge submitted that Dr Parashar's conduct in consulting with patients while intoxicated, and his clinical misconduct put patients at risk of harm. He submitted that this

conduct is far below the expected standards of a medical practitioner, thereby breaking the public's trust in the profession and bringing the profession into disrepute.

165. Mr Lodge further submitted that Dr Parashar's conduct towards Ms C and the police was such that it would be considered deplorable by any ordinary member of the public being fully informed of the facts of this case. He submitted that this conduct has brought the medical profession into disrepute.

166. Mr Lodge submitted that Dr Parashar's conduct in driving dangerously whilst unfit through drink created a significant danger to members of the public and has brought the medical profession into disrepute.

167. Mr Lodge argued that, in light of the repeated nature of the behaviour when conditions, suspensions or a prison sentence had not been enough to prevent Dr Parashar from re-offending (in the wider sense of word), and the evidence that XXX, the Tribunal can have no confidence that the same or similar behaviour would not be repeated. He submitted that Dr Parashar has not even started his journey to remediation. Consequently, Mr Lodge submitted that, until such time as Dr Parashar can XXX, he remains liable in the future to bring the medical profession into disrepute.

168. Mr Lodge submitted that, in reaching a decision as to whether Dr Parashar's misconduct impairs his current fitness to practise, the Tribunal should take into account the maintenance of public confidence in the profession as well as maintaining proper standards of conduct and performance. To determine that there is no impairment in these circumstances would undermine both the public confidence in the profession, and the proper professional standards and conduct for members of the profession.

169. XXX

170. In these circumstances, Mr Lodge submitted that the Tribunal can be further satisfied that Dr Parashar's fitness to practice is currently impaired.

The Relevant Legal Principles

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

172. The Tribunal must determine whether Dr Parashar's fitness to practise is impaired today, taking into account Dr Parashar's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remediated and any likelihood of repetition.

173. The Tribunal must have regard to 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.

174. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first, whether the facts found proved apart from the conviction XXX amounted to misconduct and whether that misconduct was serious. It must then consider whether, as a result of the misconduct, and /or the conviction XXX, Dr Parashar's fitness to practise is impaired today.

175. Misconduct has been judicially defined as a word of general effect, *'involving some act or omission which falls short of what would be proper in the circumstances'* and that *'the standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances'* as per Lord Clyde in *Roylance*.

176. In the case of *Nandi v GMC 2004*, Mr Justice Collins adopted the observation of Lord Clyde in *Roylance* that professional misconduct is a *'falling short by omission or commission of the standards of conduct expected among medical practitioners and such falling short must be serious'*. The adjective "serious" must be given its proper weight, and conduct which would be considered deplorable by fellow practitioners may be a helpful benchmark but is not a legal threshold. Lord Clyde went on to say, *'it is of course possible for negligent conduct to amount to serious misconduct but the negligence must be to a high degree.'*

177. The Tribunal was reminded of the case of *Remedy UK v the GMC [2010] EWHC 1245 (Admin)* where it was stated that:

'Misconduct was of two principal kinds: First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it could properly be described as misconduct going to fitness to practise. Second, it could involve conduct of a morally culpable or otherwise disgraceful kind which may, and often would, occur outside the course of professional practice itself, but which brought disgrace upon the doctor and thereby prejudiced the reputation of the profession ...'

178. The word ‘serious’ did not appear in the Medical Act 1983. Misconduct could be found where a doctor’s actions fell seriously short of the standards expected of a competent practitioner.

179. Dr Parashar would have been expected to adhere to the Good Medical Practice (GMP) guidance applicable at the time of the events in question and the seriousness of any breach would be a relevant factor. The Tribunal was advised to take into account the GMP (‘2013’) as this was the version in force at the time of all the events alleged.

180. In order to make a finding of misconduct, the tribunal must determine that the facts found proved constitute a serious departure from the standards of conduct expected of a medical practitioner. If the tribunal concludes that there was no misconduct on the part of Dr Parashar, his fitness to practise cannot be found impaired on that ground.

181. If a finding of misconduct is made, the Tribunal must then determine whether on that ground, on the ground of conviction XXX, Dr Parashar’s fitness to practise is impaired today.

182. The Tribunal was reminded that the word “impairment” is an ordinary word in common usage and is not defined in the Medical Act. One matter the Tribunal will have to decide is whether Dr Parashar currently has the knowledge and skills to practise his profession safely and effectively. That must be considered in the context of the particular allegations found proved.

183. There is no burden or standard of proof. It is a question of judgement by the tribunal. Impairment may be based on historical matters or a continuing state of affairs but it is to be judged as at the present time. To do this, the tribunal must look forward taking account of any reparation, changes in practice, behaviour or attitude since the matters found proved actually occurred.

184. As stated by Mr Justice Silber in *Cohen v General Medical Council [2008] EWHC 581 (Admin)*, a significant consideration at the impairment stage is (i) whether the misconduct is easily remediable (ii) whether it has been remedied and (iii) whether there is a risk of such behaviour being repeated in the future.

185. In the case of *Cheatle v GMC [2009] EWHC 645 (Admin)* Mr Justice Cranston said that the issue is whether the misconduct, in the context of the doctor's behaviour both before the misconduct and up to the present time, is such as to mean that his or her fitness to practise is impaired. A tribunal could conclude that, looking forward, a doctor's fitness to practise is not

impaired, despite that misconduct. However the doctor's conduct may be so egregious that, looking forward, the tribunal is persuaded that the doctor is simply not fit to practise medicine without restrictions or maybe not at all.

186. As stated by Mrs Justice Cox in the case of CRHE against NMC and Grant when considering whether Fitness to Practise is impaired, the level of insight shown by a practitioner is central to a proper determination of that issue. By reference to the Shipman Inquiry Fifth Report, questions for determining whether a practitioner's fitness to practise is impaired could be summarised as follows:

'do the findings of fact in respect of the doctor show that his fitness to practise is impaired in that he has:

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 or is likely 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

.....'

187. The Tribunal should bear in mind the case of *GMC v Meadow [2006] EWCA Civ 1390* in which it was advised that: *'...the purpose of FTP 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 practise. The FTP proceedings thus look forward not back. However, in order to form a view as to the fitness of a person to practise 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.'*

188. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

189. With regard to the criminal conviction, the Tribunal should form its own view of the gravity of the conviction and its relevance to fitness to practise by reference to its specific facts (*Wray v General Osteopathic Council [2021] EWCA Civ 1940*).

The Tribunal's Determination on Impairment

Misconduct

190. The Tribunal considered each paragraph of the Allegation found proved in turn, taking into account the evidence established, Mr Lodge's submissions and the legal advice.

Paragraph 1

191. The Tribunal considered whether Dr Parashar's conduct in paragraph 1 of the Allegation amounted to serious misconduct. The Tribunal found that Dr Parashar's actions constituted a serious departure from paragraphs 1, 19, 21(a) XXX, 32, 37, 46, 47 and 65 of GMP:

'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent...establish and maintain good relationships with patients and colleagues, aretrustworthy, and act with integrity....

19. Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

*21. Clinical records should include:
a relevant clinical findings ...*

XXX

32. You must give patients the information they want or need to know in a way they can understand....

37. You must be aware of how your behaviour may influence others within and outside the team.

46. You must be polite and considerate.

47. You must treat patients as individuals and respect their dignity and privacy.

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

192. The Tribunal reminded itself of Ms H's witness statement dated 1 April 2022 relating to the incident on 20 August 2019, in which she said, *'Following the incident, I was informed by staff at the practice that one of the General Practitioners called every patient Dr Parashar had seen on the morning of 20 August 2019 because there were concerns that Dr Parashar had not completed the documentation correctly.....'*

193. The Tribunal took into account the statement Ms D provided to the HR department following concerns raised on 27 April 2020, about a patient's mother having *'advised that he (Dr Parashar) could not get his words out, smelt of alcohol and that he could not put the thermometer in to her ear'*. Dr Parashar *'asked her to get on the bed, on getting on the bed she said Dr Parashar had said to her she was beautiful, then proceed to ask her could he?.....the patient said she was very upset and left'*

194. In her witness statement dated 25 May 2022, Ms J noted that Dr Parashar had called a patient and asked *"how can I help you"* when the patient had not requested a call, bumped into things whilst failing to walk straight and seemed confused, agitated and twitchy. He kept touching her arm and *"was also over friendly referring to me as "sister" which I found to be unprofessional"*

195. The Tribunal also took into account Mr E's witness statement, dated 16 September 2024 in which he said in respect of the events on 12 May 2022, *'The mum explained to me that they had just had an appointment with Dr Parashar, and they felt baffled and unsure of what had just happened...'*. She described that consultation with Dr Parashar as 'off'. Dr G's statement dated 17 September 2024 that Dr Parashar did not seem well enough to continue his clinic or to continue speaking with patients. He referred to a patient who had complained, although the matter was resolved and there were no patient safety concerns.

196. The Tribunal found that Dr Parashar's actions by attending work under the influence of alcohol and conducting consultations with patients on each of the dates referred to fell far below the standards expected of a medical practitioner, breached a fundamental tenet of the medical profession and brought the profession into disrepute.

197. The Tribunal therefore found that Dr Parashar's conduct at paragraph 1 of the Allegations amounted to serious misconduct.

Patient A

Paragraph 2 (a)i 1 & 2 and b i & ii.

Paragraph 3 (a) and (b) I, ii, iv, v and vi.

198. The Tribunal noted the uncontested opinion of Dr N in his report, dated 1 July 2021, that *‘...the care provided by Dr Parashar to Patient [A] on 04.09.20 and 14.10.20 was seriously below the standard expected in a number of areas, as set out above. These failings demonstrate inadequate management of acute spinal cord compression which in my opinion is well recognised as a neurosurgical emergency. My opinion is that a reasonably competent GP would err on the side of caution and have a low threshold for seeking urgent specialist advice if spinal cord compression was a possible diagnosis. My opinion is that failure to manage Patient [A] appropriately placed him at high risk of significant harm from delayed specialist treatment. Therefore my opinion is that the overall standard of care provided by Dr Parashar to Patient [A] was seriously below the standard expected of a reasonably competent GP.’*

199. The Tribunal found that Dr Parashar’s conduct at paragraphs 2 and 3 of the Allegations fell so far short of the expected standard as to amount to serious misconduct.

Patient B

Paragraph 4 a. and b.

200. In respect of paragraph 4 a and b of the Allegation, Dr N said that Dr Parashar *‘failed to record Patient [B]’s ongoing symptoms of backache and dark urine. My opinion is that this failing was seriously below the standard expected because omission of ongoing significant symptoms from the record is inaccurate, could be misleading for other clinicians and could result in Patient [B] not receiving appropriate care...’*.

201. In Dr N’s opinion, the overall standard of care *‘provided by Dr Parashar to Patient [B] on (01.09.20 and) 14.10.20 was below the standard expected in a number of areas (as set out above). I do not feel that these failings have any additional cumulative significance. Therefore my opinion on the overall standard of care is that this was below, but not seriously below , the standard expected of reasonably competent GP.’*

202. The Tribunal was not satisfied that, in relation to Patient B, the failure to maintain adequate medical records amounted to serious misconduct.

Ms C

Paragraphs 7 and 9a & b

203. The Tribunal has found that Dr Parashar's behaviour towards Ms C was sexually motivated and amounted to harassment. It was prolonged and occurred on more than one occasion over a period of time. As the evening progressed, the behaviour of Dr Parashar escalated from making sexually inappropriate comments to attempting to grab Ms C. This increased the degree of discomfort and fear experienced by Ms C. Dr Parashar had to be ordered to leave the premises and his conduct was so serious that staff felt obliged to contact the police.

204. In these circumstances, it was clear to the Tribunal that Dr Parashar's actions towards Ms C amounted to serious misconduct.

Police

Paragraph 8

205. The Tribunal has found that, whilst under the influence of alcohol, Dr Parashar responded to the justifiable actions of the police in escorting him home by reacting in a confrontational and aggressive manner, to the extent that they were forced to arrest him to prevent a breach of the peace. Dr Parashar's actions were compounded by drinking from a bottle of vodka in front of the officers who had explained he was not allowed to drink it and was in breach of the local council's public spaces protection order.

206. In these circumstances, the Tribunal concluded that Dr Parashar's actions involving the police were so extreme as to amount to serious misconduct.

Impairment

207. The Tribunal went on to consider the issue of impairment in respect of the misconduct found proved, the conviction XXX.

208. The Tribunal reminded itself that, although Dr Parashar had engaged in the case management process, he had not attended the hearing itself. He had provided no evidence of insight, remorse or remediation or of maintaining professional knowledge and skills.

Misconduct

209. The Tribunal was of the view that each episode of misconduct was related to Dr Parashar's use of alcohol and as such were potentially remediable XXX.

210. XXX

211. In the absence of any demonstrated insight, remorse or remediation, the Tribunal concluded that there was a significant risk of repetition of Dr Parashar's misconduct within his professional practice and in general. Dr Parashar's misconduct breached limbs (a), (b) and (c) of the test in Grant. The Tribunal concluded that Dr Parashar continues to present a risk to members of the public in his current role and the need to uphold professional standards and public confidence in the profession would be undermined if a finding of impairment were not made.

Conviction

212. The conviction for driving dangerously, and over the prescribed alcohol limit, was extremely serious and resulted in a significant period of imprisonment and a lengthy period of disqualification from driving. Although Dr Parashar completed his sentence, his drunken conduct towards Ms C which occurred shortly after his release on licence, suggested he had learned nothing from the criminal process. Any member of the public would be very concerned if Dr Parashar were permitted to return to unrestricted practice in the absence of any evidence that XXX.

213. The Tribunal took into account that the inherent seriousness of Dr Parashar's criminal conviction is reflected in the sentence of 12 months imprisonment imposed by the Criminal Court. That sentence had not been suspended.

XXX

214. XXX

215. XXX

216. XXX

217. XXX

218. XXX

Determination on Sanction - 18/02/2025

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

220. Having determined that Dr Parashar's fitness to practise is impaired by reason of misconduct, conviction XXX, 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

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

Submissions

222. On behalf of the GMC, Mr Lodge submitted that all three limbs of the overarching objective are engaged in this case: to protect patient safety, to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct. He submitted that the appropriate sanction was the erasure of Dr Parashar's name from the medical register.

223. Mr Lodge referred the Tribunal to the Sanctions Guidance (February 2024) (SG), in particular paragraphs 20, 21, 24, 25, 50, 51 and 52.

224. Mr Lodge submitted that, due to Dr Parashar's lack of engagement, it is difficult to identify mitigating factors other than that XXX. He further submitted that this insight is offset by Dr Parashar's apparent inability to effectively address XXX or take any meaningful steps towards remediation.

225. Mr Lodge submitted that taking no action is only acceptable in exceptional circumstances and that there are no such circumstances in this case which would warrant taking no action. He submitted that, due to the seriousness of this case and the misconduct found proved which put patients' safety at risk and undermines the public's faith in the profession, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

226. Mr Lodge referred the Tribunal to paragraphs 81(a)(b) and (c) and 82(a)(b)(c) and (d) of the SG in relation to conditions. He submitted that any order of conditions would need to be appropriate, proportionate, workable and measurable. Mr Lodge submitted that, given

the range and seriousness of the allegations in this case, an order of conditions would not be appropriate or workable. He further stated that Dr Parashar has had conditions in place previously XXX. Furthermore, he submitted that the Tribunal could not be satisfied that Dr Parashar would comply with any conditions imposed.

227. Mr Lodge referred the Tribunal to paragraphs 91, 92 and 97(a)(c)(e)(f) and (g) of the SG in relation to suspension. He submitted that Dr Parashar attended at four different GP Surgeries whilst under the influence of alcohol over a period of four years and consulted with patients. He submitted that, fortunately no significant harm was caused to any patients, but, in light of the clinical concerns found proved there could have been a different outcome.

228. Mr Lodge submitted that despite the imposition of conditions, periods of suspension and a prison sentence Dr Parashar has XXX. He submitted that this demonstrates a deliberate or reckless disregard for the regulatory process and safeguards in place to protect patients and the reputation of the profession. He reminded the Tribunal that this, most recently, has resulted in Dr Parashar harassing a member of staff at a hotel, in a sexual manner, which left her feeling distressed and unsafe. He submitted that Dr Parashar then became physically aggressive with police officers who were trying to assist him.

229. Mr Lodge submitted that XXX. He submitted that notwithstanding some recognition on the part of Dr Parashar as to what is required of him in order to return to practice, XXX, the Tribunal could not possibly be satisfied that there is no further risk of repetition. Mr Lodge submitted that the level of risk of further misconduct XXX remains high.

230. Mr Lodge referred the Tribunal to paragraphs 107, 108 and 109(a) and (j) of the SG in relation to erasure. He submitted that the Tribunal is dealing with several heads of impairment, XXX, but which also include allegations of attending work whilst under the influence of alcohol, dangerous driving, driving whilst under the influence of alcohol, clinical incompetence, sexual misconduct and harassment. Mr Lodge submitted that these factors, individually and collectively amount to a particularly serious departure from the principles set out in GMP. He submitted that the XXX issues which give rise to Dr Parashar's behaviour will clearly be difficult to remediate.

231. Mr Lodge submitted that, despite the help and assistance provided in the past, Dr Parashar has not demonstrated that he is capable of remediation, and certainly not for any prolonged period of time. He submitted that these allegations, and Dr Parashar's deliberate and/or reckless disregard for patient safety spanning a period of four years from 2019 to

2023, would also indicate that Dr Parashar has a serious lack of insight into the seriousness of his actions or their consequences.

232. Mr Lodge submitted that until such time that Dr Parashar can demonstrate that XXX, the risks posed by him are fundamentally incompatible with being a doctor.

233. Mr Lodge submitted that Dr Parashar has not practised medicine for three years as he XXX. Mr Lodge submitted that Dr Parashar has not provided any documentation or evidence to show that he has kept his medical knowledge up to date during this period which raises additional concerns over his fitness to practise.

The Tribunal's Determination on Sanction

234. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. In reaching its decision, the Tribunal has given careful consideration to the SG generally and to all the paragraphs outlined in the submissions. It has borne in mind the overarching objective and noted that all three limbs are engaged in this case.

235. The Tribunal reminded itself that the reason for imposing any sanction is not to punish or discipline doctors, even though the sanction may have a punitive effect. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Parashar's interests with the public interest. The Tribunal bore in mind that the interest of the medical profession as a whole was more important than that of an individual doctor.

236. The Tribunal has borne in mind that, in deciding what sanction, if any, to impose, it should consider all the sanctions available in ascending order, starting with the least restrictive.

237. The Tribunal first considered and balanced the aggravating and mitigating factors in this case.

Aggravating Factors

238. The Tribunal found the following aggravating factors:

- The diversity of Dr Parashar's misconduct, both within and outside of his professional life, repeated over a sustained period of time;

- Dr Parashar failed to work collaboratively with colleagues;
- Dr Parashar has demonstrated a lack of insight;
- Dr Parashar's XXX led to a criminal conviction;
- Dr Parashar did not act with integrity;
- The misconduct involved both violence and actions of a sexual nature;
- There is no acknowledgement by Dr Parashar of the impact XXX has had on patients, colleagues, or the wider public;
- There have been no expressions of regret or remorse.

Mitigating Factors

239. The Tribunal has found no mitigating factors. XXX.

No action

240. The Tribunal first considered whether to conclude the case by taking no action.

241. The Tribunal determined that, in view of the serious nature of the conviction and its findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal determined that there were no exceptional circumstances and therefore there could be no justification to conclude the case by taking no action.

Conditions

242. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Parashar's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

243. The Tribunal concluded that it would not be possible to formulate any conditions which would adequately address Dr Parashar's conduct, XXX. The Tribunal could therefore not be assured that Dr Parashar would follow any conditions imposed.

244. Accordingly, the Tribunal determined that it would not be sufficient, appropriate or proportionate to direct that conditions be imposed on Dr Parashar's registration. The Tribunal concluded that an order of conditions would not adequately maintain trust and confidence in the medical profession.

Suspension

245. The Tribunal then went on to consider whether imposing a period of suspension on Dr Parashar's registration would be appropriate and proportionate.

246. The Tribunal acknowledged that suspension has a deterrent effect and can be used as a declaratory signal to the doctor, the profession, and to the public about what is regarded as behaviour unbecoming of a registered doctor.

247. The Tribunal took account of the following paragraphs of the Sanctions Guidance which indicate circumstances in which it may be appropriate to impose a sanction of suspension:

'91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming 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).

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.

...

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.'*

248. The Tribunal considered that the factors at paragraph 97, set out above, are relevant in this case. The Tribunal has seen an abundance of evidence that previous attempts at remaining abstinent by Dr Parashar have all failed. It therefore had no confidence that a further period of suspension would result in the necessary remediation.

Erasure

249. XXX

250. The Tribunal was of the view that paragraphs 161 and 162 applied in Dr Parashar's case. Because of the seriousness of Dr Parashar's offence, his very low level of insight, and the high risk of repetition, it could not conclude that suspension was the appropriate sanction. The Tribunal was satisfied that the circumstances of Dr Parashar's case were such that his serious wide ranging actions were fundamentally incompatible with continued registration. A period of suspension would not be appropriate and would not meet the overarching statutory objective.

251. In reaching its decision regarding erasure, the Tribunal has considered paragraphs 108, 109 and 129 of Sanctions Guidance:

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.*

...

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

***g** offences involving violence*

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

***129** Cases in this category are those where a doctor has not acted in a patient's best interests and has failed to provide an adequate level of care, falling well below expected professional standards. This is particularly where there is a deliberate or reckless disregard for patient safety or a breach of the fundamental duty of doctors to 'Make the care of [your] patients [your] first concern'...*

252. The Tribunal bore in mind that whilst serious harm had not been caused to any patients through Dr Parashar's misconduct, there was a continuing risk to patient safety. The Tribunal noted that whilst Dr Parashar had not been convicted of a sexual offence, his misconduct towards Ms C was of a sexual nature. It also noted that, although Dr Parashar was not charged with a criminal offence as a result of his involvement with the police, they found it necessary to arrest him to prevent a breach of the peace because of his violent behaviour and threats.

253. The Tribunal also found paragraphs 130 and 149 of the SG to be relevant:

*'**130** A particularly important consideration in these cases is whether a doctor has developed, or has the potential to develop, insight into these failures. Where insight is not evident, it is likely that conditions on registration or suspension may not be appropriate or sufficient.*

***149** This encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patients' relatives or others.'*

254. The Tribunal found that Dr Parashar's actions clearly breached fundamental tenets of the profession and represent a significant departure from GMP. The Tribunal found that Dr

Parashar's conduct would put patients at risk and would seriously undermine public confidence in the profession.

255. The Tribunal took the view that given the wide range of serious misconduct, both within and without the professional setting, the Tribunal considered that Dr Parashar's behaviour was incompatible with continued registration as a doctor.

256. In all of the circumstances above, the Tribunal concluded that Dr Parashar's interests are outweighed by the need to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour.

257. The Tribunal found that the only appropriate sanction in this case is to direct that Dr Parashar's name is erased from the medical register. The Tribunal concluded that a sanction of erasure was the only sanction that would adequately mark the seriousness of Dr Parashar's conduct and be sufficient to uphold the statutory overarching objective.

258. The Tribunal therefore determined to direct that Dr Parashar's name be erased from the Medical Register.

Determination on Immediate Order - 18/02/2025

259. Having determined to erase Dr Parashar's name from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Parashar's registration should be subject to an immediate order.

Submissions

260. On behalf of the GMC, Mr Lodge, Counsel, submitted that given the facts found proved in this case and the sanction imposed, an immediate order of suspension is necessary in order to protect patient safety, to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct.

261. He referred the Tribunal to various paragraphs of the SG including paragraphs 172, 173 and 178:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a

position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'

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

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

262. Mr Lodge submitted that the Tribunal should impose an immediate order of suspension to replace the interim order of suspension.

The Tribunal's Determination

263. 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 or otherwise in the public interest or is in the best interests of the practitioner.

264. It has also borne in mind the guidance given in paragraphs 110, 111, 172, 173, and 178 of the SG, which states:

***110** If the tribunal decides that a doctor should be erased from the medical register, it must also consider whether to make an order to immediately suspend the doctor's registration, as required by rule 17(2)(o). The tribunal must take into account any evidence it has received and any submissions made by the parties before making and announcing its decision. Further guidance on when an immediate order might be appropriate is set out at paragraphs 172–178.*

111 A doctor who has been erased cannot apply to be restored to the medical register until five years have elapsed. At that stage the tribunal will have to decide whether the doctor is fit to resume unrestricted practice. Further guidance on doctors' restoration to the medical register is provided in the Guidance for doctors on restoration following erasure by a medical practitioners tribunal. '

265. The Tribunal considered the seriousness of the facts found proved against Dr Parashar. The Tribunal further balanced the interests of Dr Parashar against those of the public.

266. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific basis upon which the Tribunal reached its determination on impairment and sanction. The Tribunal determined that an immediate order of suspension is necessary to protect members of the public, to protect confidence in the medical profession and is in the wider public interest.

267. This means that Dr Parashar'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.

268. The interim order is hereby revoked.

269. That concludes the case.

ANNEX A – 13/02/2025

Determination on Service and Proceeding in absence

270. Dr Parashar was neither present nor represented at the hearing.

Service

271. The Tribunal considered whether Dr Parashar had been properly served notice of today's hearing in accordance with Rules 15 and 40 of the GMC (Fitness to Practise) Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983.

272. On behalf of the GMC, Mr Adam Lodge, Counsel, provided a service bundle and invited the Tribunal to determine that Dr Parashar had been properly served with notice of the hearing.

273. The Tribunal bore in mind that it is the responsibility of Dr Parashar to keep his registered address up to date with the GMC. The Tribunal had regard to a screenshot of Dr Parashar registered postal address and email address which the GMC held for him on their system.

274. The Tribunal noted that the GMC sent Dr Parashar the Notice of Allegation correspondence by email on 11 December 2024 and a delivery receipt for this email was received. It was also sent to his registered posted address by Special Delivery on 19 December 2024. Mr Lodge referred the Tribunal to the Pre-Hearing Management notes dated 29 January 2025 in which Dr Parashar indicated that he may not attend the hearing.

275. Mr Lodge directed the Tribunal to an email sent by Dr Parashar on 31 January 2025:

'Hi

With due respect, XXX. As I have got no representation too as I cant afford.

So ,I think at the moment I dont think I will be able to attend the MPTS meeting..I already stated earlier I dont want to cross examined any evidences..

I have got full respect in MPTS system.

*Please forgive me not able to attend hearing this time
I do apologise'*

276. The Tribunal was satisfied that confirmation of special delivery to his registered address amounts to a confirmation of posting under Rule 40(4)(a) and good service under para 8 of Schedule 4 of the Medical Act. The Tribunal was satisfied that the GMC Notice of

Allegation had been properly served in accordance with Rules 15 and 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983.

Proceeding in absence

277. Having been satisfied that the Notice of Hearing had been properly served on Dr Parashar, the Tribunal went on to consider whether it would be appropriate to proceed with this hearing in his absence in accordance with Rule 31 of the Rules.

278. Mr Lodge submitted that practitioners are expected to attend any hearings held by the GMC or the MPTS and that if they do not attend, the Tribunal may exercise its discretion to proceed to hear the case in the doctor's absence, exercising great care and caution, balancing the interests of the doctor and the wider public interest. He referred the Tribunal to the relevant case law to consider in determining whether to proceed in Dr Parashar's absence, including the case of *Crown v Jones* and *General Medical Council v Adeogba*. He submitted that the hearing should only be adjourned where there is a compelling reason to do so, however there is no evidence of a compelling reason in this case. Furthermore, he submitted that Dr Parashar did not request an adjournment.

279. Mr Lodge submitted that all reasonable efforts have been made to serve notification of today's hearing on Dr Parashar and that there was correspondence from Dr Parashar's representatives to state that Dr Parashar had taken the decision not to attend or be represented at today's hearing. He told the Tribunal that Dr Parashar had not applied for an adjournment of today's hearing and that there was no indication that an adjournment would secure Dr Parashar's attendance at a future hearing. Mr Lodge submitted that Dr Parashar's absence appeared to be voluntary and intentional. He submitted that it would be fair and in the interests of justice and in the public interest to proceed with this hearing today.

The Tribunal's Approach and Decision

280. The Tribunal had regard to the advice of the LQC that the discretion to proceed in the absence of a doctor should be exercised with great care, that fairness to both sides must be taken into account, balancing the interests of the doctor with the wider public interest.

281. The Tribunal was satisfied that all reasonable efforts had been made to serve Dr Parashar with notice of today's hearing.

282. The Tribunal considered that the documentation before it indicated that Dr Parashar was aware of the hearing and had chosen not to attend due to the stress and anxiety he faces as a result of these proceedings. It considered that it was reasonable to conclude that if Dr Parashar wished to participate in the hearing, either by being present or providing documents for consideration by the Tribunal, he would have indicated this. The Tribunal concluded that Dr Parashar was aware of today's hearing and has voluntarily chosen not to attend.

283. The Tribunal further considered that there is no evidence to suggest that an adjournment would secure his engagement and attendance at a later date.

284. Balancing this information alongside the serious nature of the Allegation, the public interest in hearing cases expeditiously, and the effect of any delays on witness memories, the Tribunal determined that it was appropriate and fair to proceed in Dr Parashar's absence in accordance with Rule 31 of the Rules.

ANNEX B – 13/02/2025

Application to proceed in Private under Rule 41

285. At the outset of the hearing, the Tribunal chair invited submissions by Mr Lodge, on behalf of the GMC, in respect of the issue whether the hearing should be heard wholly in private pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). This had been raised at the Pre-Hearing Meeting attended by Dr Parashar on 15 January 2025. Dr Parashar had indicated to MPTS Case Management his intention to apply for a fully private hearing.

Submissions on behalf of the GMC

286. Mr Lodge acknowledged that the basis for the application was that there were exceptional circumstances to allow the Tribunal to depart from the general rule that the hearing be in public. XXX.

287. XXX

288. XXX

289. Mr Lodge submitted that Dr Parashar's conviction is a matter of public record and should not be excluded from being made public.

Tribunal's Decision

290. The Tribunal had regard to Rule 41 XXX of the Rules, which read as follows:

'(2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they

consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.

XXX.

291. XXX

292. The Tribunal found that while XXX, the Tribunal can compartmentalise these matters and move between private and public session where necessary. In respect of the allegations in relation to Dr Parashar's conviction, the Tribunal found that it would be disproportionate and unfair to the public interest in holding the hearing in public to hold the entirety of proceedings in private, particularly where his conviction is a matter of public record.

293. The Tribunal therefore determined that XXX must be heard in private, but that matters relating to Dr Parashar's conviction can be heard in public.

ANNEX C – 13/02/2025

Rule 34(1) Application - Admission of Evidence

294. On 03 February 2025 (Day 1), prior to the case opening, Mr Adam Lodge, Counsel for the GMC made an application under Rule 34(1) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules'), to have admitted into evidence, a number of documents including a court extract and Certificate of Conviction in respect of Dr Parashar.

Submissions

295. Mr Lodge referred the Tribunal to the relevant rules when considering the admission of late evidence.

296. Mr Lodge submitted that the court extract and certificate of conviction were matters of public record of which Dr Parashar was aware. He stated that there is no prejudice by the materials being included and submitted that the production of a certificate of conviction shall be conclusive evidence of that offence being committed.

297. Mr Lodge submitted that it was fair to both parties and paramount to the proceedings for the evidence to be admitted, and that the evidence could be admitted without prejudice to both parties.

The Relevant Legal Principles

298. The Legally Qualified Chair (LQC) drew attention to relevant legal principles, and Rule 34(1) of the Rules which states:

‘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.’

Tribunal’s Decision

299. The Tribunal accepted the LQC’s advice and considered the submissions made by the GMC. It was mindful that Dr Parashar was not present or represented at the hearing.

300. The Tribunal considered all of the documentation which the GMC sought to admit into evidence. The Tribunal considered that the court extract and Certificate of Conviction were essential to the case and therefore should be admitted into evidence. There would be no prejudice to Dr Parashar.

301. In the circumstances, the Tribunal determined that the documentary evidence was relevant and that it would be fair to admit this evidence using its powers under Rule 34(1) of the Rules.

ANNEX D – 13/02/2025

Application to amend Allegation

302. During the course of its deliberations in respect of the facts, the Tribunal noted an error in paragraph 6 of the Allegation which refers to Dr Parashar being sentenced on 8 June 2022 to a driving disqualification and twelve months imprisonment. The Certificate of Conviction clearly shows that he was sentenced on 5 August 2022.

303. The Tribunal reconvened the hearing, informed Mr Lodge of its proposal to amend the Allegation pursuant to Rule 17(6) of the Rules as follows:

6. ‘ On 8 June 2022 you were sentenced to:

to:

6. ~~On 8 June 2022~~ On 5 August 2022 you were sentenced to: **amended under Rule 17(6)** ‘

Submissions

On behalf of the GMC

304. Mr Lodge concurred with the Tribunal’s proposal. He accepted that the proposed amendment is to correct a typographical error within the Allegation. He submitted that the amendment can be made without prejudice to Dr Parashar.

The Tribunal’s approach

305. The Tribunal had regard to Rule 17(6) which states:

‘Where, at any time, it appears to the Medical Practitioners Tribunal that— (a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and (b) the amendment can be made without injustice, it may, after hearing the parties, amend the allegation in appropriate terms.’

The Tribunals decision

306. In its deliberations, the Tribunal noted that the amendment to the Allegation proposed was to correct a typographical error and could be made without prejudice to Dr Parashar. The Tribunal did not consider that granting this application would cause any injustice to either party and such concluded that it was in the interests of all parties to allow the amendments.

307. As such, the Tribunal determined to amend the Allegation accordingly.

Schedule 1

<u>Date</u>	<u>Location</u>
20 August 2019	Sunderland GP Alliance
27 April 2020	William Brown Medical Centre
14 October 2020	Middle Chare Medical Group
12 May 2022	Moredon Medical

Schedule 2

Weakness in the right leg
Sensory symptoms in both feet
Urinary symptoms
Bowel symptoms

Schedule 3

Worsening back pain
Worsening leg pain
Worsening motor and sensory symptoms in his legs
Urinary symptoms including incontinence and urinary retention
Bowel symptoms including faecal incontinence

XXX