

**PUBLIC RECORD****Date:** 24/07/2025

**Doctor:** Mr Mahendra NATHADWARAWALA

**GMC reference number:** 4081922

**Primary medical qualification:** MB BS 1984 M.S.University of Baroda

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

**Summary of outcome**  
Suspension revoked

**Tribunal:**

Legally Qualified Chair:	Ms Marianne O'Kane
Registrant Tribunal Member:	Dr Stephen Clark
Registrant Tribunal Member:	Dr Shehleen Khan

  

Tribunal Clerk:	Ms Ciara Fogarty
-----------------	------------------

**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Ms Isobel Thomas, 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 public.

**Overarching Objective**

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

## Determination on Impairment - 24/07/2025

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

### Background

2. Mr Nathadwarawala qualified in 1984 at the University of Baroda. At the time of the events, Mr Nathadwarawala was practising as a locum Doctor in a consultant role in the Emergency Department at West Hertfordshire NHS Trust. He was also a director and shareholder of Daivum Group Limited ('DGL').

### The May 2023 Tribunal

3. The facts found proved at Mr Nathadwarawala's hearing, which took place in May 2023, can be summarised as follows. Between 11 November 2016 and 24 March 2017, DRC Locums Limited ('DRC') mistakenly overpaid DGL remuneration for agency locum work undertaken by Mr Nathadwarawala. The sums mistakenly overpaid are referred to as 'the overpayments' and amounted to a total of £31,500. It was determined that Mr Nathadwarawala, as a director and shareholder of DGL, failed to bring the overpayments to DRC's attention or arrange for them to be repaid in full. It was determined that his conduct was dishonest.

4. The May 2023 Tribunal determined that remittance advices showed the excess payments had been sent to Mr Nathadwarawala's email and home address, and that, given the scale and nature of the overpayments, he must have known of the discrepancy from as early as November 2016. The May 2023 Tribunal rejected Mr Nathadwarawala's claims that he was unaware of the overpayments until they were flagged to him by DRC in late March 2017.

5. Although a repayment plan was later agreed in August 2017, Mr Nathadwarawala unilaterally reduced the agreed monthly instalments and ceased making payments altogether from March 2018, until a single payment was made in February 2023. The May 2023 Tribunal found that he failed to honour the repayment agreement or take any meaningful steps to discharge the outstanding debt over a five-year period, despite continuing to work and earn income via other agencies. The May 2023 Tribunal concluded that Mr Nathadwarawala's conduct was dishonest in two respects: his failure to alert DRC to the overpayments made to

DGL, despite knowing that they had occurred and were not due to him, and his failure to arrange for their full repayment, despite acknowledging the error and his responsibility to do so. The payments, totalling £31,500, derived from NHS funds and remained outstanding more than six years later.

6. The case did not concern Mr Nathadwarawala's clinical competence, as there were no clinical concerns, but rather his honesty and integrity in relation to the financial overpayments received in the course of his locum work. The Tribunal determined the Allegation was proved in its entirety.

7. The May 2023 Tribunal considered this to be a serious breach of the standards outlined in Good Medical Practice (GMP). It concluded that Mr Nathadwarawala had acted dishonestly in his financial dealings, thereby undermining the trust placed in him by the public, his locum agency, and the wider profession.

8. The May 2023 Tribunal found that although the dishonesty was not premeditated, the overpayments were received in error, and restitution was not made for a prolonged period. The Tribunal found that Mr Nathadwarawala had not demonstrated sufficient insight, having consistently distanced himself from responsibility, despite being a Director and Shareholder at the time, and instead placed blame on others, including his company's finance director and the agency itself. While he asserted that he had taken steps to repay the debt, and expressed willingness to undergo further training, the May 2023 Tribunal concluded that there had been insufficient reflection or remediation.

9. The May 2023 Tribunal was satisfied that Mr Nathadwarawala had the capacity to develop insight and remediate in time, particularly given his acceptance of the gravity and seriousness of the dishonest conduct. However, due to the lack of insight and insufficient evidence of remediation, it concluded that there remained a risk of repetition. In accordance with the overarching objective, the May 2023 Tribunal found that public confidence in the profession and the maintenance of professional standards would be undermined if a finding of impairment were not made. Accordingly, it determined that Mr Nathadwarawala's fitness to practise was impaired by reason of misconduct.

10. The May 2023 Tribunal determined that a period of suspension was the appropriate and proportionate sanction in Mr Nathadwarawala's case. It considered that a period of suspension marked the seriousness of Mr Nathadwarawala's behaviour and had a deterrent effect. It also considered that a suspension protected public confidence in the medical profession and was sufficient to promote and maintain proper standards of conduct and behaviour.

11. The May 2023 Tribunal determined that a period of 6 months' suspension would be sufficient to mark the serious nature of the misconduct, including the extent to which the doctor has failed to address serious concerns over a period of time.

12. The May 2023 Tribunal further considered that a suspension of 6 months would give Mr Nathadwarawala adequate time to develop his insight and to provide evidence of remediation. It also directed this review hearing, and indicated that a reviewing Tribunal would be assisted if Mr Nathadwarawala were to provide:

- A Reflective statement which concentrates on Mr Nathadwarawala's understanding of honesty and integrity (not his clinical skills and competence), and the cause/s of his dishonest conduct including strategies to identify potential triggers and prevent future misconduct.
- Evidence of insight into how his conduct impacted on public confidence and the medical profession.
- Evidence of how Mr Nathadwarawala has kept his clinical knowledge and skills up-to-date.
- Reflections on any relevant courses he has attended; and
- Evidence of any other CPD he has undertaken.

13. No immediate order was imposed by the May 2023 Tribunal and Mr Nathadwarawala's suspension did not take effect until February 2025, as he pursued an appeal, as was his right. In the High Court's decision in relation to Mr Nathadwarawala's appeal, the Judge ruled that the appeal had been brought out of time, and accordingly, the court had no jurisdiction to consider it. The appeal was therefore dismissed on that basis. The Judge took the further step however of indicating that if jurisdiction had allowed the case to proceed, it would have failed on the merits in any event.

### Today's review hearing

14. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the Rules whether Mr Nathadwarawala's fitness to practise remains impaired by reason of his misconduct.

### **The Evidence**

15. The Tribunal has taken into account all the evidence received, both oral and documentary.

16. The Tribunal received documentary evidence which included but was not limited to:

- Record of Determination for the Medical Practitioners Hearing on 16 May 2023 to 30 May 2025;
- Various correspondence between GMC and Mr Nathadwarawala dated March 2025;
- Colleague feedback;
- Patient Questionnaires dated October 2024;
- Reflection records from Mr Nathadwarawala;
- CPD certificates dated 2018-2024;
- Mr Nathadwarawala's email to the GMC attaching a receipt from DRC dated 13 June 2023, presenting that the money owed to them had been repaid in full dated 26 March 2025.

17. Mr Nathadwarawala presented a reflective statement and gave oral evidence at the hearing.

18. In his oral evidence Mr Nathadwarawala expressed his sincere remorse for his previous conduct. He stated that he “apologised deeply” to the GMC and to the public, acknowledging the seriousness of his actions. He has met with his Medical Director and Clinical Director and offered his apology to them. He accepted full responsibility for failing to promptly address the overpayments he had received and stated that he should have taken prompt corrective action at the time. He described that he had “reflected deeply” on his behaviour and felt sorry, ashamed and disappointed in himself, particularly given the level of trust placed in him as a senior medical professional. He gave evidence that in all other respects, he was an honest doctor.

19. In his oral evidence Mr Nathadwarawala confirmed that the overpayment to DRC has since been repaid in full. He acknowledged that repayment occurred after the MPT's determination and accepted that this delay was his responsibility. He gave evidence of the efforts he had made previously to secure funds to repay the debt, but was unable to do so until recently.

20. Mr Nathadwarawala outlined several measures he has taken to ensure that such conduct is not repeated. He has dissolved his limited company and no longer works on a self-employed basis. Instead, he now is paid through hospital staff bank. In this role, he is a PAYE employee, payments are made directly to his bank account rather than through the company and so incoming payments are no longer notified by email, which as a busy doctor he found difficult to manage.

21. Mr Nathadwarawala described his engagement with personal study, including insights drawn from the Bhagavad Gita, which he said provided a broader moral framework for reflection and personal responsibility. He described honesty as being “a way of life”.

22. In his oral evidence Mr Nathadwarawala described a recent incident in February 2025, when he received an unexpected payment of XXX. He queried this swiftly with payroll and was informed it was a tax refund. Mr Nathadwarawala evidenced that this reinforced his commitment to financial vigilance.

23. Mr Nathadwarawala gave evidence of maintaining his clinical knowledge and skills. He has maintained membership of the Royal College of Emergency Medicine and completed relevant online CPD modules on the subject of ethics. While visiting India, he has also participated in voluntary clinical work to maintain practical engagement. He described having undertaken extensive private study of GMP. He has discussed this case in the course of his NHS appraisal process.

24. Mr Nathadwarawala concluded his oral evidence by stating that he now fully understands the nature and seriousness of his past conduct, he accepted that the GMC “was right”, and reiterated his sincere and repeated apologies. He promised himself and the Tribunal that the misconduct would not happen again.

## Submissions

25. On behalf of the GMC, Ms Isobel Thomas submitted that Mr Nathadwarawala fitness to practise remained impaired.

26. Ms Thomas submitted that there is a persuasive burden on Mr Nathadwarawala to demonstrate that his fitness to practise is no longer impaired. This involves showing that he has fully acknowledged why his past conduct was deficient and whether through insight, education, application, supervision or other means and that he has sufficiently addressed the underlying concerns.

27. Ms Thomas noted that although Mr Nathadwarawala had reflected generally on honesty and integrity in both his reflective statement and his oral evidence, the GMC’s position was that his evidence lacked substance as to how these reflections related specifically to the dishonesty in his case. She submitted that there was an absence of sustained analysis of what went wrong, why it happened, and what concrete steps had been taken to prevent repetition.

28. Ms Thomas submitted that Mr Nathadwarawala had suggested that the trigger for his dishonesty was a difficult financial situation. However, Ms Thomas submitted that this explanation appeared to be at odds with the evidence provided during the original tribunal hearing, particularly in relation to the combined income of Mr Nathadwarawala and his wife.

29. Ms Thomas further submitted that while Mr Nathadwarawala had taken some practical steps such as dissolving his company, no effective strategies had been outlined to identify triggers or prevent further dishonest conduct. In light of this, Ms Thomas submitted that Mr Nathadwarawala poses a significant risk of repeating his behaviour.

30. Ms Thomas highlighted that no CPD or other training specifically relating to probity or dishonesty had been undertaken. She also referred to comments made by Mr Nathadwarawala during the course of his High Court appeal, in which he appeared to challenge the May 2023 Tribunal's application of the law on dishonesty to his case. While she acknowledged that the Tribunal should not necessarily equate the maintenance of innocence with a lack of insight, she invited the Tribunal to consider whether Mr Nathadwarawala fully appreciated the seriousness of his misconduct and whether his reflections, both written and oral, amounted to genuine and demonstrable insight.

31. In relation to the repayment of funds to DRC, Ms Thomas submitted that while it was correct that repayment had now been made, this had occurred some six years after the overpayments arose. In this context, she submitted that Mr Nathadwarawala viewed DRC's actions as a "desperate attempt" to secure repayment, by reporting the matter to the GMC and that simple repayment of the outstanding amount does not demonstrate insight or remediation.

32. Ms Thomas concluded by submitting that in the continued absence of appropriate remediation and insight, Mr Nathadwarawala's fitness to practise remains impaired by reason of misconduct.

33. Mr Nathadwarawala submitted that the only matter he has not been able to address in the last six months was attending courses relating to probity and integrity. He submitted that this would have given more substance to the evidence that he has developed his insight. He indicated a willingness to undertake these at the earliest opportunity should it be required of him.

### **The Relevant Legal Principles**

34. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a

future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

35. This Tribunal must determine whether Mr Nathadwarawala's fitness to practise is impaired today, taking into account Mr Nathadwarawala's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

36. The Tribunal was advised that relevant factors in assessing insight may include whether the doctor has considered the previous findings; understood why his conduct amounted to misconduct and that it was wrong; acknowledged that he should have acted differently; demonstrated an understanding of the impact or potential impact of his actions; offered a meaningful apology or restitution; and taken active steps to remediate, including identifying how he would act differently in the future to prevent recurrence.

37. The Tribunal was advised that remediation may take various forms, such as relevant training, supervision or mentoring, as well as participation in courses addressing the core issues, in this case, probity and ethics. The Tribunal should consider whether the doctor has learnt from the previous events, how that learning has been applied in practice, and whether there is evidence of good practice in a comparable setting to where the concerns originally arose.

38. The Tribunal was guided that when assessing remediation, the Tribunal should consider whether the conduct was remediable, whether it has in fact been remedied, and whether it is unlikely to be repeated. In deciding whether the risk of repetition remains, the Tribunal may take into account whether there has been any pattern of similar conduct in the intervening period, or whether the original misconduct arose in unique circumstances that are unlikely to recur.

39. The Tribunal was referred to the case of by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*.

## The Tribunal's Determination on Impairment

### Misconduct

40. The Tribunal considered the determination of the May 2023 Tribunal, the submissions of both parties, GMP and the recent documentary evidence from Mr Nathadwarawala as to his reflections and the steps he has taken to remediate his misconduct since the last hearing.



41. The Tribunal reminded itself of the information which the May 2023 Tribunal considered would assist today's reviewing Tribunal.

42. The Tribunal had particular regard to paragraphs 81 and 84 of GMP:

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

*84 You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals.*

43. The Tribunal considered Mr Nathadwarawala's evidence and submissions at this hearing and the documentary evidence he has provided. The Tribunal was of the view that he had complied with what the May 2023 Tribunal had recommended, albeit his reflection statement was limited in length and somewhat lacking in depth, it addressed the core concerns. It noted in particular that Mr Nathadwarawala reflected on why honesty is fundamental to medical practice; acknowledged the impact of his actions on patients, colleagues, the medical profession and the public. The Tribunal noted that Mr Nathadwarawala in his reflective statement and oral evidence expressed shame, took personal responsibility and had acknowledged and accepted the impact his actions had.

44. The Tribunal acknowledged the circumstances Mr Nathadwarawala faced, including being unrepresented throughout proceedings. Despite these matters, the Tribunal found that he had engaged with the process and made a genuine attempt to address the concerns raised. The Tribunal found Mr Nathadwarawala's evidence to be credible and sincere. The Tribunal noted that Mr Nathadwarawala has had a long, and otherwise unblemished career, and that the dishonesty found arose from a single set of circumstances. The Tribunal considered that there were no known wider concerns regarding his integrity.

45. The Tribunal noted that Mr Nathadwarawala had reimbursed the full amount owed to DRC and had offered a sincere apology, both in writing and during the hearing. The Tribunal had particular regard to Mr Nathadwarawala's evidence in which he described a recent incident in February where he believed he may have been overpaid. He promptly contacted payroll to investigate, the Tribunal found this demonstrated a proactive and responsible approach to financial matters.

46. The Tribunal noted that to reduce the risk of recurrence, Mr Nathadwarawala has dissolved his limited company and no longer works in a self-employed capacity, nor does he intend to do so, and has moved to hospital bank working arrangements. He also described

undertaking a Gita related course to strengthen his understanding of ethics and stated he had completed online modules, although the Tribunal noted that no specific courses directly addressing probity or dishonesty were evidenced. The Tribunal was satisfied that he has sufficient strategies in place to mitigate any risk of repetition, as demonstrated by his actions upon receiving the unexpected payment of XXX earlier in 2025.

47. The Tribunal was satisfied that Mr Nathadwarawala has developed satisfactory insight into his misconduct. While it would have welcomed a more detailed reflective statement and stronger evidence of formal remediation, the Tribunal found that the totality of his written and oral evidence demonstrated a clear and compelling understanding of what went wrong, why it was wrong, and how similar issues would be avoided in future.

48. The Tribunal carefully considered the GMC's submissions that Mr Nathadwarawala had not yet developed sufficient insight and continued to pose a significant risk of repetition. The Tribunal found that Mr Nathadwarawala has taken genuine steps to prevent recurrence, including implementing practical changes and engaging in reflective work.

49. When considering the cumulative evidence it has before it, the Tribunal determined that Mr Nathadwarawala had developed a satisfactory level of insight, and he has remediated his misconduct. In all the circumstances of this case, the Tribunal was satisfied that the risk of repetition of Mr Nathadwarawala's misconduct is now low.

50. The Tribunal went on to consider whether Mr Nathadwarawala had kept his clinical skills and knowledge up to date. It took the view that Mr Nathadwarawala had undertaken online CPD and had worked voluntarily in a clinical setting during his visit to India.

51. On the whole, the Tribunal considered that there was sufficient evidence that as an already very experienced Doctor, that Mr Nathadwarawala's clinical knowledge has been sufficiently maintained during the period of suspension.

52. The Tribunal considered that Mr Nathadwarawala has provided what the May 2023 Tribunal has asked of him. It concluded that he has reflected, developed adequate insight into his misconduct, and taken the necessary steps to demonstrate remediation. It considered that his clinical skills and knowledge are sufficiently up to date particularly given his prior experience and the relatively short period of suspension.

53. This Tribunal therefore determined that Mr Nathadwarawala's fitness to practise is no longer impaired by reason of misconduct.

54. The Tribunal noted that Mr Nathadwarawala's suspension is due to expire on 27 August 2025. It acknowledged that the May 2023 Tribunal imposed a six-month suspension in order to mark the seriousness of the misconduct and to send a clear signal to Mr Nathadwarawala, the profession, and the wider public that his actions were unacceptable. However, having now found that Mr Nathadwarawala's fitness to practise is not currently impaired, and in light of the remediation he has undertaken, the Tribunal considered that there was no practical benefit in requiring him to remain suspended until the expiry of the order. At the forefront of its mind, the Tribunal considered that the public interest would be better served by the return of an experienced and clinically capable doctor to medical practice in an area of high demand, rather than requiring him to serve the remaining period of suspension. The Tribunal directed that the suspension be revoked with immediate effect.

55. That concludes this case.