PUBLIC RECORD

Dates: 05/10/2026 - 15/10/2026

Doctor:	Dr Aleksandras UZKALNIS
GMC reference number:	6112080
Primary medical qualification:	MD 1990 Vilniaus Valstybini U. Kapsuko Universiteta

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

Summary of outcome

Suspension, 12 months
Immediate order imposed
Review hearing directed

Tribunal:

Legally Qualified Chair	Miss Rachel Birks
Lay Tribunal Member:	Mr William McClune
Registrant Tribunal Member:	Dr Emma Sellars

Tribunal Clerk:	Mr Jack Coupland Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	N/A
GMC Representative:	Ms Louise Cowen, Counsel

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 - 09/10/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Uzkalnis' alleged misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Uzkalnis qualified in 1990 in Lithuania and then worked as a consultant in Lithuania after completing his training. He moved to the UK in 2004, initially working in Wales, before securing a job at Lewisham & Greenwich NHS Trust (the Trust) in December 2005. At the time of the events, Dr Uzkalnis was practising as a Surgical Consultant in General Surgery at University Hospital Lewisham (the Hospital).

3. The initial concerns in relation to Dr Uzkalnis were raised with the GMC on 22 February 2024 by Dr G, Responsible Officer at the Trust.

4. The allegations that have led to Dr Uzkalnis's hearing relate to his conduct XXX.

5. On 5 September 2023, it is alleged that Dr Uzkalnis was issued with a warning by the GMC resulting from a conviction for driving a motor vehicle with excess alcohol.

6. On 9 February 2024, Dr Uzkalnis was supervising a junior colleague, Dr D, whilst he was conducting a laparoscopic cholecystectomy on Patient C. It is alleged by the GMC that Dr Uzkalnis failed to scrub in and take over from Dr D before making the decision to abandon the procedure when only the camera port had been inserted.

7. Later that day, Dr Uzkalnis was supervising Dr D whilst he operated on Patient E who was listed for a Spigelian hernia repair. Dr F, another junior colleague, was present assisting Dr D. During this procedure it is alleged that Dr Uzkalnis took over the operation and then failed to stop when it became clear that Patient E did not have a Spigelian hernia, instead opening the peritoneal cavity. It is alleged that this resulted in Patient E suffering multiple enterotomies and an injury to the small bowel mesentery. It is also alleged that, following this, Dr Uzkalnis passed over responsibility of the procedure to Dr D, left the operating theatre, failed to complete the procedure himself, and failed to remain scrubbed in to supervise Dr D.

8. After Patient E's procedure, it is also alleged that Dr Uzkalnis failed to review the patient. It is further alleged that he did not discuss the complications with Patient E nor their family or apologise to them.

9. Additionally, it is alleged that on 9 February 2024 Dr Uzkalnis had consumed alcohol whilst on duty, and then either operated on Patient E or was present in the operating theatre having consumed alcohol.

10. XXX

11. XXX

The outcome of applications made during the facts stage

12. At the outset of the hearing, the Tribunal granted the application made on behalf of the GMC to proceed with the case in Dr Uzkalnis' absence. The Tribunal's full decision on the application is included at Annex A.

13. The Tribunal also granted the GMC's application, to redact elements of the hearing bundle. The Tribunal's full decision on the application is included at Annex B.

14. Additionally, the Tribunal granted the GMC's application to amend paragraphs 7 and 9 of the allegation, pursuant to Rule 17(6) of the Rules. The Tribunal did not consider there to

be any injustice to Dr Uzkalnis as a result of these, as this was merely to correct typographical errors in the numbering within the paragraphs of the allegation.

15. The Tribunal further granted the GMC's application to amend Confidential Schedule 1 of the allegation, pursuant to Rule 17(6) of the Rules. As this was intended to correct further typographical errors identified, the Tribunal determined there to be no injustice to Dr Uzkalnis arising from this.

The Allegation and the doctor's response

16. The Allegation made against Dr Uzkalnis is as follows:

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

XXX

1. XXX

2. XXX

3. XXX

Misconduct

4. On 05 September 2023 you were given a warning by the GMC as set out in Schedule 4. To be determined.

Patient C

5. On 09 February 2024 Patient C underwent a laparoscopic cholecystectomy ('Procedure One') performed by Dr D, a junior colleague, during which you made the decision to abandon Procedure One, which was inadequate in that you:

    a. made the decision to abandon Procedure One when only the camera port had been inserted; To be determined.

    b. failed to scrub in and take over from Dr D as operating surgeon before making the decision to abandon Procedure One. To be determined.

Patient E

6. On 09 February 2024 Patient E was listed for a spigelian hernia repair ('Procedure Two'), performed by Dr D, a junior colleague and assisted by Dr F, a junior colleague. To be determined.

7. During Procedure Two you took over as operating surgeon and your actions were inadequate in that you:

   a. failed to abandon Procedure Two prior to opening the peritoneal cavity; To be determined.

   b. opened the peritoneal cavity when Patient E did not have a spigelian hernia; To be determined.

   c. caused Patient E to sustain:

      i. multiple enterotomies; To be determined.

      ii. injury to the small bowel mesentery; To be determined.

   d. following your actions outlined at paragraphs ~~5.a to 5.c~~ 7.a to 7.c above: Amended under Rule 17(6).

      i. said to Dr D 'this is your operation' or words to that effect; To be determined.

      ii. left the operating theatre; To be determined.

      iii. failed to complete Procedure Two; To be determined.

      iv. in the alternative to paragraph ~~5.d.iii~~ 7.d.iii, failed to remain scrubbed in to supervise Dr D complete Procedure Two. Amended under Rule 17(6). To be determined.

   e. your actions at paragraphs ~~5.d.i to 5.d.iv~~ 7.d.i to 7.d.iv were inadequate due to: Amended under Rule 17(6).

      i. the complexity of Procedure Two; To be determined.

      ii. the significant iatrogenic injuries that Patient E sustained outlined at paragraphs ~~5.c.i and 5.c.ii~~ 7.c.i and 7.c.ii; Amended under Rule 17(6). To be determined.

iii. your overall responsibility for Procedure Two. To be determined.

8. Following Procedure Two you:

a. failed to review Patient E in the post-operative period; To be determined.

b. failed to comply with the duty of candour in that you did not:

i. discuss the intra-operative complications with Patient E; To be determined.

ii. apologise to Patient E; To be determined.

iii. discuss Patient E's intra-operative complications with Patient E's family; To be determined.

iv. apologise to Patient E's family. To be determined.

9. On 09 February 2024 you:

a. consumed alcohol whilst on duty; To be determined.

b. operated on Patient E, having consumed alcohol; To be determined.

c. in the alternate to paragraph ~~8.b~~ 9.b, were present in the operating theatre during Procedure Two, having consumed alcohol. Amended under Rule 17(6). To be determined.

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

a. XXX

b. misconduct in respect of paragraphs 4 to 9. To be determined.

The facts to be determined

17. Dr Uzkalnis was not present or represented at the hearing. Therefore, the Tribunal is required to determine the allegation in full.

Witness evidence

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

- Mr H. His witness statement was dated 12 August 2024;
- Dr D (Dr D). His witness statement was dated 15 August 2024;
- Dr F (Dr F). Her witness statement was dated 25 October 2024.

19. No witness statement was provided by Dr Uzkalnis.

Expert witness evidence

20. The Tribunal also received the following evidence from four expert witnesses:

- XXX
- Expert Report by Mr K dated 7 April 2025 and a supplemental report dated 4 June 2025.
- Mr K also gave oral evidence by video link on 6 October 2026;

Documentary evidence

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

- Referral from the Trust, dated 22 February 2024;
- Email from the Trust to the GMC, dated 8 October 2024.
- Trust report and appendices dated 11 November 2024;

The Tribunal's approach

22. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

23. The Tribunal will approach fact finding by first identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a

witness' reliability and credibility. The Tribunal will not decide reliability and credibility based on the demeanour of a witness alone.

24. The Tribunal will note that whilst Dr Uzkalnis has indicated he accepts what is alleged and does not seek to challenge it, it must still consider and determine each separate allegation as Dr Uzkalnis has not attended the hearing and made formal admissions. The Tribunal will remain mindful that Dr Uzkalnis has not attended the hearing to provide evidence and so it has not been able to ask him about accounts he gave to the Trust during its investigation. It will therefore test the records of those accounts against the other evidence.

25. The Tribunal will also consider that some paragraphs of the allegation involve alternatives. It will be mindful that, in accordance with how the case was presented by the GMC, where there are alternatives, it can find one or the other proved.

26. The Tribunal will consider the difference between the phrases '*did not'* and '*failed to.'* It will interpret '*did not'* as a mere omission as a matter of fact. It will interpret '*failed to'* as the omission to fulfil an obligation or duty.

The Tribunal's analysis of the evidence and findings

27. The Tribunal has considered each paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

XXX

28. XXX

29. XXX

XXX

30. XXX

31. XXX

XXX

32. XXX

33. XXX

Paragraph 4 of the Allegation

34. The Tribunal had regard to a copy of a warning from the GMC addressed to Dr Uzkalnis, dated 5 September 2023. The Tribunal was satisfied that the contents of this warning matched those outlined in Schedule 4 of the Allegation and that the relevant date matched paragraph 4 of the Allegation. The Tribunal therefore found paragraph 4 of the Allegation proved.

Paragraph 5 of the Allegation

35. The Tribunal had regard to Mr K's report dated 7 April 2025 in which he set out his review of hospital medical records of Patient C from the time of the alleged events. It noted that, at paragraph 2.39 of Mr K's report, Patient C is described as having undergone a laparoscopic cholecystectomy on 9 February 2024 and Dr D is listed as the performing surgeon, assisted by Dr Uzkalnis. It also noted that Dr D corroborates this in his witness statement.

36. The Tribunal also noted that, in his Trust investigation statement, Dr D stated that Dr Uzkalnis made the decision to abandon this procedure when only the camera port had been inserted. He stated:

> *'I believed the decision to abandon was taken too early. I voiced that I thought additional options should have been explored before abandoning Case 2. I thought it was unusual to abandon the operation when only the camera port was inserted (one of the usual four ports required for this operation) and Mr AU was not scrubbed. Nevertheless, I stopped operating when instructed and trusted in Mr AUs increased surgical experience compared to my own.'*

The Tribunal also had regard to the Trust investigation report which recorded the following account of what Dr Uzkalnis had said:

> *'when he looked in the abdominal cavity of patient 2, he was not happy with what he found and felt it would not be safe to continue the procedure. He recalls that* [Dr D] *wanted to continue but he himself felt this wasn't appropriate or safe to do. He made a decision to finish the surgery and not go further...he felt that the anatomy was not properly visible and disagreed with* [Dr D] *who wanted to try the dissection laparoscopically.'*

37. The Tribunal accepted Mr K's evidence at paragraphs 3.28 and 3.29 of his report that:

'3.28 […] *it is not possible to assess the operability when undertaking a laparoscopic cholecystectomy by simply visualising the gallbladder using a single port.*

3.29 […] *the epigastric port and at least one right upper quadrant port should have been inserted as this would have allowed the operating surgeon to assess the gallbladder properly. Prior to making a decision to abandon the procedure, Mr Uzkalnis should have scrubbed up and should have taken over as the operating surgeon once further laparoscopic ports had been inserted,'*.

38. The Tribunal noted Mr K's oral evidence that a trial dissection should have been performed and that, when asked by the Tribunal about who should have performed this, Mr K had indicated that the consultant surgeon should have taken over if the procedure was deemed too difficult for the specialist registrar. The Tribunal accepted Mr K's evidence that, in any case, the consultant surgeon would be expected to have made their own hands-on assessment before abandoning the procedure.

39. The Tribunal also accepted Mr K's evidence that the decision to abandon the procedure, when only the camera port had been inserted, was inadequate. It noted that at paragraph 4.3 of his report Mr K had explained that making this decision *'without scrubbing and making any attempt to fully assess the gallbladder or undertake a trial dissection, represents care seriously below the expected standard* […] *because it is not possible to fully assess the operability without inserting additional laparoscopic ports.'* The Tribunal also noted that Mr K had reaffirmed this in his oral evidence.

40. The Tribunal determined that the decision to abandon the procedure so early and without scrubbing in and taking over as the operating surgeon was inadequate, as evidenced by Mr K at paragraph 4.3 of his report where he stated that this was seriously below the standard expected. It therefore determined that paragraph 5 of the Allegation had been found proved in its entirety.

Paragraph 6 of the Allegation

41. The Tribunal had regard to the review of the hospital records from Mr K's report which states at paragraph 2.57 that on 9 February 2024, Dr D had been listed to perform a Spigelian hernia repair on Patient E, assisted by Dr Uzkalnis. It noted that Dr D had confirmed this in both his GMC witness statement and Trust investigation statement.

42. The Tribunal also noted that Dr F had confirmed her presence in the operating theatre during the surgery, assisting Dr D, in her GMC witness statement. The Tribunal therefore found paragraph 6 of the Allegation proved.

Paragraph 7 of the Allegation

Paragraphs 7(a) and (b)

43. In determining whether paragraph 7 of the Allegation had been found proved, the Tribunal reminded itself that Dr Uzkalnis had been provided with a copy of the GMC hearing bundle prior to the proceedings. It noted that he has not disputed any of the Allegation and what he has said does not contradict the contents of the alleged facts. He told the Trust during its investigation that *'I let the registrar start the procedure. When he failed to find the hernia, I scrubbed with him and performed the operation'.*

44. The Tribunal had regard to Dr D's Trust investigation statement in which he confirmed that Dr Uzkalnis had *'scrubbed and started to operate once I had indicated I did not know how best to proceed as I had failed to identify a clear hernia defect.'* The Tribunal noted that Dr F had also confirmed this in her GMC witness statement and Dr Uzkalnis agreed this in his Trust investigation interview.

45. The Tribunal also had regard to paragraph 3.54 of Mr K's report which confirms that Dr Uzkalnis *'then made the decision to proceed with the operation and to open the peritoneal cavity.'*

46. The Tribunal accepted Mr K's oral evidence in which he indicated that when the surgeon has opened the oblique layer, explored and cannot find a hernia, there is no justification to proceed. Mr K informed the Tribunal that if no hernia is found, the procedure should be abandoned.

47. The Tribunal also accepted Mr K's evidence at paragraph 4.3 of his report that '*the decision to continue with the operation in Patient* [E] *and to open the peritoneal cavity when there was no Spigelian hernia present represents care seriously below the expected standard.'* The Tribunal acknowledged this and determined that Dr Uzkalnis' decision was inadequate.

48. The Tribunal therefore found paragraphs 7(a) and 7(b) of the Allegation proved.

Paragraph 7(c)

49. The Tribunal had regard to paragraph 3.50 of Mr K's report which states '*multiple enterotomies were caused'* and *'an injury was also caused to the small bowel mesentery*.'

50. In his oral and written evidence, Mr K had acknowledged that Dr Uzkalnis should not have opened the peritoneal cavity. However, he indicated that, accepting that Dr Uzkalnis had done this, it would be impossible not to cause some bowel injuries and that even the best surgeon would have caused some damage. The Tribunal noted that at paragraph 4.2 of his report, that Mr K concluded that:

> '[Dr] *Uzkalnis failed to take adequate care to minimise the risk of causing injury to the bowel or the mesentery which represents care below but not seriously below the expected standard. This is not seriously below the expected standard as Patient* [E] *was a complex patient with diseased small bowel and dense adhesions which made surgery particularly difficult.'*

51. Mr K also noted that Dr Uzkalnis had not used his surgical instruments with adequate care when attempting to separate the bowel from the abdominal wall. Mr K had stated that Dr Uzkalnis should have applied a clip to the abdominal wall only, but instead had applied the clip to the abdominal wall and caught the bowel in the same clip which resulted in a small bowel injury. Mr K described this as substandard surgery below the expected standard but not seriously below due to the difficulty of the case and how firmly adherent the bowel was to the abdominal wall.

52. Despite not considering these individual elements to be seriously below the expected standard, Mr K expressed most concern at the sheer extent of the damage caused by Dr Uzkalnis. Mr K noted, in particular, the number, extent and full thickness nature of the injuries. Whilst acknowledging that at that point any surgeon would cause some damage, he indicated that this level of damage would be unexpected.

53. Although Mr K had deemed the causing of these injuries not to be seriously below the expected standard, the Tribunal accepted his oral evidence that his concern over the extent of the injuries demonstrated the inadequacies of Dr Uzkalnis' actions. In determining that they were inadequate, the Tribunal found paragraph 7(c) of the Allegation proved in its entirety.

<u>Paragraphs 7(d)(i) and (ii)</u>

54. The Tribunal had regard to the Trust referral to the GMC which alleges that Dr Uzkalnis had told Dr D, during the procedure on Patient E, *'this is your operation'* and then left the operating theatre. In his Trust investigation statement, Dr D had stated that Dr Uzkalnis had '*indicated that* [Dr D] *would be taking over the operating again.* [Dr Uzkalnis] *then descrubbed and left the operating theatre.'*

55. The Tribunal noted a discrepancy in Dr D's evidence regarding the words which Dr Uzkalnis had used. In his GMC witness statement, Dr D stated that Dr Uzkalnis had used the words '*ok, over to you*' before leaving the theatre. However, it was noted that the Trust investigation report used the phrase '*this is your operation'* multiple times.

56. The Tribunal noted that Dr Uzkalnis indicated in his Trust interview that it was likely that he had used the words *'this is your operation.'* It was also noted that in his initial Trust interview, Dr D confirmed that the words *'this is your operation'* were used. Whilst identifying the difference in evidence between the words *'this is your operation'* and '*ok, over to you,'* the Tribunal determined that both phrases indicate a handing over of responsibility. It determined that, despite there being a slight difference across the accounts in respect of the precise words used, words to the effect of '*this is your operation*' had more than likely been used.

57. The Tribunal noted that Dr Uzkalnis does not dispute during his Trust interview that he left the operating theatre after passing responsibility for the operation back to Dr D. It took into account that Dr Uzkalnis had said in the Trust investigatory interview:

> '*When I left* [Dr D] *to finish the surgery, I went to my office then I made coffee…'*

58. The Tribunal accepted that Mr K's evidence that Dr Uzkalnis was required in this case to remain present to support a junior surgeon. In his report, Mr K wrote at paragraph 3.54 that due to the complexity of the case and the fact that he had personally caused the injuries to the small bowel, Dr Uzkalnis should have stayed to complete the operation or directly supervised Dr D in completing it. The Tribunal noted that Mr K was clear that Dr Uzkalnis should have remained scrubbed at the operating table until the procedure was completed. It also accepted Mr K's evidence that Dr Uzkalnis' failure to do so represented care seriously below what was expected.

59. The Tribunal determined that Mr K had remained clear in his oral evidence that overall responsibility for the procedure remained with the consultant surgeon (Dr Uzkalnis).

Mr K indicated that Dr Uzkalnis had both an obligation to support Dr D as a senior surgeon and should have done his best for Patient E following the multiple bowel injuries, as it was inappropriate to have created a situation such as this and not to support the trainee. He had described it as unprofessional for Dr Uzkalnis to leave as closing the abdomen can be difficult and a senior surgeon must remain scrubbed in to assist. Mr K further indicated that it would only be appropriate for a consultant surgeon not to be scrubbed in if a Specialist Registrar was performing a simple procedure, which this was not.

60. The Tribunal accepted Mr K's evidence and determined that Dr Uzkalnis' decision to hand responsibility back to Dr D and leave the operating theatre was inadequate, it had found paragraphs 7(d)(i) and 7(d)(ii) of the Allegation proved.

Paragraphs 7(d)(iii) and (iv)

61. The Tribunal noted from his Trust investigation statement, Dr D stated that he completed the procedure rather than Dr Uzkalnis. Whilst the Tribunal has determined that Dr Uzkalnis had an obligation to be present in the operating theatre with Dr D, it was not satisfied that he had an obligation to complete the procedure himself.

62. The Tribunal accepted Mr K's oral evidence that Dr Uzkalnis did not have an obligation to complete the procedure himself. However, Mr K remained adamant in his evidence that Dr Uzkalnis should have supervised Dr D in his completion of the procedure. The Tribunal determined that Mr K had been clear at paragraph 3.58 of his report:

> *'When operating on a complex and difficult case such as Patient* [E]*, it is important to have an appropriately senior assistant which should be a consultant where an SpR is operating as in this case. In cases where a consultant is operating, they require a suitably senior assistant of SpR grade and in very difficult cases, it may sometimes be appropriate to ask another consultant to assist. This provides a supportive environment for the operating surgeon but also ensures the best possible outcome for the patient. In my opinion, the failure of Mr Uzkalnis to re-scrub once he returned to theatre represents care seriously below the expected standard.'*

63. The Tribunal determined that Dr Uzkalnis did not fail to complete the procedure on Patient E himself as he did not have a duty or obligation to do so. However, it determined that evidence clearly suggested that he did have an obligation to remain scrubbed in to supervise Dr D in completing the procedure and had failed to do so.

64. The Tribunal therefore found paragraph 7(d)(iii) of the Allegation not proved, but found paragraph 7(d)(iv) of the Allegation proved.

Paragraph 7(e)

65. The Tribunal was satisfied that it was inadequate for Dr Uzkalnis to have left the operating theatre and failed to supervise Dr D due to the complexity of the procedure. Mr K described it as '*complex and difficult'* due to the *'diseased small bowel and dense adhesions.'* The evidence provided to the Tribunal showed that Dr D was required to perform a bowel resection, an anastomosis, and closure of the abdominal wall. The Tribunal determined that these factors indicated a complex procedure.

66. The Tribunal remained mindful of the evidence it had regarding the injuries Patient E had sustained from Dr Uzkalnis' actions. It noted that Mr K had directed its attention to the sheer number and extent of the injuries, and how inappropriate and unprofessional it was for Dr Uzkalnis to have created such a situation and leave Dr D with no support.

67. The Tribunal had determined from Mr K's evidence that Dr Uzkalnis had overall responsibility for the procedure as the consultant surgeon supervising a specialist registrar.

68. Considering this, the Tribunal found paragraph 7(e) of the Allegation proved in its entirety.

Paragraph 8 of the Allegation

Paragraph 8(a)

69. The Tribunal had regard to Dr D's Trust investigation statement in which he states that there had been no review of Patient E by Dr Uzkalnis. It also considered paragraph 2.62 of Mr K's report which set out his review of the hospital records and notes that whilst Patient E was reviewed on 10 February 2024, it was Dr D who reviewed Patient E. The Tribunal could not locate any notes or other evidence that suggested a post-operative review of Patient E by Dr Uzkalnis. There was no evidence that he had apologised to Patient E.

70. The Tribunal noted that at paragraph 3.62 of Mr K's report, he writes that Dr Uzkalnis' failure to review Patient E in the post-operative period despite the iatrogenic complications represents care seriously below the expected standard.

71. The Tribunal therefore found paragraph 8(a) of the Allegation proved.

Paragraph 8(b)

72. The Tribunal also noted from paragraph 2.72 of Mr K's report, setting out his review of the hospital records, that it had been Dr D who had discussed the intra-operative complications with Patient E and their family and apologised to them. It received no evidence that Dr Uzkalnis had done the same.

73. The Tribunal accepted Mr K's evidence in his report at paragraph 3.63 that:

> *'When complications occur during surgery, patients must be fully informed regarding what happened, what the plan is for their ongoing management and whether there may be any long-term consequences. This is part of a doctor's professional duty of candour […] Mr Uzkalnis did not discuss the intra-operative complications with Patient [E] or to apologise to her at any point during her admission. This represents a failure to meet his professional duty of candour care'*

74. The Tribunal also noted Mr K's report at paragraph 3.64 where he stated that:

> *'On the basis of the medical records, Mr Uzkalnis did not discuss the intra-operative complications with [Patient E's] family or apologise to them at any point during her admission. This represents care seriously below the expected standard.'*

75. Considering the evidence provided by Mr K, the Tribunal determined that paragraph 8 of the Allegation had been found proved in its entirety.

Paragraph 9 of the Allegation

Paragraph 9(a)

76. The Tribunal had regard to Dr D's Trust investigation statement which states that he had smelt alcohol near Dr Uzkalnis upon his return to the operating theatre.

77. The Tribunal also acknowledged Dr F's GMC witness statement in which she stated she could smell alcohol on Dr Uzkalnis whilst he was operating on Patient E. It noted that she stated that, after the operation, she had confirmed with Dr D if he could smell alcohol to which he responded '*yes.'* Dr D corroborated this conversation in his own witness statement as well.

78. The Tribunal also accepted that Dr Uzkalnis admitted in his Trust investigation interview to going to his office and putting brandy in his coffee which he consumed after leaving Dr D to complete the procedure. It noted that both Dr A and Dr B confirmed that Dr Uzkalnis had given the same account during their assessments of him.

79. Although the Tribunal acknowledged that Mr H had not noted any smell of alcohol whilst present in the operating theatre, it determined that the evidence from Dr D and Dr F, as well as Dr Uzkalnis's admittance to having consumed brandy whilst on duty, was enough to satisfy it that paragraph 9(a) of the Allegation had been found proved.

Paragraph 9(b)

80. The Tribunal noted that the only evidence it had that Dr Uzkalnis had operated on Patient E, having consumed alcohol was in Dr F's witness statement, where she indicated that she could smell alcohol during the surgery. The Tribunal determined that this did not necessarily prove that Dr Uzkalnis had consumed alcohol prior to this. The Tribunal did not reject Dr F's evidence that she had smelt alcohol on Dr Uzkalnis whilst he was operating but determined that this could possibly be explained by other events such as alcohol consumption the day before. The Tribunal also noted that Dr Uzkalnis had not admitted in any evidence that he had consumed alcohol prior to operating on Patient E. The Tribunal therefore found paragraph 9(b) of the Allegation not proved.

Paragraph 9(c)

81. Despite this, the Tribunal determined that Dr Uzkalnis had admitted to consuming alcohol in his office, and it had received evidence from Dr D and Dr F that he had returned to the operating theatre and was present whilst Dr D completed the procedure. Upon consideration of this, the Tribunal found paragraph 9(c) of the Allegation proved.

The Tribunal's overall determination on the facts

82. The Tribunal has determined the facts as follows:

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

XXX

1. XXX

2. XXX

3. XXX

Misconduct

4. On 05 September 2023 you were given a warning by the GMC as set out in Schedule 4. **Determined and found proved.**

Patient C

5. On 09 February 2024 Patient C underwent a laparoscopic cholecystectomy ('Procedure One') performed by Dr D, a junior colleague, during which you made the decision to abandon Procedure One, which was inadequate in that you:

   a. made the decision to abandon Procedure One when only the camera port had been inserted; **Determined and found proved.**

   b. failed to scrub in and take over from Dr D as operating surgeon before making the decision to abandon Procedure One. **Determined and found proved.**

Patient E

6. On 09 February 2024 Patient E was listed for a spigelian hernia repair ('Procedure Two'), performed by Dr D, a junior colleague and assisted by Dr F, a junior colleague. **Determined and found proved.**

7. During Procedure Two you took over as operating surgeon and your actions were inadequate in that you:

   a. failed to abandon Procedure Two prior to opening the peritoneal cavity; **Determined and found proved.**

   b. opened the peritoneal cavity when Patient E did not have a spigelian hernia; **Determined and found proved.**

   c. caused Patient E to sustain:

      i. multiple enterotomies; **Determined and found proved.**

ii. injury to the small bowel mesentery; **Determined and found proved.**

d. following your actions outlined at paragraphs ~~5.a to 5.c~~ 7.a to 7.c above: **Amended under Rule 17(6).**

i. said to Dr D 'this is your operation' or words to that effect; **Determined and found proved.**

ii. left the operating theatre; **Determined and found proved.**

iii. failed to complete Procedure Two; **Determined and found not proved.**

iv. in the alternative to paragraph ~~5.d.iii~~ 7.d.iii, failed to remain scrubbed in to supervise Dr D complete Procedure Two. **Amended under Rule 17(6). Determined and found proved.**

e. your actions at paragraphs ~~5.d.i to 5.d.iv~~ 7.d.i to 7.d.iv were inadequate due to: **Amended under Rule 17(6).**

i. the complexity of Procedure Two; **Determined and found proved.**

ii. the significant iatrogenic injuries that Patient E sustained outlined at paragraphs ~~5.c.i and 5.c.ii~~ 7.c.i and 7.c.ii; **Amended under Rule 17(6). Determined and found proved.**

iii. your overall responsibility for Procedure Two. **Determined and found proved.**

8. Following Procedure Two you:

a. failed to review Patient E in the post-operative period; **Determined and found proved.**

b. failed to comply with the duty of candour in that you did not:

i. discuss the intra-operative complications with Patient E; **Determined and found proved.**

ii. apologise to Patient E; **Determined and found proved.**

iii. discuss Patient E's intra-operative complications with Patient E's family; **Determined and found proved.**

iv. apologise to Patient E's family. **Determined and found proved.**

9. On 09 February 2024 you:

a. consumed alcohol whilst on duty; **Determined and found proved.**

b. operated on Patient E, having consumed alcohol; **Determined and found not proved.**

c. in the alternate to paragraph ~~8.b~~ 9.b, were present in the operating theatre during Procedure Two, having consumed alcohol. **Amended under Rule 17(6). Determined and found proved.**

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

a. XXX

b. misconduct in respect of paragraphs 4 to 9. **To be determined.**

Determination on Impairment - 14/10/2026

83. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Uzkalnis' alleged misconduct a redacted version will be published at the close of the hearing.

The evidence

84. The Tribunal has reviewed its findings of fact, and, in addition, the Tribunal received a copy of a warning issued by the GMC in July 2015. The Tribunal noted that this was for similar conduct to that which led to the September 2023 warning.

Submissions

85. On behalf of the GMC Ms Cowen, Counsel, submitted that the Tribunal must keep at the centre of its considerations the overarching objective of protection of the public as set out in Section 1A of the Medical Act 1983.

86. Ms Cowen submitted that the Tribunal should have regard to the case of *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (*'Grant'*) and reminded the Tribunal that it must consider the three limbs of public protection. She further submitted that a finding of impairment by reason XXX misconduct, as set out in Section 35C of the Medical Act 1983, is necessary in this case in order to uphold all three limbs of public protection.

87. XXX

88. In relation to misconduct as a ground for impairment, Ms Cowen reminded the Tribunal of the conclusions of Mr K regarding aspects of the care of Patients C and E that fell seriously below the standard expected.

89. XXX

90. XXX

91. Ms Cowen also reminded the Tribunal of the determinations it had made regarding facts that Dr Uzkalnis' conduct involved a reckless disregard for patient safety. She stated that he was in a senior position and that his conduct impacted trainee doctors and spanned multiple surgical procedures. She also submitted that he ought to have known that his conduct was both causing harm and risked causing harm to patients, and that he should have taken appropriate steps to address this risk. XXX.

92. Ms Cowen submitted that, when considering the seriousness of the misconduct concerns, the Tribunal should take account of the serious departure from the standard to be expected, and the detriment caused to Patients C and E. She submitted that weight should be given to the clinical setting, the risk to patient safety, Dr Uzkalnis' senior position and his responsibility in relation to the trainee doctors that he was working alongside and who had to seek supervision elsewhere. She submitted that the allegations in relation to Dr Uzkalnis' conduct spanned more than one procedure on 9 February 2024 and involved a reckless disregard for patient safety. She also referenced the serious failures in relation to post operative care. For these reasons, Ms Cowen submitted that Dr Uzkalnis' misconduct falls at

the higher end of the spectrum of seriousness. Ms Cowen further submitted that Dr Uzkalnis' recurring behaviour despite earlier GMC warnings is relevant when considering the effectiveness of previous regulatory intervention.

93. Ms Cowen submitted that there is no relevant context or working environment to be considered in relation to Dr Uzkalnis' role and experience. She submitted that Dr Uzkalnis had reported experiencing multiple significant personal stressors XXX, but that these factors do not alleviate the patient safety concerns arising from his consumption of alcohol whilst undertaking clinical duties. She stated that Dr Uzkalnis' personal stressors might give context to his actions but do not reduce the current and ongoing risk.

94. In relation to Dr Uzkalnis' response to the concerns and whether there was anything that the Tribunal could take into account that might reduce the level of seriousness, Ms Cowen said that there was nothing. She referred to the similar nature of the conduct leading to the warnings in 2015 and 2023, and the fact that there was only one year between the second warning and the events which took place on and after 9 February 2024.

95. Ms Cowen submitted that whilst Dr Uzkalnis has stated that he agrees with the allegations, demonstrating some acceptance of his behaviour, there is no evidence of developed insight. XXX. Nonetheless, Ms Cowen submitted that this is limited evidence and does not materially reduce any current and ongoing risk, given Dr Uzkalnis' previous XXX history and the findings of XXX regarding his fitness to practise.

96. In relation to insight and remediation, Ms Cowen submitted that Dr Uzkalnis' lack of participation in the hearing means that he has been unable to provide substantive representations or explanations in response to the concerns. She submitted that there has been limited evidence provided to address the circumstances of Dr Uzkalnis' misconduct, his understanding of the seriousness, and the impact of his conduct on patients, colleagues and public confidence.

97. Ms Cowen submitted that, whilst Dr Uzkalnis has accepted the allegations in correspondence, he had not provided any evidence of developed insight into his misconduct or the concerns regarding patient safety.

98. Ms Cowen submitted that Dr Uzkalnis' continued practice poses an ongoing risk to patient safety as the conduct involves alcohol consumption whilst undertaking clinical duties and raises concerns regarding the management of surgical patients. XXX.

99. Ms Cowen also submitted that members of the public would be concerned were Dr Uzkalnis' practise left without restriction, given XXX and the serious alcohol related conduct in a clinical setting.

100. Ms Cowen further submitted that the allegations pose an ongoing risk to the promotion and maintenance of proper professional standards expected of a doctor, as Dr Uzkalnis' conduct represents a serious departure from the standards expected of a doctor.

101. On this basis, Ms Cowen submitted that there remains a current and ongoing risk to public protection in Dr Uzkalnis' case and that his fitness to practise is currently impaired, with the risk falling at the higher end of the spectrum of seriousness.

The relevant legal principles

102. There is no burden or standard of proof at this stage of the proceedings, and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

103. In approaching the decision in relation to misconduct, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct which was serious and then whether the finding of that misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

104. The Tribunal will consider the case of *Doughty v General Dental Council* [1988] AC 164 which identifies misconduct as conduct that has fallen short by omission or commission of the standards of conduct expected. It will also consider *Roylance v General Medical Council* [2000] 1 AC 311 which describes misconduct involving some act or omission which falls short of what would be proper in the circumstances. Finally, it will have regard to the case of *Nandi v General Medical Council* [2004] EWHC 2317 which identifies misconduct as conduct which would be regarded as deplorable by fellow practitioners.

105. XXX

106. To assess whether Dr Uzkalnis poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved;
- the impact of any relevant context known about Dr Uzkalnis and/or their working environment, and
- how Dr Uzkalnis has responded to the allegations.

107. The Tribunal will consider the case of *Cohen v General Medical Council* [2008] EWHC 581 which sets out that the Tribunal should determine if the allegation is easily remediable, has been remedied and is unlikely to be repeated.

108. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

The Tribunal's determination on impairment

XXX

XXX

109. XXX

XXX

110. XXX

111. XXX

112. XXX

113. XXX

114. XXX

115. XXX

116. XXX

XXX

117. XXX.

118. XXX

XXX

119. XXX

120. XXX

121. XXX

XXX

122. XXX

123. XXX

124. XXX

Misconduct

Is there a legal basis for considering impairment?

125. The Tribunal approached each paragraph of the allegation relating to Dr Uzkalnis' alleged misconduct which it had determined as proved. The Tribunal noted that it had determined at the facts stage that Dr Uzkalnis decision to abandon the procedure on Patient C, without scrubbing in and taking over himself when only the camera port had been inserted, represented care seriously below the expected standard. The Tribunal determined that this amounted to misconduct and the misconduct was serious.

126. The Tribunal noted that it had determined at the facts stage that Dr Uzkalnis decision to continue with the procedure in Patient E when no Spigelian hernia was present represented care seriously below the expected standard. With regard to the injuries that Patient E sustained following this decision, the Tribunal acknowledged Mr K's evidence that this fell below expected standards, but not seriously below. However, the Tribunal also noted

that Mr K in his oral evidence, accepted that some injuries were likely but had expressed concern over the extent and significance of the injuries. The Tribunal determined that the extent of these injuries, compounded by the fact that Dr Uzkalnis should not have continuing with the procedure by this stage in any event, could be considered 'deplorable' conduct which falls short of expected standards. The Tribunal determined that this amounted to serious misconduct.

127. The Tribunal noted that it had determined at the facts stage that Dr Uzkalnis' actions in leaving Dr D to complete the procedure on Patient E were seriously below the expected standard. It had determined that Dr Uzkalnis had an obligation to help a junior doctor under his supervision and to provide the best possible care to a patient, and that he had overall responsibility for the procedure. Furthermore, it had determined that Dr Uzkalnis' failure to rescrub upon returning to theatre also represented care seriously below the expected standard.

128. The Tribunal also noted that Dr Uzkalnis' actions at paragraph 7 of the allegation breached various elements of GMP:

> *'49. To develop and maintain effective teamworking and interpersonal relationships you must:*
>
> […]
>
> *d. work collaboratively with colleagues and be willing to lead or follow as the circumstances require.*
>
> […]
>
> *61. You must make sure that all colleagues whose work you are overseeing have appropriate supervision.*
>
> […]
>
> *63. You should be willing to offer professional support to colleagues...'*

As such, the Tribunal was satisfied that Dr Uzkalnis' actions outlined at paragraph 7 of the allegation amounted to serious misconduct.

129. The Tribunal noted that it had determined that Dr Uzkalnis' failure to review Patient E in the post-operative period represented care seriously below the expected standard. It had also determined that his failure to fulfil his duty of candour in discussing the intra-operative complications and apologising to both Patient E and their family was seriously below the expected standard. The Tribunal determined that Dr Uzkalnis had breached the following provisions of GMP:

> *'45. You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you must follow our guidance on 'Openness and honesty when things go wrong: the professional duty of candour', and you should:*
>
> […]
>
> > *c. explain fully and promptly what has happened and the likely short-term and long-term effects…'*

The Tribunal also determined that Dr Uzkalnis had failed to follow GMC guidance on '*Openness and honesty when things go wrong: The professional duty of candour'*:

> *'9. This guidance is not intended for circumstances where a patient's condition gets worse due to the natural progression of their illness. It applies when something goes wrong with a patient's care, and they suffer harm or distress as a result. This guidance also applies in situations where a patient may yet suffer harm or distress as a result of something going wrong with their care.*
>
> *10. When you realise that something has gone wrong, and after doing what you can to put matters right, you or someone from the healthcare team must speak to the patient. The most appropriate team member will usually be the lead or accountable clinician. If this is not you, then you must follow the guidance in paragraph 6.*
>
> […]
>
> *11. You should speak to the patient as soon as possible after you realise something has gone wrong with their care. When you speak to them, there should be someone available to support them (for example a friend, relative or professional colleague).*

You do not have to wait until the outcome of an investigation to speak to the patient, but you should be clear about what has and has not yet been established.

[…]

14. Patients expect to be told three things as part of an apology:

1. what happened

2. what can be done to deal with any harm caused

3. what can be done to prevent someone else being harmed'

As such, the Tribunal was satisfied that Dr Uzkalnis' actions outlined at paragraph 8 of the allegation amounted to serious misconduct.

130. The Tribunal determined that by consuming alcohol whilst on duty and then returning the operating theatre, Dr Uzkalnis had put patients at risk and had undermined the trust of his colleagues. The Tribunal determined that this conduct is serious, particularly as it breaches the following guidance and standards of GMP:

'*Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other.*

Good medical professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.

[…]

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

The Tribunal therefore determined that this amounted to serious misconduct.

131. The Tribunal determined that as it had found several instances of misconduct, there was legal basis to consider whether Dr Uzkalnis' fitness to practise is impaired, by reason of misconduct.

Where on the spectrum of seriousness does the allegation lie?

132. The Tribunal determined that there were multiple factors increasing the allegations of misconduct to the higher end of the spectrum of seriousness under paragraph 36 of Part B of the MPT Guidance. The Tribunal noted persistent and repeated misconduct as Dr Uzkalnis' actions were sustained across the operating list for more than one patient on 9 February 2024 and continued in respect of Patient E's post-operative care.

133. The Tribunal noted that Dr Uzkalnis had relevant fitness to practise history regarding misconduct involving the consumption of alcohol. He had received two previous warnings from the GMC after convictions for drink-driving offences and at the time of the 9 February 2024 events, the 2023 warning was still current. Whilst both drink driving convictions involved recklessness in relation to safety of the public, the Tribunal noted from the wording of the 2015 warning that patient safety was also at risk:

> *'On 18 September 2014 he was arrested and subsequently convicted of being drunk in charge of a motor vehicle. At this time he was the on-call surgeon for Lewisham and Greenwich Hospital Trust.'*

134. The Tribunal determined that Dr Uzkalnis' actions in proceeding to open the peritoneal cavity without need and drinking alcohol on duty displayed a reckless disregard for patient safety. It also determined that his failure to fulfil his duty of candour indicated an attempt to avoid taking responsibility for his behaviour. Furthermore, it noted that he had undermined collaborative working by leaving Dr D unsupervised in the operating theatre during the procedure on Patient E and returning after having consumed alcohol.

135. The Tribunal also determined that Dr Uzkalnis had various opportunities to do the right thing on 9 February 2024. It noted that in Mr H's witness statement, he had indicated that Dr Uzkalnis had assured him that the situation was under control upon returning to the theatre, despite the injuries that Patient E had sustained and despite having consumed alcohol. The Tribunal determined this also displayed a reckless disregard for patient safety.

136. In light of the various factors increasing the level of seriousness, the Tribunal determined that the multiple allegations relating to misconduct fall at the high end of the spectrum of seriousness.

What is the impact of any relevant context known about Dr Uzkalnis and/or their working environment?

137. The Tribunal acknowledged that Dr Uzkalnis had not listed the patients for surgery himself that day. It noted that, in his report, Mr K had concluded that both Patient C and Patient E's procedures had inappropriately been added to the pooled surgical list.

138. Whilst the Tribunal acknowledged that this would make surgery more difficult for Dr Uzkalnis, the Tribunal determined that the seriousness of Dr Uzkalnis' misconduct is not lessened by this context.

How has Dr Uzkalnis responded to the allegations?

139. The Tribunal acknowledged that Dr Uzkalnis had not attended the hearing and had not provided any statement. It noted that Dr Uzkalnis has not sought to deny any of the allegations and, in correspondence with the GMC, has fully accepted them. It also noted that Dr Uzkalnis has fully complied with XXX and engaged with the GMC. XXX.

140. The Tribunal determined that it had not been presented with any evidence of developed insight or meaningful remediation from Dr Uzkalnis. It determined that his acceptance of the allegations is passive as he has not truly accepted that his actions and omissions were wrong. Dr Uzkalnis has not shown any appreciation or understanding of why his actions and omissions have been a cause for regulatory action. It noted that it has not received any evidence that Dr Uzkalnis has kept his skills up to date, nor has it received evidence of any learning or reflection.

141. The Tribunal determined that, during the Trust interview with Dr Uzkalnis, he had made various attempts to minimise the seriousness of his actions. It determined that he had minimised concerns regarding alcohol consumption by describing the volume he had consumed as '*a few millilitres'* and indicating that he had no involvement in the surgery following this. In response to being questioned about abandoning the procedure on Patient C, the Tribunal determined that Dr Uzkalnis had attempted to justify his actions and pass responsibility over to the junior surgeons present. It determined that this showed he had not accepted his poor decision-making and had, in part, attempted to deflect blame.

142. The Tribunal noted that Dr Uzkalnis had made questionable decisions on 9 February 2024 and there was established misconduct in relation to his follow-up with Patient E after 9 February 2024. Therefore, not all of his misconduct is necessarily linked to XXX, and consumption of alcohol whilst at work. Whilst he has shown some apparent insight into his alcohol consumption, there is no evidence that he has accepted that his clinical decision

making was poor. As Dr Uzkalnis has not been practising since 2024, his clinical skills will only have diminished over time.

143. The Tribunal determined that his past history of warnings and failure to comply with the law showed lack of insight into the impact of his actions on public protection.

144. Based on the lack of evidence regarding insight and remediation, the Tribunal determined that there remained a very real risk of repetition in Dr Uzkalnis' case.

Tribunal's decision as to whether Dr Uzkalnis poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

145. The Tribunal determined that Dr Uzkalnis' misconduct engages all three limbs of public protection. It determined that he poses a risk to patient safety as his misconduct resulted in poor patient care for Patient C and Patient E. It determined that if a reasonable member of the public knew of his misconduct, they would be alarmed and the profession would be brought into disrepute. Finally, it concluded that Dr Uzkalnis' misconduct fell seriously below the standards expected of a general surgeon and it undermines the maintenance and upholding of proper professional standards.

146. The Tribunal determined that any relevant context did not affect the seriousness of the allegations. It also determined that, as no evidence of insight or remediation has been presented, a real risk of repetition is present. Therefore, the Tribunal determined that Dr Uzkalnis poses a current and ongoing risk to public protection.

147. The Tribunal has therefore determined that Dr Uzkalnis's fitness to practise is also impaired by reason of misconduct.

Determination on Sanction - 15/10/2026

148. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Uzkalnis's alleged misconduct a redacted version will be published at the close of the hearing.

Submissions

149. On behalf of the GMC, Ms Cowen, Counsel, submitted that the question of sanction is a matter for the Tribunal. She further submitted that, once all relevant considerations from Part C of the Medical Practitioners Tribunal (MPT) Hearings Guidance have been taken into account, the appropriate sanction is one of suspension.

150. Ms Cowen submitted that the Tribunal must consider what a proportionate regulatory response is, that protects the public and the three limbs of public protection. She submitted that paragraph 10 of the Guidance sets out considerations in respect of proportionality.

151. Ms Cowen submitted that paragraph 13 of the Guidance states that it will usually be necessary to restrict a doctor's registration to achieve public protection if their fitness to practise is impaired, however there may be exceptional circumstances to justify no action being taken. She submitted that in this case there are no exceptional circumstances to justify no action being taken.

152. Ms Cowen addressed the Tribunal in relation paragraph 17 of the Guidance which outlines circumstances in which conditions may be considered suitable, and paragraph 19 which outlines the objectives of a sanction of conditions. She also referenced paragraphs 20 to 22 which provide guidance in relation to the imposition of conditions and, if conditions are imposed, what conditions may be appropriate. She further submitted that paragraphs 23 and 28 of the Guidance set out circumstances where conditions may be considered workable and proportionate.

153. Ms Cowen submitted that XXX. Ms Cowen further submitted that there is no evidence that Dr Uzkalnis has attempted to address the shortcomings in his clinical performance, and therefore there is limited evidence of insight and remediation. She submitted that, when this is considered, conditions are not an appropriate response to the concerns raised.

154. Ms Cowen then submitted that paragraph 41 of the Guidance outlines that suspension is appropriate in cases where the doctor's behaviour, performance or XXX is having on their ability to practise safely and effectively is currently incompatible with unrestricted registration. She submitted that suspension is imposed where the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim that they should be able to safely return to unrestricted practice in the future.

155. Ms Cowen submitted that in this case, a period of suspension is appropriate. XXX. She also submitted that the Tribunal had concluded that Dr Uzkalnis' conduct on 9 February 2024 involved a significant departure from the standards of GMP, and that his consumption of alcohol whilst on duty and the subsequently returning to the operating theatre had put patients at risk and undermined the trust of his colleagues. She further submitted that the Tribunal had concluded that there is a risk of repetition in Dr Uzkalnis' case.

156. Ms Cowen submitted that Dr Uzkalnis had not provided any evidence of an attempt to address concerns with his clinical practise, and that his fitness to practise history demonstrates XXX which have impacted his clinical practice and ability to stay within the law. She therefore submitted that suspension is an appropriate sanction.

157. Ms Cowen submitted that paragraph 61 of the Guidance states that the level of risk identified by the Tribunal should be used to inform where the case falls within the sanctions bandings. XXX. She also submitted that, in cases of a high risk due to clinical concerns, the sanctions banding is suspension for a period of six months to erasure. Ms Cowen further submitted that, as the Tribunal had concluded that the allegations relating to XXX misconduct fall at the high end of the spectrum of seriousness, the higher of any applicable banding should be taken as the starting point when considering the appropriate and proportionate sanction, in this case suspension for six months to erasure.

158. Ms Cowen submitted that it is acknowledged that erasure is an outcome that is possibly indicated within the applicable banding, and that there are serious concerns in this case due to the current and ongoing risk identified and previous fitness to practise history. She submitted that paragraphs 55 to 57 of the Guidance outline when erasure may be considered appropriate and that, in this case, there are a number of factors that could justify erasure.

159. Ms Cowen submitted that Dr Uzkalnis has not engaged significantly in the regulatory process and has provided no evidence of insight or remediation. She submitted that, as Dr Uzkalnis does not currently reside in the UK, it is questionable whether a period of suspension would serve any meaningful remedial purpose. She further submitted that Dr Uzkalnis' fitness to practise history and lack of evidence of insight or remediation are factors which increase the concern that the identified risks have not been adequately addressed. Ms Cowen submitted that there is concern that the limited evidence of insight or remediation indicates that suspension would serve no useful purpose in protecting the public.

160. Despite this, Ms Cowen submitted that erasure would be disproportionate at this stage, as the concerns are capable of being addressed by a period of suspension and this would give Dr Uzkalnis an opportunity to demonstrate insight into the concerns raised. She submitted that suspension is appropriate to maintain all three limbs of public protection XXX. She also submitted that Dr Uzkalnis has shown evidence from his correspondence that he accepts the allegations.

161. On the other hand, Ms Cowen submitted that these factors must be balanced against the seriousness of the misconduct, the relevant fitness to practise history, the limited evidence of developed insight, identified risk of repetition, XXX.

162. Ms Cowen submitted that, once the Tribunal has determined the appropriate type of sanction, it must decide the appropriate length of the sanction, in accordance with paragraph 64 of the Guidance. Ms Cowen submitted that a suspension period at the upper end would be appropriate and proportionate as this would enable Dr Uzkalnis to continue to XXX, and develop further insight before returning to practice.

163. Ms Cowen submitted that in this case a review hearing would be necessary, in accordance with paragraph 53 of the Guidance, as it must be considered whether Dr Uzkalnis can safely return to practice before the period of suspension concludes. Ms Cowen submitted that the Guidance states that a review hearing would not be necessary where a short suspension is imposed. However, she submitted that suspension at the higher end is necessary and that a review hearing would be appropriate due to the limited evidence of insight and remediation and the seriousness of the allegation. XXX.

The Tribunal's determination on sanction

164. The Tribunal will take a proportionate approach to the issue of sanction meaning that the sanction imposed should be no more than is necessary in order to protect the public.

165. The Tribunal will consider its decision on impairment and the level of current and ongoing risk to public protection it has determined in the case of Dr Uzkalnis. It will consider all three limbs of public protection, namely:

- the protection, promotion and maintenance of the health, safety and wellbeing of the public,
- public confidence in the profession,

- proper professional standards and conduct for members of the profession.

166. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions bandings for cases of clinical concerns and XXX set out in Part C of the Guidance for MPT hearings.

167. The Tribunal will consider the outcomes available to it: to take no action, to impose conditions on the doctor's registration for up to three years, to suspend the doctor's registration for up to 12 months, or to erase the doctor's name from the register.

168. If imposing conditions or suspension, the Tribunal will then consider the length of any sanction and whether to direct a review hearing.

169. The Tribunal will be mindful in weighing up the interests of the public against those of the doctor and remind itself that sanctions are not intended to be punitive, but they may have a punitive effect.

170. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No action

171. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action. The Tribunal determined that there were no exceptional circumstances allowing a consideration of no action in this case. Given XXX, the tribunal considered that taking no action would not be an appropriate nor proportionate response and would fail to maintain public safety, public confidence, and uphold proper professional standards and conduct.

Conditions

172. The Tribunal then considered whether imposing conditions would be an appropriate sanction. It noted paragraphs 19 and 20 of Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

173. The Tribunal considered whether conditions would protect patient safety. XXX.

174. The Tribunal had regard to its previous determination that the risk to patient safety in Dr Uzkalnis' case was high due to his lack of insight and remediation, previous regulatory intervention, and the seriousness of his alleged misconduct. It considered paragraph 21 of the Guidance and determined that conditions would not address the current and ongoing risk that Dr Uzkalnis poses to public protection.

175. The Tribunal determined that an informed member of the public would be alarmed to know that Dr Uzkalnis had been permitted to continue working with conditions, given the findings that the Tribunal has made. It determined that this would risk undermining confidence in the profession and the system of regulation.

176. The Tribunal determined that, due to several breaches of Good Medical Practice ('GMP') in this case and the risk of repetition, conditions would fail to promote and maintain professional standards and would not be a sufficient deterrent.

177. The Tribunal therefore determined that conditions were not appropriate, workable and measurable in Dr Uzkalnis' case.

Suspension

178. The Tribunal had regard to the sanctions bandings for cases of clinical concerns and XXX. It had determined that the level of risk posed by Dr Uzkalnis was at the higher end of the spectrum of seriousness. It therefore determined, in line with the sanctions bandings, that the appropriate bandings would be a suspension of six months to erasure.

179. The Tribunal proceeded to consider whether a suspension would be appropriate in this case. It considered paragraphs 41, 43, and 44 of the Guidance:

> *'41. Suspension is for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.*
>
> […]

43. Suspension restricts a doctor's registration and prevents them from practising during the period it is in effect. The purpose of suspending a doctor's registration is to protect the public by removing them from practice to manage the current and ongoing risk they pose to public protection.

44. Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.'

180. In determining whether a suspension would be proportionate in Dr Uzkalnis' case, the Tribunal considered paragraph 45 of the Guidance, which provides that:

'45. Suspension may be proportionate in cases where some, or all, of the following factors are present:
a. conditions are not appropriate, measurable and/or workable'

It noted it had already determined that conditions were not appropriate, workable and measurable in this case.

181. As the Tribunal had determined that the level of current and ongoing risk to public protection cannot be safely managed with conditions, it considered whether suspension would be necessary to stop Dr Uzkalnis from working and putting patients at risk while he gains insight into his deficiencies, remediates XXX.

182. The Tribunal acknowledged its findings that Dr Uzkalnis had not provided any evidence of insight or remediation. It also noted that it had determined that Dr Uzkalnis had behaved with reckless disregard for patient safety, breached various standards of GMP, and had undermined collaborative working by leaving his junior colleagues. It also acknowledged that it had determined that there was a real risk of repetition, particularly indicated by Dr Uzkalnis' repeated behaviour despite previous GMC warnings.

183. The Tribunal determined that, whilst it had not received significant evidence of developed insight or remediation in Dr Uzkalnis' case, it had received some evidence that Dr Uzkalnis was beginning to develop some insight XXX,

184. The Tribunal determined that a suspension would protect public health and safety as it would remove Dr Uzkalnis from practice. It noted that Dr Uzkalnis will not automatically return to work at the end of his suspension period, and would need to satisfy a reviewing Tribunal of his fitness to practise. This ensures that any continuing risk to public protection can be managed beyond the suspension period.

185. The Tribunal determined that a suspension would maintain public confidence in the profession as an informed member of the public would understand that a suspension would remove Dr Uzkalnis from practice whilst he develops insight XXX, and takes steps to remediate his misconduct. It also determined that an informed member of the public would understand that a suspension has a significant impact upon a doctor and would send a message that serious consequences flow from the poor management of the risks associated with XXX the misconduct that has been found.

186. The Tribunal determined that a suspension would give other members of the profession confidence in the regulatory system, by enforcing a level of sanction which reflects the seriousness of the shortcomings whilst still allowing a doctor a period of time to remediate concerns regarding their misconduct and XXX. It determined that a suspension would therefore uphold and maintain professional standards.

187. The Tribunal took care to consider the provisions of the Guidance in so far as they relate to erasure, being mindful that erasure is a sanction open to it, and it is within the range of sanctions set out in the sanctions banding. Paragraph 57 of the Guidance provides:

> *'57. Erasure may be the proportionate response where:*
>
> *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
>
> *b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
>
> *c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
>
> *d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

188. Whilst the Tribunal has determined that conditions are not appropriate, measurable and/or workable, it has also determined that suspension is sufficient to protect the public. The harm caused and the risk of repetition can be mitigated through a period of suspension, rather than erasure. The Tribunal noted that there is some insight shown by Dr Uzkalnis in relation to XXX and he shows potential to be able to develop further insight into the Tribunal's findings. He cannot be said to have a persistent lack of insight. The Tribunal determined that continuing to hold registration, during a period of suspension, will not undermine public confidence in the profession because the suspension will prevent Dr Uzkalnis working as a doctor and he will not automatically be permitted to return to practice at the conclusion of the period of suspension. Public confidence will be upheld if he is able to address matters relating to his impairment of fitness to practise during the period of suspension. If he is not able to address matters sufficiently before a reviewing tribunal then it is unlikely that he will be permitted to return to unrestricted practice and this will also uphold public confidence. For these reasons the Tribunal determined that a sanction of erasure would be disproportionate, and that the appropriate sanction is one of suspension.

Length of suspension

189. In determining the length of suspension, the Tribunal had regard to paragraph 46 of the Guidance. It noted that it had already determined that the current and ongoing risk to public protection is high.

190. In noting the sanctions banding, the Tribunal determined that it had no reason to depart from the Guidance which suggested the lower end of the banding should be a suspension for six months.

191. The Tribunal determined that, a suspension of 12 months would be necessary to allow time for Dr Uzkalnis to demonstrate his insight and remediation, which will require some significant ongoing time and commitment from him. XXX. It would provide sufficient time for a review hearing to be prepared. It would also act as a sufficient deterrent, indicating to other members of the profession that this misconduct and XXX are unacceptable, and that significant consequences follow from such findings.

192. The Tribunal therefore determined to impose a suspension of 12 months on Dr Uzkalnis' registration.

193. The Tribunal determined to direct a review of Dr Uzkalnis's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify

that at the review hearing, the onus will be on Dr Uzkalnis to demonstrate how he has developed insight and remediated the concerns surrounding his XXX misconduct. It therefore may assist the reviewing Tribunal if Dr Uzkalnis:

- Attends the review hearing, even if virtually;
- XXX;
- XXX;
- XXX;
- Provides a statement addressing his thoughts on the seriousness of his misconduct and its impact upon:
  - colleagues, especially junior colleagues,
  - patients, and patient safety,
  - public confidence in the profession,
  - the profession as a whole,
  - the upholding of proper professional standards and conduct;
- Provides testimonials and/or character references from any past employment or current employment or voluntary work;
- Provides CPD records demonstrating he has kept his knowledge and skills up to date, in particular relation to the areas of:
  - surgical skills,
  - duty of candour,
  - working with colleagues,
  - his responsibilities towards junior colleagues.

Dr Uzkalnis will also be able to provide any other information that they consider will assist.

Determination on Immediate Order - 15/10/2026

194. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Uzkalnis' alleged misconduct a redacted version will be published at the close of the hearing.

195. Having determined Dr Uzkalnis' registration should be suspended for a period of 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Uzkalnis' registration should be subject to an immediate order.

Submissions

196. On behalf of the GMC, Ms Cowen, Counsel, submitted that an immediate order was necessary. She referred to paragraphs 83 and 84 of Section Three: Part C of the MPT Hearings Guidance and to the Tribunal's determination on sanction. She stated that it would be inappropriate for Dr Uzkalnis to hold unrestricted registration before the substantive sanction could take effect. She reminded the Tribunal of its findings in relation to the risk to patient safety, that the risk to public protection is high, that there has been little evidence of insight or remediation presented, and XXX. She therefore submitted that immediate action is necessary to maintain public confidence in the medical profession.

The Tribunal's determination

197. The Tribunal considered that it may impose an immediate order if it is necessary for the protection of members of the public or is otherwise in the public interest. The decision whether to impose an immediate order is at the discretion of the Tribunal, based on the facts of the case.

198. The Tribunal had regard to paragraphs 83 and 84 of Section Three: Part C of the Guidance which provides:

> *'83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a the doctor poses a risk to patient safety*
>
> *b the risk to one or more parts of public protection is high, and/or*
>
> *c immediate action is needed to maintain public confidence in the medical profession.'*

199. The Tribunal determined that all the factors set out in paragraph 84 were present. It considered that Dr Uzkalnis poses an ongoing risk to patient safety by virtue of his misconduct XXX. The Tribunal's assessment of the level of current and ongoing risk to public protection was high in relation to both misconduct and XXX. It determined that immediate action is needed to maintain public confidence in the medical profession.

200. The Tribunal determined that immediate action is in Dr Uzkalnis' best interest as it would allow him to begin work on insight and remediation without delay. The Tribunal therefore determined to impose an immediate order.

201. This means that Dr Uzkalnis' registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, 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.

202. The interim order currently in place on Dr Uzkalnis' registration will be revoked when the immediate order takes effect.

203. That concludes this case.

ANNEX A – 09/10/2026
Service and Proceeding in Absence

204. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

205. Dr Uzkalnis was not present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

206. The Tribunal was provided with a copy of a service bundle from the GMC. It received a screenshot showing Dr Uzkalnis' registered address and email address. The Tribunal noted that the email address on the screenshot (the registered email address) was not the email address that had been used to serve documents on Dr Uzkalnis (the service email address). The GMC provided a further email from Dr Uzkanlis, dated 7 March 2024. Ms Cowan, Counsel for GMC, submitted that this was the earliest email record that could be located in which Dr Uzkalnis had used the service email address to contact the GMC. There was, however, no record of Dr Uzkalnis expressing a preference for the service email address to be used for service of documentation, or for his registered email address to be changed.

207. On 13 August 2026, the GMC sent Dr Uzkalnis an email to his service email address, informing him that his case had been referred to a MPT hearing. On 14 August 2026, Dr Uzkalnis responded to the email, stating, *'I am not intended [sic] to attend the hearing, I have no representation or considering cross examination of witnesses.'*

208. On 17 August 2026, the GMC emailed Dr Uzkalnis stating:

> *'Thank you for confirming your position Mr Uzkalnis.*
>
> *The GMC is likely to proceed with the hearing in your absence.'*

209. On 27 August 2026 at 12:33pm, the GMC sent a final Notice of Allegation to Dr Uzkalnis via his service email address, enclosing a copy of the hearing bundle. Dr Uzkalnis responded on the same day, confirming receipt of the email.

210. On 28 August 2026 at 1:33pm, the MPTS sent a Notice of Hearing letter to Dr Uzkalnis' at his service email address, confirming the start date and venue of the hearing. Dr Uzkalnis responded on the same day, confirming receipt of the email.

Submissions

211. On behalf of the GMC, Ms Cowen took the Tribunal through the service bundle and highlighted that both the Notice of Allegation and the Notice of Hearing had been sent by email. In respect to the email address used, Ms Cowen acknowledged that it was not the registered email address on Dr Uzkalnis' GMC profile, and the GMC could find no record of Dr Uzkalnis expressing a preference to use the service email address. However, she stated that the GMC has located email correspondence from as early as March 2024 in which Dr Uzkalnis was using this email address in his communications with the GMC; he had very recently been responsive to emails sent to his service email address, and this indicates he is actively monitoring this email account. She stated that the Notice of Hearing had been sent to Dr Uzkalnis within the prescribed time frame and he had been given information by the GMC about the allegations and the evidence that is to be relied upon. She submitted that Dr Uzkalnis had responded to that correspondence and had confirmed his intention not to attend the hearing. She stated in all the circumstances that service had been effected in accordance with the Rules.

212. Turning to proceeding in absence, Ms Cowen invited the Tribunal to conclude that Dr Uzkalnis has had sufficient notification of the hearing, is aware of the evidence to be presented and has voluntarily made himself absent. She submitted that it would be fair and appropriate to proceed in Dr Uzkalnis' absence today.

The Tribunal's Determination

Service

213. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the Rules. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions made on behalf of the GMC.

214. In respect of the email address used, the Tribunal acknowledged that there was no direct evidence of a request by Dr Uzkalnis to use the service email address in place of the registered email address on his record. However, it was clear to the Tribunal that he used the email account frequently, was actively monitoring it and was responsive to emails sent to it

by the GMC. Therefore, it accepted that this was an email address used by Dr Uzkalnis, it had become regular practice for him to communicate via it with the GMC, and that it was reasonable for it to be used for service of documentation.

215. The Tribunal noted the evidence contained in the service bundle and was satisfied that all reasonable efforts have been made to serve Dr Uzkalnis with both Notice of the Allegations and Notice of Hearing, and that this had been done in accordance with the Rules. It also noted his responses to those notices, and his confirmation that he did not intend to attend the Hearing. Accordingly, the Tribunal was satisfied that service has been effected, in accordance with the Rules.

Proceeding in Dr Uzkalnis' Absence

216. Having been satisfied that notice was properly served upon Dr Uzkalnis, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of Dr Uzkalnis should be exercised with the utmost care and caution, balancing Dr Uzkalnis' interests with the wider public interest.

217. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Uzkalnis' absence was a matter for its discretion and that such discretion was to be exercised with care and caution.

218. The Tribunal took into account the case law referred to by GMC Counsel and the Legally Qualified Chair (LQC). The Tribunal had regard to the criminal case of *R v Jones* [2003] 1 AC 1, which sets out the factors that should be taken into account when determining whether to proceed in the absence of the practitioner. The Tribunal also had regard to the legal authority of *General Medical Council v Adeogba* [2016] EWCA Civ 162.

219. The Tribunal noted that the letters sent to Dr Uzkalnis informed him of the date, time and venue of the hearing, and his right to attend the hearing and be legally represented. He was also informed that the hearing could proceed in his absence if he did not attend. The Tribunal noted that Dr Uzkalnis had informed the GMC as early as 14 August 2026 that he did not intend to attend the hearing. The Tribunal concluded, in light of the information before it, that Dr Uzkalnis had voluntarily absented himself from this hearing.

220. The Tribunal considered whether an adjournment would result in Dr Uzkalnis attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in his attendance. Indeed, Dr Uzkalnis' expressed preference in his email dated 27 August 2026, was for a final decision to be made on 5 October 2026. This indicated to the Tribunal that he did not wish for there to be an adjournment.

221. The Tribunal also considered whether any decision to proceed in Dr Uzkalnis' absence may result in disadvantage or prejudice to him taking account of the fact that it may not necessarily have all of the information which he would wish to present. The Tribunal noted that the public interest included the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Uzkalnis. However, considering the available evidence, the Tribunal was of the view that any potential prejudice to Dr Uzkalnis did not outweigh the public interest in this case.

222. Having balanced each of the relevant factors against the need to ensure public protection and the public interest, the Tribunal determined that it is fair and just to proceed with the hearing in Dr Uzkalnis' absence.

223. The hearing will therefore proceed in Dr Uzkalnis' absence.

ANNEX B – 09/10/2026
Application to apply redactions under Rule 34(1)

224. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

225. At the outset of the hearing, the Tribunal was made aware that the bundles provided to it in advance of the hearing contained information that should have been redacted. Ms Cowen, counsel on behalf of the GMC, made an application for the correctly redacted bundles to be substituted in place of those already received, under Rule 34(1) of the Rules, and for the Tribunal to disregard the information it had viewed and which had not been intended by the GMC.

226. By way of background, Dr Uzkalnis was informed by the GMC, in an email dated 11 September 2026, that all information relating to a warning he received in 2015 would be redacted from the bundle before it was provided to the Tribunal, at stage one. He was also told this information may be provided to the Tribunal at a later stage in the hearing. The redactions were not applied to the bundle, and it was provided to the Tribunal to read 10 days before the hearing, as is usual practice. The Tribunal was informed of the error and provided with a redacted bundle at the outset of the hearing, but it had already received and read the bundle in advance of the hearing, as it is expected to do.

Submissions

227. Ms Cowen submitted that the bundles provided to the Tribunal in advance of the hearing contained reference to a warning from 2015. She stated that the information had now been redacted and that the GMC do not propose to place any reliance on this matter at stage one. She stated that the Tribunal should directly substitute the newly redacted bundles for the originally provided bundles.

228. Acknowledging that the Tribunal had already read the bundles in advance of the hearing, Ms Cowen respectfully invited the Tribunal to disregard anything it may have read that should have been redacted. She stated that the references within the bundles were relatively brief and invited the Tribunal, as a professional tribunal, to exercise its judicial skills in disregarding that material.

The Tribunal's decision

229. The Tribunal agreed that the redactions which should have been applied before the bundles were submitted to the Tribunal, as Dr Uzkalnis had been informed would happen, should now be applied.

230. The Tribunal acknowledged that it had already read the bundles as it was expected to. This included the information that should have been redacted. However, it agreed that it was reasonable to expect that a professional tribunal can disregard that information.

231. Therefore, the Tribunal determined to accept the redacted bundles in substitution for the originally supplied bundles. It determined that it would disregard the information about the warning given in 2015 at this stage in the hearing, ensuring no unfairness to Dr Uzkalnis.