PUBLIC RECORD

**Dates**: 28/07/2026 - 31/07/2026

| | |
|---|---|
| **Doctor:** | Dr Amal BOSE |
| **GMC reference number:** | 4093330 |
| **Primary medical qualification:** | MB BS 1994 University of London |

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

**Summary of outcome**

Erasure
Immediate order imposed

**Tribunal:**

| | |
|---|---|
| Legally Qualified Chair | Ms Melissa Coutino |
| Registrant Tribunal Member: | Dr David Mabin |
| Registrant Tribunal Member: | Dr Alison Calver |

| | |
|---|---|
| Tribunal Clerk: | Ms Keely Crabtree 28/07/2026-30/07/2026<br>Ms Fiona Johnston – 31/07/2026 |

**Attendance and Representation:**

| | |
|---|---|
| Doctor: | Not present, not represented 28/07/2026-30/07/2026<br>Present, not represented 31/07/06 |
| GMC Representative: | Mr Charles Garside, KC |

## Attendance of Press / Public

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

## 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 & Impairment - 29/07/2026

## Background

1. Dr Amal Bose qualified in 1994 with a Bachelor of Medicine, Bachelor of Surgery from the University of London.

2. At the time of the events, Dr Bose was practising as a Consultant Cardiothoracic Surgeon at The Lancashire Cardiothoracic Centre, Blackpool.

3. The allegations that have led to Dr Bose's hearing can be summarised as follows. It is alleged by the General Medical Council (GMC) that, on 19 June 2025 at Preston Crown Court Dr Bose was convicted of 12 counts of sexual assault on female colleagues.

4. It is further alleged that on 16 September 2025 at Preston Crown Court Dr Bose was sentenced to a total of six years imprisonment; and a notification requirement to register with the police indefinitely in accordance with the Sexual Offences Act 2003.

5. The offences took place between the late summer of 2017 and December 2022 against junior female colleagues while Dr Bose was working at The Lancashire Cardiothoracic Centre, Blackpool.

## The outcome of applications made during the facts stage

6. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended. The Tribunal determined to proceed with the hearing in Dr Bose's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A. This decision also includes the Tribunal's decision on a conflict of interest.

## The Allegation and the doctor's response

### The admitted facts

7. At the outset of these proceedings, on behalf of the GMC, Mr Garside, KC, referred the Tribunal to Dr Bose's written correspondence with the GMC in which he had made admissions to the entirety of the Allegation, as set out below, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

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

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

1. On 19 June 2025 at Preston Crown Court you were convicted of 12 counts of sexual assault on a female. Admitted and found proved

2. On 16 September 2025 at Preston Crown Court you were sentenced to:
   a. a total of six years imprisonment; Admitted and found proved
   b. a notification requirement to register with the police indefinitely in accordance with the Sexual Offences Act 2003. Admitted and found proved

## IMPAIRMENT

9. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Bose's fitness to practise is impaired by reason of a conviction for a criminal offence.

## The Evidence

Documentary Evidence

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

- Certificate of Conviction dated 17 July 2025;
- Certificate of Conviction including sentencing dated 24 October 2025;
- The Judges summing up dated 17 to 18 June 2025;
- The Judges sentencing remarks dated 16 September 2025.

11. The Tribunal also received evidence from Dr Bose which included his Curriculum Vitae (CV), written reflections dated 15 June 2026, testimonial/character references on his behalf and his Continuing Professional Development (CPD) certificates.

## Submissions

Submissions on behalf of the GMC

12. Mr Garside, outlined to the Tribunal Dr Bose's conviction and sentencing which took place at Preston Crown Court on the 19 June 2025 and 16 September 2025. He stated that Dr Bose was still serving his custodial sentence.

13. Mr Garside submitted that the offences of which Dr Bose was convicted constituted a series of regular and persistent sexual assaults against junior female colleagues. He submitted that this pattern of behaviour continued for several years between late summer 2017 and December 2022.

14. Mr Garside submitted that such a series of offences, taken as a whole and individually, constituted a grave breach of the standards and conduct laid down for doctors in various editions of Good Medical Practice (2014) (GMP) in force at relevant times and were so grave as to be irremediable and entirely incompatible with the practice of medicine. Furthermore, he submitted that it was an aggravating feature that the offences constituted an abuse of a senior position.

15. Mr Garside referred the Tribunal to the details of the offences, the circumstances surrounding them and the observations made by the Judge in the trial. He submitted that the

offences engaged all three elements of the duty to protect the public set out in sections 1 (A) and (B) of the Medical Act. He stated that work colleagues were members of the public for the purpose of the Act.

16. Mr Garside submitted that there was a clear risk of repetition in this case. He submitted that it was also relevant that Dr Bose pleaded not guilty and gave evidence under oath. Mr Garside submitted that it was therefore questionable how genuine Dr Bose's remorse and recognition of wrongdoing were.

17. Mr Garside referred the Tribunal to the relevant Guidance for MPTS Tribunals (24 November 2025)(The Guidance), including taking the Tribunal through steps 2(a) to (e) at Section three: MPT hearings, Part B: stage two - impairment. He submitted that there was a legal basis in this case for considering impairment, namely Dr Bose's conviction. Mr Garside referred the Tribunal to paragraph 62 of the Guidance and submitted that this case came within the category of "sexual misconduct", a higher level of risk to public protection. Mr Garside submitted that all 3 limbs of section 1(1)B of the Medical Act were engaged and that Dr Bose's fitness to practise was impaired.

## The Tribunal's approach

18. 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 Dr Bose 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 (patient safety); to promote and maintain public confidence in the profession (public confidence); and to promote and maintain proper professional standards and conduct for members of the profession (uphold professional standards).

19. To assess whether Dr Bose 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 Bose and/or their working environment, and
- how Dr Bose has responded to the allegations.

## The Tribunal's Determination on Impairment

### Conviction

20. The Tribunal began by considering whether Dr Bose's fitness to practise was impaired by reason of his conviction.

Is there a legal basis for considering impairment?

21. The Tribunal had regard to the Allegation including the admissions made by Dr Bose. It also had regard to the Guidance, which sets out that a conviction or caution is a legal basis for impairment. The Tribunal was satisfied that as a result of this being a case of conviction, there was a legal basis for consideration of impairment.

Where on the spectrum of seriousness does the allegation lie?

22. The Tribunal first considered where on the spectrum of seriousness the allegation lies. In considering the spectrum of seriousness, the Tribunal had regard to the Guidance, at paragraphs 31 and 32 which states:

> *'Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to: …sexual assault, indecency or sexual harassment… …a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)… a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register'*

23. The above list is not exhaustive and includes allegations that fall within different grounds of impairment. The examples given may also assist an MPT to reach a view on the starting point for assessing the seriousness of proven allegations that are similar in nature.

24. The Tribunal determined that the conviction fell towards the higher end of the spectrum of seriousness. Notwithstanding that there are more serious sexual offences, Dr Bose received a conviction and was sentenced to a period of imprisonment, given the number of offences of a similar nature and his culpability for these. In all the circumstances, the Tribunal assessed the starting point for its consideration of seriousness as being within the higher end of the spectrum of seriousness.

25. The Tribunal then considered whether there were any features which increased or reduced the seriousness of the conviction and the extent of the doctor's departure from professional standards. The Tribunal took into account that the conduct resulted in a criminal conviction reflecting sexual behaviour which the public would rightly find concerning, given that the Judge found Dr Bose to exhibit '*predatory behaviour*', targeting colleagues, repeatedly subjecting them to unwanted attention, and derogatory remarks, in the workplace. The Tribunal found these were all significant aggravating features.

26. The Tribunal balanced the aggravating features against a number of mitigating features. It noted that Dr Bose had previously been of good character, and had no previous fitness to practise history in a 30-year career. The Tribunal further noted that the incident was completely separate from any clinical competence issue and that those who supported Dr Bose confirmed that he is a good cardiac surgeon. There was no evidence that patient safety had been directly affected by the conduct.

27. The Tribunal noted that Dr Bose had written to the Tribunal explaining that he had not appreciated the impact of his behaviour. While the Tribunal was not satisfied that this explained or excused the conduct, it accepted that it formed part of the relevant context.

28. The Tribunal considered the risk to all three limbs of public protection. It concluded that there had been a clear departure of GMP (2014) and that the following paragraphs were engaged:

> *"Working collaboratively with colleagues*
>
> *35. You must work collaboratively with colleagues, respecting their skills and contributions.*
>
> *36. You must treat colleagues fairly and with respect.*
>
> *37. You must be aware of how your behaviour may influence others within and outside the team."*

29. The Tribunal noted that Dr Bose's behaviour had shown a disregard for the law, and that he had not behaved with integrity, both of which are required by GMP.

30. Taking all of these matters into account, the Tribunal concluded that the conviction represented a serious departure from the standards expected of a registered medical

practitioner, and that the aggravating and mitigating factors, when viewed together, supported its assessment that the case fell within the high range of seriousness.

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

31. The Tribunal also took into account that the doctor was working in a difficult and pressurised environment at times where colleagues have said that workplace banter was required stress-relief. However, the Tribunal did not consider that this affected Dr Bose's behaviour in terms of poor decision making in how he physically treated and spoke about colleagues, as this calls into question Dr Bose's judgment.

32. Taking these matters into account, the Tribunal concluded that whilst Dr Bose had a pressurised role as a cardiac consultant, and this provided context for the events, this did not materially reduce the seriousness of the conduct. The Tribunal remained concerned that the underlying causes of the behaviour had not been fully identified or addressed. Accordingly, it considered that there remained a significant risk to the public.

How has Dr Bose responded to the allegation?

33. The Tribunal considered the question of insight and remediation and whether Dr Bose had demonstrated any insight into the concerns in this case. The Tribunal had regard to paragraphs 74 and 77 of the Guidance which states:

> *"74. The MPT should consider the evidence available to them to establish if the doctor has: a. shown insight into their own practice, behaviour… b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and c. kept their knowledge and skills up to date. …*
>
> *77. When assessing evidence of insight and remediation, the key considerations are: Insight: Does the doctor understand what happened and accept how they could have acted differently? Remediation: Is the allegation remediable? Has the allegation been remedied? Is the allegation likely to be repeated?"*

34. The Tribunal considered how Dr Bose had responded to the allegation. It noted that he had admitted the fact of his conviction. It noted that Dr Bose had demonstrated remorse, shame and embarrassment regarding his conduct in his letter, acknowledging the distress his

behaviour had on the young women he worked with. The Tribunal noted that this letter sharing Dr Bose's reflections had only recently been written with a date of 15 June 2026, although he had been convicted in September 2025.

35. The Tribunal accepted that these matters demonstrated the beginnings of insight. However, it concluded that Dr Bose's insight remained limited and that remediation was at a very early stage. In particular, the Tribunal noted that Dr Bose had found it difficult to explain why he acted as he did save for describing his behaviour as "*banter*".

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

36. The Tribunal further noted that Dr Bose was not currently engaged in any structured treatment programme directed at his conduct. There was evidence that he had undertaken some relevant training in 2024 in relation to workplace behaviour. However, there was limited evidence that these courses would reduce the risk of similar behaviour occurring in the future given that it was unclear what Dr Bose had learnt from these sessions.

37. Taking these matters together, the Tribunal was not satisfied that Dr Bose had remediated the concerns identified. It considered that insight remained developing rather than complete and that there remained a risk of repetition.

38. Accordingly, the Tribunal concluded that the current and ongoing risk to public protection remained significant.

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety) Promoting and maintaining public confidence in the profession (public confidence) Promoting and maintaining professional standards and conduct (upholding professional standards)

39. The Tribunal considered each of the three limbs of public protection. It determined that limb one, protecting, promoting and maintaining the health, safety and wellbeing of the public, limb two, maintaining public confidence in the medical profession, and limb three, promoting and maintaining proper professional standards and conduct, were engaged.

40. The Tribunal accepted that there was no evidence that Dr Bose's conviction gave rise to a direct risk to patient safety, but there is evidence that the young women who worked with Dr Bose suffered harm, taking time off and rearranging working schedules to avoid him.

Further, the Tribunal determined that public confidence in the profession required a finding of impairment. The Tribunal considered that members of the public would be gravely concerned if a doctor convicted of sexually assaulting colleagues, and imprisoned for the same, was found not to be impaired. It concluded that a finding of no impairment would fail adequately to mark the seriousness of the conduct and would undermine confidence in both the medical profession and its regulator.

41. The Tribunal also considered that the need to uphold proper professional standards was engaged. Having regard to its conclusions on the seriousness of the conduct, the limited insight and remediation demonstrated by Dr Bose, and the continuing risk of repetition, it determined that a finding of impairment was necessary to uphold the standards expected of registered medical practitioners.

42. Taking all of the circumstances into account, the Tribunal determined that the level of current and ongoing risk to public protection was high.

43. The Tribunal has therefore determined that Dr Bose's fitness to practise is impaired by reason of his conviction.

## Determination on Sanction - 31/07/2026

44. Having determined that Dr Bose's fitness to practise is impaired by reason of his conviction, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Bose's registration.

## The evidence

45. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant in reaching a decision on sanction.

## Submissions

46. On behalf of the GMC, Mr Garside submitted that the appropriate and proportionate sanction in this case was erasure.

47. Mr Garside reminded the Tribunal of the judge's sentencing remarks "*Your behaviour was sexually charged, targeted and predatory*" and "*On the evidence before me I am satisfied so that I am sure, that you used your exalted position to facilitate your sexual offending. To the outside you were a highly skilled and sometimes popular cardiac surgeon. The reality is that you were a sexual predator hiding in plain sight."*

48. Mr Garside submitted that Dr Bose had committed a series of sexually motivated assaults. He stated that the victims were all female members of staff at the hospital where he worked who were junior to him. Mr Garside submitted that the assaults were repeated over several years and only stopped when one victim reported him.

49. Mr Garside stated that the mitigation available to Dr Bose was set out in the judges sentencing remarks. However, he submitted that this made no real difference to the decision on sanction. He said that the question posed was what sanction is necessary to ensure the protection of the public within the meaning of the overarching objective.

50. Mr Garside submitted that the gravity of the offences was indicated by the length of the sentence passed by the judge.

51. Mr Garside stated that Dr Bose had fought his criminal case and attacked the victims through his counsel. He said that Dr Bose had showed no remorse for what he had done or the effect on his victims. However, he said that it was accepted that Dr Bose had paid a high price for his criminality, but Dr Bose could have ended his predatory behaviour at any time and chose not to do so.

52. Mr Garside referred the Tribunal to the Guidance for MPTS (24th November 2025) (the Guidance). He submitted that this case falls within the bracket of the higher end of seriousness and was a sexual assault case and a conviction case. Mr Garside submitted that this case exhibited a persistent pattern of behaviour, premeditated behaviour, predatory behaviour, abuse of professional position, undermining of collaborative working and a prolonged attempt to avoid responsibility. He submitted that all these features were listed in the Guidance which may increase seriousness.

53. Mr Garside referred the Tribunal to the Guidance under the heading *"Case Type 1: sexual misconduct"* in particular paragraphs 63 and 73 to 76. Additionally, he referred the Tribunal to the section headed *"Case Type 8: Criminal convictions..."* which he submitted was relevant. He submitted that whether this was considered as a conviction case or a sexual

misconduct case the guidance leads inevitably to the conclusion that erasure was the only appropriate and proportionate sanction.

54. Mr Garside reminded the Tribunal that Dr Bose was still serving the custodial part of his sentence, and it will be many years before he ends his period on licence and will be on the sex offenders register for life. XXX.

55. Dr Bose submitted that he had little to add to the submissions already made by Mr Garside and the LQC, save to emphasise the depth of his sorrow, sadness, remorse and genuine contrition.

56. He explained that his overwhelming sense of regret was directed primarily towards the victims, the wider public and his family, rather than himself, expressing that he was profoundly sorry for the harm his actions had caused to others.

57. He submitted that his reflections on his offending and its consequences had been set out in his written submissions to the Tribunal and reiterated that he continued to learn from the experience, as people do throughout life. He described the lessons he had learned as severe and life-changing, stating that he was committed to ensuring that he never found himself in such circumstances again.

58. In relation to remediation, Dr Bose submitted that he had engaged in a process of reflection and personal development and remained committed to demonstrating that he had learned from his offending and its consequences.

## The Tribunal's determination on sanction

59. The LQC advised the Tribunal that its role is not to revisit the facts of his conviction, as it must accept that he was convicted in the criminal courts of sexual assault and received a six-year custodial sentence. Instead, the Tribunal's task is to determine the appropriate regulatory sanction, if any, to protect the public, maintain public confidence in the medical profession, and uphold proper professional standards.

60. The LQC reminded the Tribunal that the MPTS Guidance regards sexual offences as serious departures from the standards expected of a doctor and that the length of the custodial sentence reflects the gravity with which the criminal courts viewed the offence. However, the Tribunal must also consider all relevant aggravating and mitigating factors. While mitigation cannot reduce the seriousness of the offence, it can assist the Tribunal in

understanding his personal circumstances, the rehabilitation he has undertaken, the insight he has developed, his remorse, and the risk of repetition.

61. The Tribunal acknowledged Dr Bose's previously unblemished career and excellent surgical skills, although these do not diminish the seriousness of the conviction. Whilst the Tribunal noted that Dr Bose's colleagues indicated that his behaviour was not materially better or worse than that of others, the Tribunal was of the view that such behaviour has no place in the modern workplace. Further, the Tribunal considered that in his role as a senior consultant, Dr Bose was in a position to signal what acceptable behaviour was but did not do so. The LQC further explained that, although the Guidance indicates that erasure is often appropriate in cases involving serious sexual offences, particularly where public confidence would otherwise be undermined, erasure is not automatic and remains a matter for the Tribunal's judgment. Referring to the authority of *Fleishman v General Medical Council*, the Chair noted that a doctor serving an outstanding criminal sentence would not normally be permitted to return to unrestricted practice until that sentence has been completed, but emphasised that subsequent case law makes clear this is not an inflexible rule.

62. The Tribunal must therefore assess the nature and seriousness of the offending, the degree of culpability, the sentencing judge's observations, his conduct since the offence, including his insight, remorse and rehabilitation, and whether there remains any ongoing risk.

63. Finally, the LQC reminded the Tribunal that it must consider the full range of available sanctions, beginning with the least restrictive, and impose only the minimum sanction necessary to protect the public, maintain confidence in the profession, and uphold proper professional standards, while providing clear and reasoned findings for whatever sanction it ultimately determines.

## Sanction

64. In reaching its decision on the appropriate sanction, the Tribunal had regard to paragraphs 50, 51, 52 and 54 of the Introduction to the Guidance, which states in relation to Case Types involving sexual misconduct.

> *50 .Sexual misconduct may take the form of uninvited or unwelcome behaviour of a sexual nature – or which can be reasonably interpreted as sexual – that offends, embarrasses, harms, humiliates or intimidates an individual. It encompasses elements of harassment and abuse, can be physical, verbal or visual. It can be carried out, and*

*experienced by, anyone regardless of socioeconomic background or protected characteristics.*

*51 sexual misconduct may be sexually motivated, meaning it could be for the doctor's gratification, but won't always be. Where there is no clinical justification for touching a patient or member of the public (which includes a colleague) in a sexual way, or a way that could be perceived as sexual, then it will usually be appropriate to find sexual motivation.*

*52 Behaviour amounting to sexual misconduct can arise inside or outside a doctor's working life. When sexual misconduct arises in a doctor's working life, their behaviour may be directed towards patients, former patients, relatives of patients, or colleagues.*

*54. A relationship, or pursuit of a relationship, between colleagues may be inappropriate where there is an imbalance of power6, or where training and career progression opportunities could be affected, and that is misused. The pursuit of a relationship with a colleague could also amount to sexual misconduct where the pursuit continues in the absence of clear reciprocation, even where there is no imbalance of power.*

65. When deciding on sanction, the Tribunal had regard to the sanctions banding for sexual misconduct cases in Part C of Section 3: MPT hearings.

| *Lower level of risk to public protection* | *Medium level of risk to public protection* | *Higher level of risk to public protection* |
|---|---|---|
| *Suspension up to 6 months* | *Suspension 6 to 12 months* | *Suspension 12 months to Erasure* |

No action

66. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. It noted in particular paragraph 13 states:

*'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'*

67. It determined that there were no exceptional circumstances in this case which could justify it taking no action. It noted that neither party submitted taking no action would be appropriate or proportionate in the circumstances of this case and that this fell well below the indicative sanction banding.

68. Given the serious findings against Dr Bose, the Tribunal determined that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

## Conditions

69. The Tribunal next considered whether to impose conditions on Dr Bose's registration. It bore in mind that any conditions imposed would need to be appropriate, workable, measurable and proportionate and it reminded itself of the relevant paragraphs of the guidance:

> *17. Conditions are suitable 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 of time, with the aim they should be able to safely return to unrestricted practice in the future.*
>
> *…*
>
> *20. Where conditions are put in place, they should be appropriate, workable, and measurable.*
>
> *21. To be appropriate, conditions must address the specific findings about the current and ongoing risk to public protection posed by the doctor.*
> *…*
>
> *23. Conditions are likely to be workable where:*
>
> *a. the doctor has shown insight*

b. *time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
c. *the doctor is willing to remediate, and*
*the MPT is satisfied the doctor will comply with them*

70. The Tribunal considered the sanctions bandings for cases where there is a high level of risk to public protection and noted that it does not indicate that conditions would be sufficient to meet the level of risk identified in this case.

71. The Tribunal also considered that it would not be possible to formulate workable conditions in relation to the misconduct found in this case. Further, even if workable conditions could be formulated, these would not be proportionate and would fail to maintain public confidence and uphold professional standards in light of the seriousness of the findings.

Suspension

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

73. The Tribunal noted paragraph 45 of the relevant section of the Guidance, which states:

> *'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*
>
> *b the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
>
> *c the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'*

74. The Tribunal reminded itself that the purpose of imposing a period of suspension is to manage any current and ongoing risk to public protection while providing a doctor with the opportunity to address the concerns identified and, where appropriate, to return safely to unrestricted practice in the future.

75. The Tribunal acknowledged that there was some evidence demonstrating that Dr Bose had developed a degree of insight into his offending. However, it found that the evidence of meaningful remediation was insufficient to address the concerns arising from his convictions at this time. The Tribunal also reminded itself of its earlier finding at the impairment stage.

76. The Tribunal further reminded itself that there were public safety concerns in this case as Dr Bose had sexually assaulted several colleagues in the workplace whilst acting in his capacity as a senior doctor. It was therefore satisfied that a period of suspension would not provide adequate protection to the public.

77. Accordingly, the Tribunal concluded that suspension would be insufficient to maintain public confidence in the profession, uphold proper professional standards, or satisfy the overarching objective.

Erasure

78. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

79. The Tribunal noted paragraphs 55, 56 and 57 of the relevant section of the Guidance, which provide:

> *'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*
>
> *56 Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a*

*deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*

*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.'*

80. The Tribunal considered that factors set out in paragraph 57 of the Guidance are met in this case. It was satisfied that an order of conditions or suspension would be insufficient to meet the identified level of risk. Further, Dr Bose has been found to have caused harm to multiple women, and he has shown some insight only.

81. The Tribunal determined that the seriousness of Dr Bose's convictions was fundamentally incompatible with continued registration. It concluded that permitting him to remain on the medical register would seriously undermine public confidence in the medical profession and the maintenance of proper professional standards. The Tribunal had regard to the fact that the convictions related to multiple serious sexual assaults committed over a prolonged period, resulting in a substantial custodial sentence and a requirement for registration as a sex offender.

82. While the Tribunal acknowledged Dr Bose's expressions of remorse, sorrow and contrition, it concluded that these factors could not outweigh the offending. The Tribunal considered that a fully informed and reasonable member of the public would be appalled if a doctor convicted of a series of serious sexual assaults over a number of years were permitted to remain on the medical register. In those circumstances, the Tribunal found that no

sanction short of erasure would be sufficient to maintain public confidence in the profession, uphold proper professional standards, and meet the overarching objective.

83. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined to erase Dr Bose's name from the medical register.

## Determination on Immediate Order - 31/07/2026

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

## Submissions

85. On behalf of the GMC, Mr Garside submitted an immediate order of suspension is necessary in this case, given the need to protect the public. He stated that the interim order currently in place should be revoked in any event.

## The Tribunal's determination

86. 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.

87. The Tribunal had regard to paragraphs 83 and 84 of the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction)*, which provide:

> *'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.'*

88. The Tribunal considered that, in light of its previous findings regarding the seriousness of Dr Bose's convictions and misconduct, together with its assessment that there remained a high risk to public protection, an immediate order was necessary. It concluded that all three limbs of the overarching objective were engaged, namely the protection of the public, the maintenance of public confidence in the medical profession, and the upholding of proper professional standards.

89. The Tribunal also had regard to its finding that there remained a significant risk of repetition. Overall, it was satisfied that the factors set out in paragraph 84 of the Sanctions Guidance were present and supported the imposition of an immediate order. The Tribunal considered that it would be wholly inconsistent with its findings to permit Dr Bose to continue to practise without restriction during the appeal period. Accordingly, it determined that an immediate order was necessary to protect the public and maintain confidence in the profession pending the outcome of any appeal.

90. This means that Dr Bose's 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.

91. The interim order currently in place on Dr Bose's registration will be revoked when the immediate order takes effect.

92. That concludes this case.

ANNEX A – 28/07/2026

## Conflict of interest

93. At the outset of these proceedings, the Tribunal was alerted to a possible conflict of interest between one of its members and a medical supporter of Dr Bose. It considered whether the professional contact between Dr Bose's supporter and the Tribunal member gave rise to any conflict of interest or apparent bias.

94. Applying the test in *Porter v Magill*, the Tribunal asked itself whether the fair-minded and informed observer, having considered all the relevant facts, would conclude that there was a real possibility of bias. The Tribunal noted that the contact in question consisted solely of attendance at multidisciplinary team (MDT) meetings, held in a professional context, up to twice a week.

95. There was no evidence of any personal relationship, friendship, or social contact, outside those meetings. The interaction was limited to routine clinical discussion and decision-making of the kind commonly shared by healthcare professionals working within the same service. In these circumstances, the Tribunal was satisfied that a fair-minded and informed observer would regard such contact as ordinary and unavoidable within clinical practice in the same hospital and would not consider it capable of giving rise to a real possibility of bias.

96. The Tribunal therefore concluded that the Tribunal member's participation in MDT meetings did not create a conflict of interest, nor did it undermine the fairness or integrity of the proceedings.

## Service

97. Dr Bose is neither present nor legally represented at this hearing.

98. On behalf of the GMC, Mr Charles Garside, KC, made submissions in relation to service. The Tribunal was also provided with a copy of a General Medical Council (GMC) Service bundle which included but was not limited to:

- A screen shot of Dr Bose's GMC registered address and email contact details;
- Hearing listing notification sent to Dr Bose by post from the Medical Practitioners Service (MPTS) case management team;

- Letter from Dr Bose to the MPTS in response to the MPT listing notification and notifying of change of prison address dated 28 April 2026;
- GMC Rule 34(9) letter and hearing bundles sent by post to Dr Bose dated 20 May 2026;
- Letters sent by special delivery from the GMC to Dr Bose attaching the Notice of Allegation dated 2 June 2026 with proof of service dated 4 and 5 June 2026;
- Notice of hearing letter (NOH) sent from the MPTS to Dr Bose by special delivery dated 4 June 2026 with proof of service dated 5 June 2026;
- Letter from Dr Bose to the GMC acknowledging receipt of the GMC's Rule 34(9) letter and the Notice of Allegation;
- Letter from the GMC to Dr Bose confirming the position regarding attendance at the MPT hearing dated 12 June 2026;
- Letter from the GMC to Dr Bose acknowledging Dr Bose's various correspondence and chasing response on hearing attendance dated 23 June 2026;
- Letter from Dr Bose to the GMC regarding his attendance on 31 July 2026 only dated 29 June 2026;
- Emails between the MPTS and Dr Bose regarding his attendance at the MPT hearing dated 7 to 16 July 2026.

99. Mr Garside, referred the Tribunal to the relevant documentation and submitted that service of the notice of hearing had been effected. He said that the necessary information had been provided to Dr Bose, which included the date, time and venue of this hearing and also possible hearing outcomes. Mr Garside submitted that Dr Bose had received the notices of the hearing and had responded to them. He stated that Dr Bose is detained in prison and had arranged with the prison service to attend on 31 July 2026.

100. In all the circumstances, the Tribunal determined that notice of this hearing had been served on Dr Bose in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

## Proceeding in Absence

101. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Bose's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest.

102. Mr Garside invited the Tribunal to proceed with the hearing in Dr Bose's absence.

103. In deciding whether to proceed with this hearing in Dr Bose's absence, the Tribunal carefully considered all the information before it. The Tribunal had regard to the relevant legal authorities, *Jones, Tate* and *Adeogba* and the relevant provisions of the GMC Fitness to Practise Rules.

104. The Tribunal noted that Dr Bose had not voluntarily waived his right to attend the hearing but is unable to attend until Friday 31 July 2026 because he is in prison. However, Dr Bose has made no request for an adjournment to enable him to attend on 28 to 30 July 2026. The Tribunal was satisfied, from the information before it, that an adjournment would not result in Dr Bose's participation before the 31 July 2026 as agreed with the prison service.

105. The Tribunal considered that there was a public interest in the timely disposal of these proceedings bearing in mind the need to ensure fairness to both parties. The Tribunal determined that it was in the interest of justice to proceed in the absence of Dr Bose in accordance with Rule 31 of the Rules.