

**PRIVATE RECORD**

Date: 04/09/2026

**Doctor:** Dr Anand GURUNG

**GMC reference number:** 7088751

**Primary medical qualification:** MB BS 2008 B. P. Koirala Institute of Health Sciences

**Type of case** **Outcome on impairment**

Review - Misconduct Impaired

**Summary of outcome**

Erasure  
Immediate order imposed

**Tribunal:**

|                             |                    |
|-----------------------------|--------------------|
| Legally Qualified Chair     | Ms Melissa Coutino |
| Lay Tribunal Member:        | Mr John Kelly      |
| Registrant Tribunal Member: | Dr Jamal Zaidi     |
|                             |                    |
| Tribunal Clerk:             | Fiona Johnston     |

**Attendance and Representation:**

|                     |                              |
|---------------------|------------------------------|
| Doctor:             | Not present, not represented |
| GMC Representative: | Ms Claire Anderson, Counsel  |

**Attendance of Press / Public**

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

## 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 Impairment - 04/09/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.
2. At this review hearing the Tribunal has to decide, in accordance with Rule 22(1)(f) of the Rules, whether Dr Gurung's fitness to practise remains impaired by reason of misconduct.

## The Outcome of Applications Made during the Impairment Stage

3. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, for the case to proceed in the absence of Dr Gurung. The Tribunal's full decision on the application is included at Annex A.

## Background

4. Dr Gurung qualified in 2008 and first registered with the General Medical Council ('the GMC') in 2012. At the time of the events Dr Gurung was practising as a Specialty Trainee level 1 within the Western Health and Social Care Trust in Northern Ireland ('the Trust'), having been appointed through the General Practice Training Scheme. He commenced his GP training rotation in February 2019 in the Acute Medical Unit and rotated to Paediatrics at the beginning of August 2019.
5. The allegation which led to the initial MPT hearing arose from events during a single night shift on 16th/17th September 2019 and related to three patients – referred to as Patients A, B and C.

6. With regard to Patient A, in summary, it was alleged that Dr Gurung made an inappropriate diagnosis and that he failed to:

- obtain an appropriate patient history;
- carry out an appropriate examination;
- consider relevant issues;
- undertake appropriate investigations;
- request a senior review as soon as possible;

7. In the alternative, it was alleged that Dr Gurung failed to record his actions.

8. With regard to Patient B, in summary, it is alleged that Dr Gurung failed to respond to a request by nurses to clerk the patient, and that he failed to:

- obtain an appropriate patient history;
- carry out an appropriate examination;
- consider relevant issues;
- undertake appropriate investigations;
- consider a differential diagnosis or exclude a potential diagnosis;
- request assistance from nursing colleagues.

9. It was alleged that Dr Gurung made an inappropriate diagnosis and recorded factually incorrect information. In the alternative, it was alleged that Dr Gurung failed to record his actions.

10. With regard to Patient C, in summary, it was alleged that Dr Gurung inappropriately delayed attending to the patient, and that he failed to:

- obtain an appropriate patient history;
- carry out appropriate examinations;
- exclude possible diagnoses;
- request advice and assistance;
- take appropriate actions;
- record particular details.

11. In the alternative, it was alleged that Dr Gurung failed to record his actions.

12. The initial concerns were raised with the GMC as part of the Trust's investigation into Dr Gurung's actions.

#### 2022/23 Tribunal

13. A Medical Practitioners Tribunal (MPT) to consider Dr Gurung's case took place from 12 December 2022 to 18 August 2023 ('the 2022/23 Tribunal'). The hearing went part heard between 16 December 2022 to 19 June 2023 and 22 June to 18 August 2023.

14. The 2022/23 Tribunal found various allegations proved in relation to all three patients and determined Dr Gurung's fitness to practise was impaired by reason of his misconduct. It imposed conditions on Dr Gurung's registration for a period of 36 months.

15. The 2022/23 Tribunal wished to clarify that at the review hearing, the onus would be on Dr Gurung to demonstrate how he has remediated and developed full insight into his misconduct. It considered that those reviewing Dr Gurung's case may be assisted by receiving the following:

- Evidence of further insight;
- A reflective statement on his ongoing development including (but not limited to) his further insight into the issues underlying his misconduct;
- An up-to-date report from his mentor and/or supervisor;
- A personal development plan;
- Evidence of having addressed the misconduct identified in this case and the deficiencies as outlined above;
- Evidence of having kept his clinical knowledge and skills up to date.

#### **Today's Review**

16. This was the first review of Dr Gurung's case. The Tribunal was required to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Gurung's fitness to practise remained impaired by reason of his misconduct.

## The Evidence

17. The Tribunal had regard to documentary evidence provided by the GMC. This evidence included:

- Record of Determination dated 18 August 2023;
- Correspondence between the GMC and Dr Gurung between October 2023 and July 2026.

## Submissions

18. Ms Anderson submitted that this was the first review hearing and the Tribunal would be familiar with the new review guidance and the steps set out at paragraphs 1A and 1B, which she did not consider it necessary to take the Tribunal through in detail.

19. She submitted that Dr Gurung had not provided any documentation or other evidence in support of his position to demonstrate that he had remediated his misconduct or developed full insight into his behaviour. She submitted that Dr Gurung had again indicated that, as he was no longer practising medicine, he would not complete the relevant forms. She submitted that, on the face of the evidence, this raised the issue of whether the conditions imposed upon his registration had been complied with. She acknowledged, however, that some of the conditions would be difficult for Dr Gurung to comply with given that he had relinquished his licence to practise and was no longer engaged in clinical work.

20. Ms Anderson submitted that, in May 2026, Dr Gurung had responded to an email from the GMC indicating that he had stopped practising medicine and had moved on with his life. She submitted that he had also stated that he had resigned from practice and wished to stop being contacted. She submitted that the GMC had responded by informing Dr Gurung that he could apply for voluntary erasure from the medical register at any time, but it appeared that no such application had been made.

21. Ms Anderson submitted that Dr Gurung had provided no evidence to demonstrate that the impairment identified by the substantive Tribunal had been remedied or that the risks arising from his misconduct had been reduced. In the absence of such evidence, she submitted that the GMC's position was that Dr Gurung continued to pose a current and ongoing risk to public protection and that restrictive action remained necessary. She

submitted that his fitness to practise therefore remained impaired by reason of his misconduct.

22. Ms Anderson submitted that the matters found proved by the substantive Tribunal had placed patient safety at risk and that there remained a need to maintain public confidence in the medical profession. She submitted that Dr Gurung had provided no evidence to demonstrate that the risk he previously posed had reduced or that he had developed any insight into the behaviours giving rise to the concerns.

23. She further submitted that he had provided no evidence of any updating of his clinical skills, with the most recent relevant evidence dating back to January 2024, when he had not completed a Personal Development Plan because he was no longer in practice.

24. She submitted that Dr Gurung's continued lack of engagement was also relevant to the assessment of the risk he currently posed. In the absence of any evidence of remediation, insight or a reduction in risk, she submitted that he continues to pose a current and ongoing risk to public protection. She submitted that a finding of impairment was therefore necessary to ensure that patient safety is protected and that public confidence in the medical profession is maintained.

25. Ms Anderson further submitted that, if the Tribunal concluded that Dr Gurung's risk had not materially changed or had increased, he would continue to pose a current and ongoing risk to public protection requiring restrictive action, in accordance with paragraph 81 of the review guidance. She submitted that this remained the case notwithstanding the fact that Dr Gurung had relinquished his licence to practise. She submitted that, if there were no finding of current impairment, there would be nothing to prevent Dr Gurung from seeking to reapply for his licence to practise in due course.

26. No submissions were received from Dr Gurung.

### **The Relevant Legal Principles**

27. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

28. Throughout the decision-making process, the Tribunal bore in mind the GMC and MPTS's legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which

is split into three distinct parts. That duty to protect the public means that a Tribunal must act in a way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession ('uphold professional standards').

29. The Tribunal reminded itself that the decision as to whether a doctor's fitness to practise remained impaired was a matter for the Tribunal's judgement alone. As noted above, the 2022/23 Tribunal set out a number of matters by which it considered a future Tribunal may be assisted. This Tribunal was aware that it was for Dr Gurung to satisfy it that he would be safe to return to unrestricted practice.

30. In doing so this Tribunal was required to assess whether Dr Gurung posed any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. That assessment must be made by reference to the findings of the 2022/23 Tribunal as well as any relevant new evidence presented at this hearing. The Tribunal was required to determine whether Dr Gurung's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

### **The Tribunal's Determination on Impairment**

#### What was the 2022/23 Tribunal's assessment of risk to public protection and the reasons given for it?

31. The Tribunal noted that the 2022/23 Tribunal hearing took place before the new Guidance for MPTS Tribunals was published. Therefore the 2022/23 Tribunal did not specifically state the level of risk that it considered the doctor posed in terms of one or more or the three parts of public protection. This does not preclude this Tribunal from considering what the level of risk posed by Dr Gurung was and whether the level has now changed.

32. The Tribunal had regard to the determination of the 2022/23 Tribunal. It noted that Dr Gurung had initially engaged with the Trust's investigation and with the GMC. In his Rule 7 response, he had accepted that his actions caused errors to be made in relation to patient care and had demonstrated some insight into his misconduct. He had also sought to remediate his deficiencies by undertaking relevant courses. However, the Tribunal noted

that, since 2020, Dr Gurung had disengaged from the proceedings and had not continued to engage with the regulatory process. The 2022/23 Tribunal concluded that;

*'In the circumstances, the Tribunal was concerned that it had not been provided with recent or current evidence of Dr Gurung having attained full insight or that his remediation was complete, and it noted that it had no evidence of Dr Gurung having kept his knowledge and skills up to date since 2020. In that context, the Tribunal considered that it could not be satisfied that there was no risk of repetition at this stage.*

*Overall, the Tribunal considered that, as a result of Dr Gurung's disengagement from the regulatory process, the absence of further evidence of insight and remediation, and the absence of evidence of Dr Gurung having kept his clinical skills up to date, a finding of current impairment of fitness to practise was appropriate. The Tribunal considered that such a finding is necessary 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 the profession'*

33. This Tribunal was of the view that, having regard to the findings made by the 2023 Tribunal and its recorded comments as regards sanction, and the categorisation of risk set out in the current Guidance, the 2022/23 Tribunal would have considered this case to fall within the medium category.

34. The Tribunal also took into account the doctor's continued disengagement from the regulatory process and the absence of evidence demonstrating insight or remediation. Dr Gurung has also not been employed in a clinical capacity since in and around 2020 and, as a result of his prolonged absence from clinical practice, would have become deskilled.

35. The Tribunal considered that these factors were relevant to its assessment of the current level of risk and to whether the concerns identified by the previous Tribunal had been adequately addressed.

What new evidence has been received since the 2022/23 Tribunal hearing and what impact does it have?

36. The Tribunal noted that Dr Gurung had not provided the evidence identified by the previous Tribunal as being necessary to demonstrate that he had adequately addressed the concerns arising from the misconduct and deficiencies previously identified. Apart from an email dated 6 November 2025, in which he responded to the GMC regarding his work status by stating that he was “*not working*”, Dr Gurung has not provided evidence of remediation, insight, or any steps taken to address the concerns identified by the previous Tribunal. In particular, given Dr Gurung’s lack of clinical practice during the current sanction period and for a period prior to it, he could not demonstrate through clinical practice that those deficiencies had been addressed or remediated.

37. The Tribunal therefore considered that because Dr Gurung remained out of clinical practice, there was insufficient evidence of any remediation. Further, it had not been provided with any evidence of how his insight had developed such as to conclude that he is currently fit to practise. The Tribunal recognised that there had been a material change in his personal circumstances since the previous hearing. In particular, Dr Gurung had confirmed that he no longer wished to practise medicine and had indicated that he had ‘moved on with his life’. The Tribunal considered that this is relevant to its assessment of the current risk posed by Dr Gurung and to the question of what, if any, regulatory action remained necessary and proportionate in the circumstances.

What evidence is there of insight and is Dr Gurung’s insight genuine?

38. The Tribunal considered that the lack of any evidence and engagement in this matter by Dr Gurung could fairly be taken as suggestive of a lack of any further insight having been developed.

What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?

39. It was not possible for the Tribunal to come to the view that Dr Gurung’s misconduct has been remedied as he has failed to provide any evidence despite being prompted to by the 2022/23 Tribunal. The Tribunal found that the lack of any evidence of remediation coupled with the lack of any evidence of insight having been developed in the intervening period brought the Tribunal to the conclusion that there is a risk of repetition.

Has the doctor kept their knowledge and skills up to date?

40. The Tribunal had no evidence that Dr Gurung had kept their knowledge and skills up to date.

Has the risk to public protection that previously required restrictive action in response changed and if so, how?

41. The Tribunal considered that Dr Gurung's lack of engagement raised concern regarding the current risk to public protection, particularly in the absence of the objective evidence identified by the 2022/23 Tribunal as necessary to demonstrate insight, remediation and reflection. Dr Gurung had not undertaken clinical practice since 2020 and had relinquished his licence to practise. He has provided no evidence of meaningful progress in addressing the concerns previously identified. This Tribunal was therefore not satisfied that the risks previously identified have been adequately addressed. It concluded that the risk to public protection has increased given that it has now been three years since Dr Gurung practised and his level of competency at that time.

42. The Tribunal determined that Dr Gurung continues to pose a current and ongoing risk to public protection which required restrictive action. It was satisfied that a finding of impairment remains necessary to protect public safety, maintain public confidence in the profession and uphold proper standards of conduct. Having regard to the absence of sufficient evidence of insight and remediation, his continued lack of engagement and the risk of repetition of the misconduct, the Tribunal considered the current level of risk to be high.

43. This Tribunal therefore determined that Dr Gurung's fitness to practise remains impaired by reason of misconduct.

#### **Determination on Sanction - 04/09/2026**

1. Having determined that Dr Gurung's fitness to practise is impaired by reason of misconduct, 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 his registration.

## The Evidence

2. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Gurung's registration.

## Submissions

3. On behalf of the GMC, Ms Anderson submitted that erasure was the appropriate and proportionate sanction in this case and that a further period of conditions was not appropriate. She submitted that Dr Gurung has already been subject to conditions for three years, during which he had not practised and had failed to provide evidence demonstrating compliance, insight, remediation or reflection. She submitted that, although suspension was available to the Tribunal where conditions were unworkable and the level of risk required it, suspension was not appropriate in the circumstances.

4. Ms Anderson referred the Tribunal to paragraphs 99, 130 and 136 of the MPTS Guidance. She submitted that, where fitness to practise remained impaired and the level of risk had increased, erasure could be proportionate where conditions or suspension would not be sufficient to protect the public. She relied upon the Tribunal's finding that Dr Gurung's risk had increased, together with the absence of evidence of insight, remediation, reflection or maintenance of his professional skills. She further relied upon his clear indication that he no longer wished to practise medicine, had relinquished his licence and did not wish to engage further with the GMC.

5. Ms Anderson submitted that, in those circumstances, neither conditions nor suspension would provide sufficient protection to the public and that erasure was a proportionate sanction. She referred to paragraph 55 of the Guidance and submitted that Dr Gurung's behaviour was incompatible with continued registration given the significant level of risk. She accepted that the seriousness of the original misconduct, considered in isolation, might not have warranted erasure, but submitted that the original misconduct had to be considered together with the subsequent lack of insight, remediation and engagement. She further submitted that it would not be a proportionate use of the GMC's or the MPTS's resources to maintain restrictions on a doctor who had clearly indicated that he no longer wished to practise medicine or engage with the regulatory process. Ms Anderson therefore submitted that erasure was the appropriate sanction.

6. No submissions were received from Dr Gurung.

### The Tribunal's Determination

7. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own independent judgement. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals and the overarching objective. It has reviewed its decision on impairment and has considered the level of current and ongoing risk that Dr Gurung poses to public protection.

8. The Tribunal was clear that it should have regard to the principle of proportionality and should start by considering the least restrictive option when determining what sanction to impose, if any. In terms of proportionality, the Tribunal must ask itself what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. The Tribunal has also borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

9. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals (including Section three: MPT hearings - review hearings > Step 2: decision on what action to take, if any > Outcomes available to the MPT at the sanction stage of a review).

10. The Tribunal also had regard to the table set out at paragraph 62 of the MPTS Guidance – 'sanctions banding' in its consideration.

| Case type         | Lower level of risk to public protection | Medium level of risk to public protection         | Higher level of risk to public protection |
|-------------------|------------------------------------------|---------------------------------------------------|-------------------------------------------|
| Clinical concerns | Conditions 12 to 24 months               | Conditions 24 to 36 months to Suspension 6 months | Suspension 6 months to Erasure            |

11. The Tribunal appreciated that its task is to determine what is the necessary and proportionate regulatory action to take at this stage to address the level of current and ongoing risk to public protection.

#### No action

12. 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.’*

13. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals, including that it will usually be necessary for the Tribunal to restrict a doctor’s registration where their fitness to practise is impaired in order to achieve public protection. There may be exceptional circumstances to justify a Tribunal taking no action but *“Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare”*.

14. The Tribunal did not identify any exceptional circumstances in this case such as to justify a decision to take no further action. It determined that, in view of its findings on impairment, it would be neither sufficient nor in the public interest to conclude this case by taking no action.

#### Conditions

15. Turning next to whether it would be appropriate to impose a conditions of practice order, the Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraphs 23 and 28 state:

*‘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*
- d. the MPT is satisfied the doctor will comply with them.*

28 Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

- a. the doctor has demonstrated they are willing and/or able to remediate*
- b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining*
- c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong*
- d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.*

16. The Tribunal had particular regard to paragraph 62 of the MPTS Guidance which, as mentioned above, sets out a table for considering the appropriate sanction based on the level of risk to public protection.

17. The Tribunal was satisfied that the factors set out in paragraphs 23 and 28 above do not apply in this case. Dr Gurung has shown no insight despite being given three years to provide such evidence. Dr Gurung has not presented any evidence that he was willing to remediate his actions to date and provided no indication that he intended to do so in the future. Further, it noted that in its determination on impairment, that the risk in this case fell at the higher end of the spectrum of seriousness.

18. Further, the Tribunal considered that there was no evidence before either the previous Tribunal or this Tribunal to suggest that Dr Gurung would comply with any further conditions. In particular, he had failed to demonstrate compliance with the conditions previously imposed upon him and has not engaged with the regulatory process.

19. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. In light of its findings at the impairment stage and Dr Gurung's disengagement with these proceedings, the Tribunal determined that it would

not be possible to formulate a set of appropriate, workable and measurable conditions which could adequately address the risk to public protection as identified.

## Suspension

20. The Tribunal then went on to consider whether suspending Dr Gurung's registration would be appropriate and proportionate.

21. In considering whether a further period of suspension would be appropriate, the Tribunal had regard to paragraphs 41 – 54 of the MPTS Guidance. In particular, paragraph 45 states:

### *'When is suspension likely to be proportionate?*

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.'*

22. The Tribunal has found that there remains a risk to patient safety, and that the level of risk has increased due to Dr Gurung's inevitable deskilling given he has been out of clinical practice and has relinquished his licence to practise medicine.

23. The Tribunal was mindful that the sanction banding suggested that the appropriate sanction in this case fell within the range of six months' suspension to erasure. In determining the appropriate sanction, the Tribunal considered the seriousness of the concerns arising from Dr Gurung's subsequent lack of engagement, his failure to provide evidence of insight and remediation, and the absence of evidence demonstrating that he has maintained his medical knowledge and skills over nearly three years. The Tribunal reminded itself of its finding that these concerns fell at the higher end of the spectrum of seriousness, that all

three limbs of public protection were engaged, and that, in the absence of evidence of remediation, there remains a risk of repetition of the misconduct. The Tribunal also took into account that Dr Gurung has made clear that he no longer wished to practise medicine.

24. The Tribunal considered that a period of suspension would not be adequate or sufficient in mitigating the serious concerns posed to the protection of the public.

## Erasure

25. In considering erasure, the Tribunal had regard to paragraphs 55 - 59 of the MPTS Guidance. In particular, paragraphs 55 and 57 state:

*‘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.*

### ***When will erasure be the only proportionate response?***

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.’*

26. The Tribunal considered the nature of Dr Gurung’s misconduct. It took into account its finding that the risk to public protection has increased, and the absence of any evidence of insight and remediation and of maintaining medical knowledge and skills.

27. In all the circumstances, the Tribunal found that Dr Gurung's misconduct, and his lack of engagement with the regulatory process throughout these proceedings, and his failure to address the matters which the 2022/23 Tribunal identified, were incompatible with continued registration. Dr Gurung had shown a persistent lack of insight into his misconduct. In view of this, the Tribunal was satisfied that the factors set out in paragraph 57 above are engaged in this case.

28. The Tribunal recognised that the sanction of erasure was the most serious sanction that could be imposed but it considered that it was proportionate where no other sanction would adequately uphold public safety and public confidence in the profession or the regulator given the doctor's non-engagement. Therefore, the Tribunal determined that erasure was the proportionate sanction.

29. The Tribunal therefore determined to erase Dr Gurung's name from the medical register.

#### **Determination on Immediate Order - 04/09/2026**

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

#### **Submissions**

2. On behalf of the GMC, Ms Anderson submitted that an immediate order under section 38(1) of the Medical Act 1983 was appropriate to ensure that Dr Gurung remained subject to restriction pending the coming into effect of the Tribunal's decision, including any appeal.

3. No submissions were received from Dr Gurung.

#### **The Tribunal's Determination**

4. In reaching its decision, the Tribunal has exercised its own judgement and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order only if it is satisfied that it is necessary for the protection of members of

the public or is otherwise in the public interest or is in the best interests of the practitioner. It has also considered the guidance given in paragraphs 172, 173, and 178 of the SG relating to immediate orders:

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

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

...

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

5. The Tribunal also had regard to its previous determinations and the submissions it heard.

6. The Tribunal concluded that it would be inconsistent with its findings regarding the seriousness of Dr Gurung's misconduct if he were to be able to return to unrestricted practice. Accordingly, the Tribunal was satisfied that it was necessary to make an immediate order of suspension in the public interest, to maintain public confidence in the profession.

7. This means that Dr Gurung's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made

in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

8. The substantive order of conditions is hereby revoked.
9. That concludes this case.

**ANNEX A – 04/09/2026**

**SERVICE AND PROCEEDING IN ABSENCE**

1. Dr Gurung was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in his absence.

**Submissions**

2. The Tribunal was provided with a copy of a Service bundle from the GMC. This included:

- Proof of address for Dr Gurung;
- MPTS Notice of Hearing, dated 26 November 2025;
- Email from the GMC to Dr Gurung dated 20 July 2026, attaching GMC Information Letter and draft bundle;
- Email Proof of Delivery dated 20 July 2026;
- GMC General Enclosure Letter dated 24 July 2026, enclosing GMC Information Letter and draft bundle;
- General Enclosure Letter - Proof of Delivery, signed for 28 July 09:57am;
- Email from Dr Gurung to the MPTS confirming receipt of the Notice of Hearing, dated 30 July 2026.

3. Ms Claire Anderson submitted that the GMC had applied to proceed with the review hearing in Dr Gurung's absence pursuant to Rule 31 of the Fitness to Practise Rules 2004. She submitted that the MPTS may proceed in a doctor's absence where it is satisfied that reasonable efforts have been made to serve notice of the hearing.

4. She submitted that Dr Gurung was first notified of the date of the hearing by an MPTS Notice of Hearing and Case Management document dated 26 November 2025. He was further reminded of the hearing date during email correspondence with the Investigation Officer on behalf of the GMC in May 2026, which appears at page 148 of the substantive bundle. A further email was sent to Dr Gurung on 6 July 2026 confirming the date of the hearing, at page 150 of the substantive bundle. A further email was sent on 20 July 2026, at page 151, again confirming the date of the hearing and attaching the draft bundle for the review hearing and the information letter. As no reply was received, she submitted that a further copy was sent to Dr Gurung by post on 24 July 2026 to his last known postal address

in County Antrim. That correspondence was sent by special delivery and a copy of the delivery receipt was available.

5. She submitted that a further letter was sent to Dr Gurung by email on 30 July 2026, at page 18 of the updated service bundle. Dr Gurung replied to that email simply stating, “received”, which appears at page 23 of the updated service bundle. On 18 August 2026, the GMC sent Dr Gurung a copy of the completed C2 form for him to complete his part of the form. He replied on the same day stating, “I stopped practising a long time ago, so I am not filling anything.” A reply was sent by the GMC explaining that completion of the form was essentially part of the standard regulatory process, but no further response had been received from Dr Gurung.

6. She submitted that proper notice of the hearing had therefore been served upon Dr Gurung, both by email and by post, and that the first stage of the test was satisfied in that the Tribunal could be satisfied that he had been given sufficient notification of the hearing. She submitted that, in considering whether to proceed in the doctor’s absence, the GMC relied upon the well-known principles in *Adegbite v GMC* [2016] EWCA Civ 162. She submitted that there was an expectation upon a doctor to comply with the regulatory process and that, in the circumstances of this case, Dr Gurung was deliberately absenting himself from the proceedings.

7. She submitted that Dr Gurung had previously failed to engage with the substantive proceedings, having not attended the substantive hearing which had taken place on three separate occasions during 2022 and 2023. She submitted that he was aware of the present hearing, as demonstrated by the correspondence already outlined, and that there had been no application or indication from him that he wished to adjourn the review hearing. She therefore submitted that it was fair and appropriate for the Tribunal to proceed in his absence, taking into account the previous correspondence, his previous lack of engagement with the proceedings and his current responses to the GMC.

8. She submitted that there was nothing to suggest that an adjournment would secure Dr Gurung’s attendance at any future review hearing. She further submitted that the conditions currently imposed upon his registration were due to expire on 22 September 2026, which was less than three weeks away. She therefore submitted that, when considering the Tribunal’s overriding objective of protecting, promoting and maintaining the health and safety of the public, and balancing those interests against the position of the

essentially unengaged doctor, the appropriate course was for the Tribunal to proceed with the review hearing in Dr Gurung's absence.

### The Relevant Legal Principles

9. The Tribunal considered Rule 31 of the Rules:

*31 Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.*

10. The Tribunal referred to the cases of *GMC v Adeogba*; *GMC v Visvardis* [2016] EWCA Civ 162 and *R v Jones* [2001] EWCA Crim 168.

11. The Tribunal also bore in mind the new *Guidance for MPTS Tribunals*, Section 1 on procedural matters, specifically the paragraphs on proceeding in a doctor's absence.

### Service

12. The Tribunal first considered whether the Notice of Hearing had been served in accordance with Rules 20 and 40 and paragraph 8 of Schedule 4 to the Medical Act 1983.

13. The Tribunal took account of the screenshot showing the doctor's address and considered that the MPTS and GMC had sent the Notice of Hearing to Dr Gurung at his last known address. The Tribunal also noted that correspondence concerning the hearing had been sent to Dr Gurung as far back as November 2025 and that Dr Gurung had responded to emails sent to him by the GMC. The Tribunal considered that these matters demonstrated that Dr Gurung was aware of the proceedings and had received correspondence concerning the hearing.

14. Accordingly, the Tribunal was satisfied that the Notice of Hearing had been properly served upon Dr Gurung and that the requirements for service had been complied with in accordance with the Rules.

### Proceeding in absence

15. The Tribunal then considered whether it would be appropriate to proceed with this hearing in Dr Gurung's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of the doctor should be exercised with caution, balancing the interests of the doctor with the wider public interest.

16. The Tribunal noted the relevant case law in determining whether to proceed in Dr Gurung's absence. The Tribunal found nothing to indicate that, if this hearing were adjourned, Dr Gurung would be more likely to attend at a later date. The Tribunal considered that Dr Gurung had voluntarily absented himself from these proceedings. Despite having had ample opportunity to engage with the proceedings and to provide an explanation for his non-attendance, he had not provided any evidence of any inability to attend. The Tribunal also noted that Dr Gurung had been subject to conditions on his registration for the last three years and was aware that those conditions were due to expire. The Tribunal further took into account that Dr Gurung had relinquished his licence and had expressly indicated that he did not wish to engage any further with the regulatory process. In the circumstances, the Tribunal considered that there was no good reason to adjourn the hearing.

17. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. The Tribunal accordingly exercised its discretion to proceed in Dr Gurung's absence in accordance with Rule 31 of the Rules.