MPTS Medical Practitioners Tribunal Service

PUBLIC RECORD

Dates: 13/07/2026 - 17/07/2026
14/09/2026 - 21/09/2026

Doctor:	Dr Asis KUMAR
GMC reference number:	3230440
Primary medical qualification:	MB BS 1979 Calcutta

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

Summary of outcome

Erasure
Immediate suspension

Tribunal:

Legally Qualified Chair	Ms Louise Sweet
Lay Tribunal Member:	Dr Tayyab Haider
Registrant Tribunal Member:	Ms Sarah McAnulty

Tribunal Clerk:	Mr Sewa Singh 13/07/2026 - 17/07/2026 Mr Larry Millea 14/09/2026 - 21/09/2026

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Scott Ivill, Counsel, instructed by the MDDUS
GMC Representative:	Katie Jones, 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 - 15/09/2026

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 Kumar's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Kumar qualified in 1979 in Calcutta. At the time of the alleged matters, Dr Kumar was working as a full-time Consultant Stroke Physician at Kingston Hospital ('the Hospital'), part of Kingston and Richmond NHS Foundation Trust ('the Trust'). Dr Kumar began working at the Hospital in March 2015. In February 2022, Dr Kumar resigned from his employment at the Hospital.

3. During sometime between May and September 2021, Dr Kumar is alleged to have behaved in a sexual way towards a junior female colleague, Ms A, who worked at the Hospital as a XXX. This behaviour included that Dr Kumar allegedly touched Ms A on her stomach with his hand over her clothing; pinched and/or touched Ms A's cheek; placed his arm around Ms A and pulled her towards him; kissed Ms A on her cheek; made inappropriate comments to Ms A such as she had not lost that much weight and repeatedly told her that he loved her smell. Further, it is alleged that on 8 September 2021, Dr Kumar placed on and then moved

his hand up and down Ms A's thigh; kissed her on her cheek and asked Ms A to give him a kiss.

4. It is alleged that on 16 September 2021, Dr Kumar telephoned Ms A on one or more occasions, and on 28 September 2021, sent her a WhatsApp message, as set out in Schedule 1. It is alleged that Dr Kumar's actions constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010 because he engaged in unwanted conduct of a sexual nature; and that his actions were sexually motivated; and an abuse of his senior position.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Kumar is as follows:

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

1. On one or more occasions between May and September 2021, whilst working with Ms A, you:

   a. touched Ms A on her stomach with your hand over her clothes; To be determined

   b. pulled down Ms A's mask from her face; To be determined

   c. pinched and/or touched Ms A's cheek; To be determined

   d. placed your arm around Ms A's shoulders and pulled her towards you; To be determined

   e. kissed Ms A on the cheek; Admitted and found proved

   f. stood very close to Ms A and smelled her neck; To be determined

   g. made inappropriate comments to Ms A in that you stated words to the effect of:

      i. 'you haven't lost that much weight'; To be determined

ii. 'I will miss you so much'; To be determined

iii. 'I love your smell'; To be determined

iv. when Ms A invited you to her leaving party outside of work with other work colleagues, you replied 'no, just you and me'. To be determined

2. On 8 September 2021, you:

a. at, or around, 08:00:

i. pulled down Ms A's mask from her face; To be determined

ii. pinched Ms A's cheek; To be determined

iii. placed your arm around Ms A's shoulders and pulled her towards you; To be determined

iv. commented to Ms A 'you smell really lovely today, I love your smell', or words to that effect; To be determined

b. at, or around, 11:00:

i. indicated to Ms A she should leave her office and come into your office; Admitted and found proved

ii. instructed Ms A to place her chair directly next to your chair; Admitted and found proved

iii. placed your hand on Ms A's thigh; To be determined

iv. moved your hand up and down Ms A's thigh; To be determined

v. kissed Ms A on the cheek; Admitted and found proved

vi. asked Ms A to give you kiss; To be determined

vii. turned your head as Ms A gave you a kiss on the cheek in an attempt to have her kiss you on the lips; To be determined

viii. asked Ms A to give you a hug; Admitted and found proved

ix. whilst giving Ms A a hug, stroked Ms A's sides/back; To be determined

x. placed both of your hands on Ms A's bottom; To be determined

xi. commented to Ms A, 'don't tell anyone we had a cuddle because of Covid', or words to that effect; To be determined

c. at 14:55 you telephoned Ms A to enquire where she was and/or how she was feeling. Admitted and found proved

3. On 16 September 2021, you telephoned Ms A on one or more occasions. Admitted and found proved

4. On 28 September 2021, you sent a WhatsApp message to Ms B as set out in Schedule 1. Admitted and found proved

5. Your actions as set out in paragraphs:

a. 1, 2a and 2b:

i. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; To be determined

ii. were sexually motivated; To be determined

b. 2bxi, 2c, 3 and 4 were an attempt to ensure Ms A did not discuss your conduct with other people and/or pursue a police complaint against you;
Admitted and found proved in relation to paragraph 4 of the Allegation only / To be determined

c. 1 to 4 were an abuse of your more senior position.
Admitted and found proved in respect of paragraph 4 of the Allegation only / To be determined

And that by reason of the matters set out above, your fitness to practise is impaired because of your misconduct. To be determined.

The Admitted Facts

6. At the outset of these proceedings, in accordance with Rule 17(2)(d) of the 'the Rules', Dr Kumar through his Counsel, Mr Scott Ivill, made admissions to the paragraphs of the Allegation, as set out above. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

The facts to be determined

7. In light of Dr Kumar's response to the Allegation, the Tribunal is required to determine the disputed allegations, whether Dr Kumar behaved in a sexually motivated way towards Ms A, whether his actions constituted sexual harassment on one or more occasions in 2021 and/or were an abuse of his more senior position.

Witness Evidence

8. The Tribunal received witness statements on behalf of the GMC from:

a) Witness Statement of Ms A, dated 14 April 2022. Ms A also gave oral evidence.
b) Witness Statements of Ms C, a friend of Ms A, dated 28 February 2025 and 15 May 2025. Ms C also gave oral evidence.
c) Witness Statement of Ms D, Administration Manager at Kingston Hospital NHS Foundation Trust, dated 9 February 2022. Ms D also gave oral evidence.

d) Witness Statement of Dr E, Consultant in Anaesthetics & Intensive Care at Kingston Hospital NHS Foundation Trust, dated 19 January 2022.
e) The Tribunal received testimonial evidence on behalf of Dr Kumar. Dr Kumar provided a witness statement, dated 5 August 2025. He also gave oral evidence.
f) Witness Statements of Ms B, dated 8 February 2022 and 13 May 2025. Ms B was not called to give oral evidence.

Documentary Evidence

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

a) Initial statement of Ms A, dated 8 September 2021;
b) Calls logs of Ms A;
c) Recording and transcript of police interview with Ms A, dated 5 November 2021;
d) Police statement of Ms C, dated 21 December 2021;
e) Trust statement of Ms B, dated 14 October 2021;
f) Text message exchange between Ms B and Dr Kumar, dated 28 September 2021;
g) Police statement of Ms B, dated 28 December 2021;
h) Notes of the Trust meeting with Dr Kumar, dated 22 September 2021;
i) Various criminal trial documents.

The Tribunal's Approach

10. 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.

11. The Tribunal will approach fact finding by firstly 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 should not decide reliability and credibility based on the demeanour of a witness alone.

12. The Tribunal reminded itself that it must form its own judgment about the evidence presented to it.

13. The Tribunal was mindful that its task at this stage is to consider the evidence and submissions and make findings in relation to the factual allegations in dispute. Each paragraph of the Allegation has to be considered separately and in turn.

The Tribunal's Analysis of the Evidence and Findings

Agreed Facts

14. The Tribunal first approached the evidence to see where there were areas of agreement.

15. The common areas of agreement can be summarised as follows:

a) Dr Kumar was a consultant in the Stroke Department and Ms A was, at the time, working as XXX.
b) Ms A was a XXX and therefore very junior in the department and Dr Kumar was a senior consultant.
c) Ms A turned XXX years old whilst working at the Hospital and so there was a considerable disparity in age as well as experience.
d) Ms A had been diagnosed with XXX and that there had been conversations between Ms A and Dr Kumar about her condition.
e) There was hugging of Ms A, as admitted by Dr Kumar, although there remains a dispute of fact as to the context of those hugs.
f) Dr Kumar kissed Ms A on the cheek before and on 8 September 2021, although there remains a dispute of fact as to the context and the motivation for those actions.
g) Dr Kumar was in the habit of complimenting Ms A as to the smell of her perfume although there remains a dispute of fact as to the context, the words alleged in paragraph 1(g)(iii) of the Allegation and as to the motivation for his actions.
h) Ms A had XXX and was due to leave the employment of the Hospital. There remains a dispute of fact as to the known date she was leaving the Hospital.
i) Ms A invited Dr Kumar to her leaving celebration and that he had declined but had suggested they could 'go out for a meal'.

j) Dr Kumar has accepted, he states in hindsight, that this invitation by him was professionally inappropriate. However, he maintained that he had no intention of following through with his invitation.
k) They were both working at the Hospital on 8 September 2021.
l) There were two visits by Ms A to Dr Kumar's office, one at around 08:00 and one at around 11:00 on 8 September 2021.
m) They were both alone in the office on each occasion as the other consultant who normally shared the office with Dr Kumar was not in work that day.
n) There were patient referrals to be discussed at both these visits.
o) After the second visit to Dr Kumar's office at 11am on 8 September 2021, Ms A made a complaint to her friend, Ms C and then to others within the department in management roles.
p) Ms A did not return to the department after XXX 2021.
q) Dr Kumar made a telephone call to Ms A, using a Hospital phone at 14:55, to inquire as to her whereabouts. Ms A told him that she had to go home due to a family emergency.
r) On 16 September 2021 Dr Kumar was told there was a complaint about him but not of the nature of the complaint or who had made the complaint.
s) On 16 September 2021, Dr Kumar, following being told about a complaint about him, he telephoned Ms A on more than one occasion.
t) On 22 September 2021 Dr Kumar was interviewed about Ms A's complaint by the Trust.
u) On 28 September 2021 Dr Kumar messaged Ms B (as set out in Schedule 1). It is accepted by Dr Kumar this was with an intention to persuade Ms A not to make a police complaint.

16. Dr Kumar made admissions which reflect the agreed facts as set out below:

1. On one or more occasions between May and September 2021, whilst working with Ms A, you:

e. kissed Ms A on the cheek;

2. On 8 September 2021, you:

b. at, or around, 11:00:

i. indicated to Ms A she should leave her office and come into your office;

ii. instructed Ms A to place her chair directly next to your chair;

v. kissed Ms A on the cheek;

viii. asked Ms A to give you a hug;

c. at 14:55 you telephoned Ms A to enquire where she was and/or how she was feeling.

3. On 16 September 2021, you telephoned Ms A on one or more occasions.

4. On 28 September 2021, you sent a WhatsApp message to Ms B as set out in Schedule 1.

5. Your actions as set out in paragraphs:

b. 2(b)(xi), 2(c), 3 and 4 were an attempt to ensure Ms A did not discuss your conduct with other people and/or pursue a police complaint against you; (Admitted in relation to paragraph 4 only)

17. The Tribunal noted that this was an allegation taking place in 2021, some five years ago. Given the passage of time and its potential adverse impact on the quality of the evidence the Tribunal decided to look first of all at the contemporaneous documentary evidence and the accounts or records made at or closer to the time of the events. Then the Tribunal would go on to consider the oral evidence given to the Tribunal in order to subject the oral evidence to critical scrutiny.

18. The Tribunal has considered each paragraph of the Allegation that remained in dispute and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1(a)

On one or more occasions between May and September 2021, whilst working with Ms A, you:

(a) touched Ms A on her stomach with your hand over her clothes:

19. The Tribunal noted that Ms A suffered from a health condition – XXX. In her witness statement, dated 14 April 2022, Ms A stated *'I XXX and I have a diagnosis of XXX. I believe it is associated with my weight. XXX,'*

20. There is no dispute between Ms A and Dr Kumar that they had a conversation about her condition and that during that conversation, Dr Kumar advised that weight loss was an effective method to manage the condition. He did not know XXX.

21. In her statement to the Trust, dated 8 September 2021, Ms A stated *'I have a diagnosis of [XXX]. Dr Kumar is aware of my condition and has given me some advice in the past relating to it. However, within the last 2 months, Dr Kumar lifted up my shirt and grabbed my tummy on several occasions in reference to my condition. On one occasion he referred to me not losing any weight. I took this as him looking out for me although it did make me feel somewhat uncomfortable.'*

22. At paragraph 10 of her witness statement, dated 14 April 2022, Ms A states: *'Things changed between Dr Kumar and in or around July 2021. As I have mentioned, Dr Kumar was aware of my diagnosis of [XXX]. I can recall at least two, possibly three occasions where Dr Kumar grabbed my stomach and said something along the lines of "Oh no, you haven't lost that much weight". He grabbed me around the top of my trouser line. It was over my clothes. I didn't say anything to Dr Kumar about this and I didn't think anything of it really until I told my mum about it one day.'*

23. In her recorded police account on 5 November 2021, Ms A stated *'So that's what I remember leading up to the weeks. But the week that it got really bad was the week before the bit when he actually touched me.'*

24. In her oral evidence to the Tribunal, Ms A stated and maintained that, as afar she could remember, Dr Kumar always touched her over her clothes.

25. In her witness statement, dated 28 February 2025, Ms C states at paragraph 6:

'Prior to 8 September 2021, Ms A had informed me on a couple of occasions that there was a doctor at the hospital she worked at who was making her feel uncomfortable. Ms A mentioned that this doctor had touched her stomach at times and that this had made her uncomfortable.'

26. Dr Kumar denies that he touched Ms A's stomach over her clothes. The Tribunal noted that in his interview with the Trust on 22 September 2021, with Dr E, Medical Director, his response is recorded as follows:

'AK (Dr Kumar) replied that he had read the statement, understood the complaint and that the complainant worked with him [XXX]. They regularly worked together [XXX]. He stated they had a good, friendly working relationship and that he was sad to learn that she was leaving. AK confirmed that he was aware of her condition but was not her clinician managing her treatment. He understood the condition which was helped by losing weight. She would voluntarily divulge the details and updates to AK. He denies that he lifted up her top and squeezed her stomach. He claims the complainant would lift up her top and show her stomach whilst claiming how much weight she had lost. He confirmed that he was aware that she had [XXX]. [Dr E] confirmed she is [XXX] years old. AK also denies that he has ever pulled down her mask.'

27. The Tribunal noted that here Dr Kumar makes no mention in that interview that he touched or pinched his own stomach over his clothes to demonstrate to Ms A how much weight to lose, the account he relies on now.

28. The Tribunal noted that Dr Kumar voluntarily attended for a police interview on 22 June 2022. Ahead of his interview, he prepared a statement through his legal representative. In the prepared statement, there was no mention of Ms A's XXX condition. Further he stated *'I can confirm that I would have had her consent expressed through her actions, or omissions. We would have, almost always, been in a relatively public setting. Therefore, the complainant would have had every opportunity to go through another channel or to avoid working under me at any circumstance. Any person of reasonable firmness would have acted in the same way as I did having read the same cues that I had. The complainant feeling uncomfortable would not render a sexual assault by touching having taken place.'*

29. It is not clear to the Tribunal what Dr Kumar meant by *'read the same cues'* or what actions of his own that Dr Kumar is referring to.

30. Further, the Tribunal noted the following questions and no comment answers:

The police: *'Okay it's been alleged that you used to touch her stomach and say she's lost weight. Did you do this'*

Dr Kumar: *'No comment'*

The police: *'Why did you think she would want you to touch her stomach'*

Dr Kumar: *'No comment'*

The police: *'Okay did she tell you, erm did she tell you that you could touch her stomach'*

Dr Kumar: *'No comment'*

31. It was in the criminal trial, in relation to questions about Ms A's weight loss, Dr Kumar first stated that he had mentioned to Ms A that weight loss was a way to manage the condition and that he demonstrated to Ms A how she could measure her 'fold'. He further stated, when asked how often Ms A would mention her XXX condition to him, *'Not very often, but she would voluntarily come and say, 'Look I've got a clinic tomorrow', 'I've got [XXX] clinic tomorrow'. She would come and tell me. And sometimes come and say, 'Look, I have lost weight'. And then she would just put up her thing and show, look, I would just ignore and say it's 'All right, all right, that's good'*. When asked whether Ms A would volunteer information about her wight loss, Dr Kumar stated responded that Ms A would say *'Look Dr Kumar I have been able to lose weight'*.

32. In his witness statement, dated 5 August 2025, at paragraph 6, Dr Kumar states:

'I never touched Ms A on her stomach. Ms A was very friendly and spoke candidly early on in our acquaintance of her health diagnosis. On occasion, she would pull up her shirt to demonstrate that she had lost weight. I was not her doctor, although she would share updates with me. I did mention to her the importance of losing weight in [XXX]. I once casually mentioned that a rough estimate of weight loss and body fat can be made by measuring abdominal girth/fat and I demonstrated on my body. Thereafter she would come and update me about her visit to [XXX] and would pull up

her shirt from the front and say, "Look I have lost weight" whilst pinching her abdominal fat. I never touched her tummy.'

33. The Tribunal is mindful of the lapse of time since these events and the impact this can have on individuals' ability to recall events in detail. However, the Tribunal took into account that the first time Dr Kumar mentioned that he demonstrated to Ms A how body fat can be measured, by pinching his own stomach, was at the criminal trial. There was no mention of this in his interview with the Trust on 22 September 2021 nor in his police interview in June 2022. The Tribunal considered that this was an important piece of evidence, given the allegation, which it might be expected that Dr Kumar would have recalled and mentioned in his Trust interview and/or in his police interview if it were true.

34. The Tribunal was of the view that Dr Kumar showing his stomach was also something that Ms A would have recalled had she seen it. She made no mention of any such actions by him.

35. The Tribunal considered that Ms A's evidence was more reliable and credible on this issue. At the time this incident happened, Ms A was distressed and felt uncomfortable following her stomach area being touched so much so that that she told Ms C and her mum about it at the time. The Tribunal was of the view that Ms A could also be inferred to be being honest about the facts. The Tribunal noted that Ms A did not seek to exaggerate by suggesting that Dr Kumar touched her bare stomach but stated he always touched her stomach over her clothes.

36. Based on the evidence before it, on the balance of probabilities, the Tribunal considered that it was more likely than not that Dr Kumar touched Ms A on her stomach with his hand over her clothes. It therefore found paragraph 1(a) of the Allegation proved.

Paragraphs 1(b) and 1(c)

(b) Pulled down Ms A's mask from her face

(c) pinched and/or touched Ms A's cheek

37. The Tribunal has considered paragraphs 1(b) and 1(c) together as they were said to be part of the same incident and were alleged to have happened sequentially on each occasion.

38. The Tribunal noted that at the time of the alleged events the country was still experiencing the impact of the COVID-19 pandemic and there were, at least, partial restrictions in place, imposed either by central government or by individual employers.

39. In her statement to the Trust, dated 8 September 2021, Ms A stated *'Since informing him of [XXX], every time I walk into his office, I have a mask on and he removes my mask and grabs/pinches my cheek.' He has done this a few times making me feel uncomfortable.'*

40. During her police interview on 5 November 2021, Ms A said *'Then when I'd go in, you know, you're supposed to wear masks when you're sitting next to each other.'* and *'He was like, "Oh, take off your mask" and I was 1 like, "Okay". That was that, and then after that, when he actually come in sometimes, he'd say, "Take off your mask, and actually pull it off my face, from my cheeks.'*

41. The Tribunal noted that Ms A mentioned this several times during her police recorded video interview, adding *'Which, you know, now he's touched my face, it was getting a bit more touch-feely.'*

42. The Tribunal noted that during the criminal trial, when asked whether wearing a mask in the summer was uncomfortable, Ms A replied *'Yes'*. In response to whether Dr Kumar told her she was welcome to remove her mask, Ms A stated *'Yes, but sometimes he would just take it down himself.'* Further, when asked whether she would sometimes take the mask off herself Ms A said *'I don't think so.'* Further, asked whether she said anything to Dr Kumar about it, Ms A stated *'No, because I looked at him as a superior and I was scared if I said anything, I was going to lose my job.'*

43. At paragraphs 14, 15 and 17 of her statement, dated 14 April 2022, Ms A states

> *'14 Between [XXX] and 8 September 2021, Dr Kumar's behaviour towards me changed. I remember that a few days after 24 August 2021, I was helping Dr Kumar with e-referrals in the evening. The following day, he pulled my mask down (masks that we were wearing in line with the response to COVID-19) and he pinched my cheeks.*
>
> *15 Since this first occasion, Dr Kumar pulled my mask down and pinched my cheeks very frequently. I would say three to four times, but I cannot remember exactly.*

Before he pulled my mask down, he used to say: "you don't need to wear your mask if you don't want to".'

17 Around the same time that Dr Kumar started pulling my mask down and pinching my cheeks, he started putting his arm around me and trying to pull me closer towards him. He would put his arm across my back to my shoulder. I would say this probably happened every time I went into his office from the point of [XXX] (3 to 4 times in total. Generally, he would do this to me whilst talking to me about work related matters, telling me what tasks I needed to do etc. He also put his arm around me and said that he was going to miss me when I leave. I think he did this 2 or 3 times. This behaviour made me feel uncomfortable and I would try to get out of his office as quickly as possible.'

44. In her oral evidence to the Tribunal, Ms A maintained her position that Dr Kumar pulled down her mask from her face and pinched her cheek.

45. The Tribunal had regard to the notes of Dr Kumar's Trust interview on 22 September 2021, noting that no question was asked of Dr Kumar in relation to this issue. Dr Kumar, in his prepared statement read as part of his police interview on 20 June 2022, stated:

'The complainant has made various allegations whereby she alleged that I removed her mask, touched her cheeks, hugged her, kissed her on the cheek and told her that she smells nice. I can confirm that I have never removed her face mask. She would often sit beside me and as a matter of courtesy, I would tell her that she was welcome to remove her mask if she so wished. This was to ensure she did not feel I would be offended by the removal of her face mask. She would sometimes remove her mask herself, without asking. I can confirm that I do not recall touching her cheeks, albeit such contact would never have been sexual in any event.'

46. At the criminal trial, Dr Kumar stated when asked if he pulled Ms A's mask off, Dr Kumar replied 'No'. And then in relation to whether he had any discussion with Ms A about vaccinations, Dr Kumar replied 'No discussion, but I mentioned, You're free to take off the mask because I'm all right with it, but I did not pull her mask down.' He said he also told her she was free to take off her own mask.

47. In relation to the allegation that Dr Kumar pinched Ms A's cheeks, the Tribunal noted that during the criminal trial, after questions about smelling her perfume, Dr Kumar

confirmed that he told Ms A she could remove her mask if she wanted to. Dr Kumar denied, however, that he pulled her facemask down off of her cheeks or that he pinched her cheeks.

48. In his GMC statement, dated 14 April 2025, Dr Kumar stated:

> *'I never pulled down Ms A's mask. I might have mentioned that she could pull down her mask if she wanted, but I did not remove her mask. As a doctor we would advise everyone to wear a mask for infection control. All health workers were vaccinated and it was very hot during the summer, I would mention that if someone wanted, they could lower their mask for comfort.'*

49. The Tribunal noted that Dr Kumar also denied pulling down Ms A's mask from her face and pinching and/or touching her cheek both in his criminal trial and in these proceedings.

50. The Tribunal noted it was agreed between the parties that the staff had been vaccinated and that there was therefore a more relaxed working environment within the department and there was a culture, at times, of colleagues being informal with one another, it was evident that Dr Kumar was open to touching and physical contact with colleagues as he accepted that he gave Ms A hugs and had kissed her on the cheek.

51. The Tribunal took into account that Ms A raised this in her complaint to the Trust on 8 September 2021 and has consistently maintained this happened. It is of note that Ms A did not herself seek to sexualise Dr Kumar's actions but merely described as something he did. In her written and oral evidence Ms A made concessions such as accepting there were times when she was invited by Dr Kumar to remove her mask if she wished to do so.

52. The Tribunal was of the view that, given the overall consistency of the evidence of Ms A, to the Trust, the criminal trial and before this Tribunal and because Dr Kumar was not averse to spontaneously touching Ms A, the Tribunal thought it more likely than not Dr Kumar's had pulled down her mask and pinched/ touched her cheek.

53. The Tribunal determined, on the balance of probabilities, that Dr Kumar did pull down Ms A's mask from her face and pinched/touched her cheek. It therefore found paragraphs 1(b) and 1(c) of the Allegation proved.

Paragraph 1(d)

(d) placed your arm around Ms A's shoulders and pulled her towards you;

54. Although this allegation was denied at this hearing, the Tribunal noted that in his interview with the Trust on 22 September 2021, Dr Kumar accepted that he carried out the actions alleged. At paragraph 3 of the record of the meeting, it states:

'AK confirmed that they were in his office discussing referrals and that regrettably he asked her to move closer to him and asked her to sit on a chair next to him. He confirmed that he ***put his arm around her and kissed her on the cheek****. He also confirmed that she kissed him back. He denies that he stroked her thigh. He also confirms that when they both stood up* ***he pulled her closer towards him****, which he regrets, and ran both hands down the sides of her body. He denies he squeezed her bottom with both hands. He states that he did not go as far as her bottom when he took his hands off her body. He regrets what he did and states that he apologised to Ms A at the time. He recognises that it was wrong and that he cannot explain why he did it. He stated that he was feeling stressed about the matter and that this was exacerbated by [XXX] being ill in India.'*

55. In Ms A's statement to the Trust on 8 September 2021, it is stated at paragraph 2:

'When I go in the office, I try to discuss work with him. Instead, he often ignores that and tells me that he will miss me and tries to cuddle me. He asked me if I was going to miss him. He has kissed me on the cheek on 3 or 4 occasions. … He has also put his arm around me (over my back to my shoulder) more than once and has tried to pull me tighter. I try to push him away.'

56. In Ms A's police recorded interview on 5 November 2021, the Tribunal noted:

'Ms A: Ever since I said I was leaving, he kind of did this thing, where he like put his arm around me ---

Police Officer: Mmm.

Ms A: and keep it, like, on my shoulder area, and like pull me in close.'

57. In her evidence to the criminal trial on 8 February 2024, when asked questions about this, Ms A, stated that Dr Kumar had, on several occasions, put his arm around her and that it had made her feel uncomfortable. Ms A maintained that he did this in her oral evidence to the Tribunal stating that there were occasions prior to 8 September 2021 that Dr Kumar did this. The Tribunal noted however that Ms A did not mention what is alleged specifically in her police interview on 5 November 2021.

58. In her statement to the GMC, dated 14 April 2022, Ms A states at paragraph 17 *'Around the same time that Dr Kumar started pulling my mask down and pinching my cheeks, he started putting his arm round me and trying to pull me closer towards him. He would put his arm across my back to my shoulder. I would say this probably happened every time I went into his office from the point of [XXX] (3 to 4 times in total. ….'*. The Tribunal noted that Ms A's account was consistent with her account to the Trust on 8 September 2021.

59. It is acknowledged by Dr Kumar in his police interview on 22 September 2021 that he and Ms A hugged on occasions. The Tribunal had regard to paragraph 3 of that interview, as set out above. In addition, it noted that in his pre-prepared statement to the police Dr Kumar states *'I can recall that we would hug casually. We had a good working, we had a good working relationship.'*

60. At the criminal trial, when asked about the hugging, Dr Kumar stated:

> *'Q. I'm going to ask you about any occasions that you were called hugging Miss A, before 8 September, so I'm not asking you 8 September, which is the day obviously that [XXX]. Did you hug her, before 8 September?*
> *A. Yes, when she came in the day after she [XXX]. I was in the corridor, you know, walking, and then she said -*
> *Q. Wait there a minute, pause there so the notes can be kept.*
> *A. I was in the corridor and she said, 'I have some very good news', and said, 'What?', she said, 'Look I told you I was off [XXX], I didn't come to the hospital appointment, I [XXX], you know -*
> *Q. Just pause there a second. And then?*
> *A. And then, I was 'That's good' and just give her a casual hug and said, 'Well done'. She said, she mentioned the amount of times she'd not been able to do it, and said, 'That's good'.'*

And later:

'Q. When you hugged her, was it a one-sided thing from you to her or did she do anything?
A. Just gave a casual hug, it was very brief you know.'

61. Dr Kumar maintained throughout the criminal trial that any hugging was casual only.

62. From the evidence, it is clear that Dr Kumar is not averse to hugging, even during the COVID-19 Pandemic. Ms A has been consistent in her evidence about the hugging throughout, from when she first made her complaint to the Trust, her police interview, at the criminal trial, and in her evidence before these proceedings. The Tribunal noted that Ms A mentioned this in her account to the Trust on 8 September 2021, when her memory of what took place would have been fresh and likely to be more reliable.

63. Dr Kumar in his evidence accepts that there were occasions when Ms A and he hugged but denies this was on multiple occasions. He accepted however that he placed his arm around Ms A's shoulder. From the evidence, Dr Kumar has no difficulty with spontaneous physical contact with Ms A. The Tribunal has already found and he has accepted that he kissed Ms A on the cheek, and that on 8 September 2021, when Ms A entered his office, he asked her if he could hug her XXX, which she consented and said that she hugged him back.

64. The Tribunal has also already found that Dr Kumar touched Ms A on her stomach with his hand over her clothes, pulled down her mask from her face and pinched and/or touched her cheek. Considering all of the evidence as a whole, including his own admission, the Tribunal was satisfied that Dr Kumar's actions in placing his arm around Ms A's shoulders and pulling her towards him was deliberate and before he knew she was leaving.

65. The Tribunal therefore found paragraph 1(d) of the Allegation proved.

Paragraph 1(e)

(e) Kissed Ms A on the cheek: Admitted and found proved

Paragraph 1(f)

(f) stood very close to Ms A and smelled her neck

66. At paragraph 20 of her statement to the GMC, dated 14 April 2022, Ms A stated:

> *'On multiple occasions Dr Kumar commented on my perfume and the way that I smell. This happened multiple times since July 2021. [XXX], so when I return to the Hospital after taking a break [XXX], I always spray my perfume. He would often say to me "I love your smell" and "I love your perfume". He would say this as a sort of passing comment, however, there were two occasions where Dr Kumar went a step further. I would estimate that these two occasions occurred between 24 August 2021 and 8 September 2021. Dr Kumar came up to me, from the front, and smelt my neck. He got very close to me when he did this and said `I love your smell". I would say his nose was less than a 30cm ruler away from me when he did this.'*

67. The Tribunal noted that in his meeting with the Trust on 22 September 2021, Dr Kumar, acknowledged that he commented on Ms A's perfume. In the notes of the meeting, it is recorded:

> *'AK confirmed he had commented on her perfume in front of others because she often smelt nice, he advised he had never removed her mask and that when he learnt that she was leaving that Ms A told him she would miss him and he confirmed he would miss her too. She allegedly invited him to her leaving drinks but he advised Dr E that he was not available and that instead that he invited her out for a meal just the two of them.'*

68. In his statement to the GMC, dated 5 August 2025, at paragraph 11, Dr Kumar denied this stating *'…I never smelled her neck.'*.

69. The Tribunal had regard to paragraph 5 of Ms A's statement to the Trust, dated 8 September 2021 and noted that she made no mention of this in her statement. Also in her police interview, when asked about this, Ms A stated:

> *'I had my perfume in my drawer, and every time I'd smell it – spray it, I'd walk in, and he'd be like, "Oh, this smells", like, "so good". Like, "You smell great."'*
>
> and
>
> *'But at first, it was like only when I walk in. He wouldn't, like, come up and smell me.'*

And further:

> *'Ms A: So it must have been the week before September, so the last – or just a few days before 8 September.*
>
> *Police Officer: Mmm.*
>
> *Ms A: I remember that I walked into his office, it might have been the day before 8 September, and he just came up to me, and he just smelt me.'*

70. The Tribunal noted that there was no mention by Ms A that Dr Kumar smelled her neck in her earlier statements. The first mention of Dr Kumar smelling her neck was in her witness statement to the GMC dated 14 April 2022, some two and a half years later, after the criminal trial.

71. The Tribunal was concerned about the reliability of Ms A's memory, given the passage of time. Dr Kumar openly admitted to making comments in general about Ms A's perfume. In the circumstances, the Tribunal is not satisfied that the GMC has discharged its burden of proof in relation to this matter. It therefore found paragraph 1(f) of the Allegation not proved.

Paragraph 1(g)

> (g) made inappropriate comments to Ms A in that you stated words to the effect of:
>
> (i) 'you haven't lost that much weight';

72. It is agreed by Dr A and Miss A that conversations took place between them about her [XXX] condition. At paragraphs 8 and 9 of her statement, dated 14 April 2022, Ms A states:

> *'I don't think that Dr Kumar was aware that [XXX], but he knew about my diagnosis [XXX]. I know that he was aware this diagnosis as I remember a conversation that I had with Dr Kumar and [Dr F] (Dr Kumar and [Dr F] shared an office) regarding this. When I used to take [XXX] into them, they would sometimes make me guess the*

patient's diagnosis. I remember one time saying I thought the patient was suffering from [XXX]. It was at this point that I told them about my [XXX].

After this, Dr Kumar would talk to me about my diagnosis [XXX] and would sometimes make comments about my weight. I remember he asked me if I was still going to the gym and told me that it was important that keep the weight off. I didn't think that there was anything unusual about these conversations. He was a doctor who knew what [XXX] was and how it was treated.'

73. At paragraphs 12 and 13 of his statement, dated 5 August 2025, Dr Kumar states:

'12. Allegation 1.g is partially admitted in that I did compliment Ms A about her perfume in front of others – she always wore perfume at work. I could smell her perfume from afar and when she passed by. I never stood close to her to smell her. Probably 3-4 times, in front of other colleagues, I would say 'your perfume smells nice'. I did not say 'I love your smell'.

13. I never said to Ms A that 'you haven't lost that much weight' or that 'I will miss you'. One day when I was walking along the corridor, Ms A came towards me and said she handed in her notice, and I said, 'the department will miss you'. She replied, 'I will miss you too'.'

74. During her oral evidence, Ms A explained how Dr Kumar would talk to her about her weight loss, demonstrating how weight loss can be measured. The Tribunal considered that given weight loss was a key contributory factor to Ms A's XXX condition it was natural that some sort of comment would be made about her weight and the impact it might have upon her condition.

75. However, on the evidence before it, given the number of conversations that they accept they had between them and the passage of time it was difficult for the Tribunal to be satisfied, to the required standard of proof, what words were said and by which of the two. It therefore found paragraph 1(g)(i) of the Allegation not proved.

(ii) 'I will miss you so much';

76. The Tribunal had regard to paragraph 13 of Dr Kumar's statement of 5 August 2025, as set out above. Dr Kumar denies that he said to the words 'I will miss you so much' to Ms A.

77. In her police interview on 5 November 2021, Ms A is recorded as stating:

> *'[Ms A] He did that, and he was like, "Oh, I'm going to miss you so much. I'm going to miss you so much." I was like, "Oh, yes, I'm going to miss you too".'*

78. The Tribunal noted that Ms A stated this several times during her police interview and consistently maintained this throughout her oral evidence to the Tribunal.

79. The Tribunal was mindful from the evidence provided that Ms A had not been in the role very long. XXX

80. There was not a great deal of difference between their recollections in that they both accept some sort of conversation about Ms A being missed had taken place. Given the rest of the evidence demonstrated that Dr Kumar was showing a more personal interest in Ms A the Tribunal found that it was more likely that that Dr Kumar said to Ms A that he will miss her rather than the department will miss her and is likely to have said *'I will miss you so much'.*

81. The Tribunal therefore found paragraph 1(g)(ii) of the Allegation proved.

(iii) 'I love your smell';

82. The Tribunal took into account Dr Kumar's partial admission to this allegation. It had regard to paragraph 12 of his statement, dated 5 August 2025, as set out above.

83. XXX

84. Whilst Dr Kumar states that he did not say these exact words to Ms A, he accepts that he would say to Ms A 'your perfume smells nice'. The Tribunal was of the view that these words were not exactly 'I love your smell' but are similar or to the same effect. They both agree they were said in the context of her perfume being sprayed and had been said a number of times.

85. The Tribunal considered, given the similarity in the accounts of the words used, and the context in which they were used, it was satisfied to the required standard of proof that Dr Kumar said words to the effect of 'I love your smell' to Ms A. It therefore found paragraph 1(g)(iii) of the Allegation proved.

> (iv) when Ms A invited you to her leaving party outside of work with other work colleagues, you replied 'no, just you and me'.

86. It was agreed between the parties that a conversation took place between Ms A and Dr Kumar about Ms A's leaving celebration and that Dr Kumar offered to take Ms A out for dinner. During his oral evidence, Dr Kumar accepted that the invitation to dinner/meal was just for the two of them but he maintained that he would not have followed through with it, he said due to his clinical commitments and because he later thought that the invitation was inappropriate.

87. The Tribunal had regard to Dr Kumar's Trust interview on 22 September 2021. During the interview, where he stated that they had discussed her leaving and whether he had invited her to meet outside of work:

> *'AK confirmed he had commented on her perfume in front of others because she often smelt nice, he advised he had never removed her mask and that when he learnt that she was leaving that [Ms A] told him she would miss him and he confirmed he would miss her too. She allegedly invited him to her leaving drinks but he advised [Dr E] that he was not available and that instead that he invited her out for a meal just the two of them.'*

88. At paragraph 14 of his statement, dated 5 August 2025, Dr Kumar stated:

> *'I never said that I would like to see Ms A after she left. She mentioned her leaving do and invited me to come. I was unable to come as I had previous commitments. I mentioned that we could go for a meal instead, so as not to hurt her feelings that I was unable to go to the leaving do, although I had no expectation that we would actually go for a meal. In retrospect, I could have dealt with this more tactfully as my intention was not clear.'*

89. The Tribunal reviewed the evidence before it and noted that it was accepted by both Ms A and Dr Kumar that they had had a conversation about her leaving celebrations which Dr Kumar said he could not make due to work commitments. Both also agreed that Dr Kumar suggested or invited Ms A for dinner.

90. In his evidence at the criminal trial and to this Tribunal, Dr Kumar said that this was a throwaway comment, accepting he invited Ms A to dinner and that it was to be just the two of them. However, he repeated in oral evidence that he had no intention of following through with it as he had thought about it and in hindsight decided that the invitation was inappropriate.

91. The Tribunal also noted that in his evidence to the Tribunal, Dr Kumar stated that he would sometimes take his XXX secretary out for lunch on occasions so did not see anything improper about the invitation.

92. Although the Tribunal could not be satisfied of the exact words used by Dr Kumar it was satisfied that he had made it clear to Ms A that the invitation was intended just for the two of them.

93. In the circumstances, and on the balance of probabilities, the Tribunal determined that Dr Kumar did state to Ms A words to the effect of 'no, just you and me' when he invited her for dinner. It therefore found paragraph 1(g)(iv) of the Allegation proved.

Paragraph 2

On 8 September 2021, you

Paragraphs 2(a)(i) – (iv)

(a) at, or around, 08:00:

(i) pulled down Ms A's mask from her face;

(ii) pinched Ms A's cheek;

(iii) placed your arm around Ms A's shoulders and pulled her towards you;

(iv) commented to Ms A 'you smell really lovely today, I love your smell', or words to that effect;

94. The Tribunal considered paragraphs 2(a)(i) – (iv) together.

95. The Tribunal has already determined that on occasions prior to 8 September 2021, Dr Kumar had pulled down Ms A's mask and touched her on the cheek. (see findings in relation to paragraphs 1(b) & 1(c).

96. At paragraph 5 of her statement to the Trust, dated 8 September 2021, Ms A stated:

> *'On 8 September, the 1st time I went to his office in the morning was so that he could triage referrals. He greeted me again with the cheek squeezing and cuddled me- he pulled my mask down himself. He commented on my smell- he has said before that he likes the way I smell and he likes my perfume.'*

97. The Tribunal considered that when Ms A made her first statement, her memory would have been fresh as to the events which had occurred. She described going into Dr Kumar's office to discuss a patient referral. The Tribunal noted this referred to the first visit to Dr Kumar's office in the morning of 8 September 2021.

98. Ms A then goes on to state in the first part of paragraph 6 of her statement:

> *'The second time he asked me to bring a referral to him so I went with the referral. He asked me to sit down which I did because I thought he needed something. He turned to me and pulled my mask down again. He said "bring your chair closer" and then he began to talk about some documents on his desk. While he was doing that he proceeded to put his hand on my knee and began to stroke up to and squeeze my thigh. I felt extremely uncomfortable and moved my leg away from him and covered it with my documents. I told him that I need to get back to work and he replied saying "I've got work to do too."…'*

And then:

> *'…I was still seated at this time and he put his arm around me again and he suggested to give me a kiss and he continued to try and kiss me repeatedly on the lips. I was moving my head away and trying to stop him, but he persisted….'*

99. The Tribunal noted there were two meetings, one at 8:00 and one at 11:00. In the GMC allegations the conduct was said to have taken place at the 11:00 meeting where Dr Kumar is alleged to have asked her for a cuddle, stroked her sides and then continued to squeeze her bottom with both hands.

100. In her police interview on 5 November 2021, the Tribunal noted that Ms A stated that Dr Kumar pulled her mask down and kissed her on the cheek, gave her a hug from the side whilst she was sat near his chair. The police interview records:

> *'[Ms A] A hug, a kiss on the cheek, and the cheek – the mask off the cheek – and he would do that the second time, as well. Every time I've gone in there now, he'd pull up a chair next to me ---'*

101. There is no focused question by the police to establish when the alleged matters occurred, whether it was the 08:00 or 11:00 meeting.

102. In the criminal trial, Ms A stated that it was the visit at 08:00 when Dr Kumar touched her leg. The record of the criminal trial shows:

> *'Q. Right. So, 8.00 in the morning was the touch on the leg you've described, and at the same visit, 8.00 in the morning, there was a request for you to kiss him on the cheek and an attempt to kiss you on the lips; is that right?*
> *A. Yes.'*

103. In her oral evidence to the Tribunal, Ms A stated that the request to kiss on the cheek, attempt to kiss on the lips, and the touching of her leg by Dr Kumar all happened during the visit to his office at 08:00.

104. The Tribunal noted that the timing of the alleged touching of the leg was significantly probed at the criminal trial and Ms A insisted that it happened at the 08:00 visit and that she was '100%' that was how it happened. Ms A maintained that the kiss on the lips also happened at the 08:00 visit.

105. In her statement to the GMC, dated 14 April 2022, Ms A reverted to her original allegation that Dr Kumar kissed her on the cheek and Dr Kumar trying to kiss her on the lips and touching her thigh all happened during the 11:00 visit and not the 08:00 visit. The Tribunal bore in mind that Dr Kumar denied he had tried to kiss Ms A on her lips and that he touched her thigh.

106. During her oral evidence to this Tribunal, Ms A adopted her GMC statement of 14 April 2022 and agreed to it being accepted as her evidence in chief. During her evidence, the

inconsistent account in relation to the timings of when alleged matters occurred was not explored by either party nor explained before this Tribunal. There was an inconsistency as to the time when Dr Kumar was alleged to have attempted to kiss Ms A on her lips or when he placed his hand on Ms A's thigh.

107. The Tribunal reminded itself that in relation to Ms A's first complaint, the GMC had invited the Tribunal to only find those matters proved if it was satisfied that they happened during the visit at 11:00. For completeness, the Tribunal noted that Ms A alleged that at the end of the 11:00 visit, Dr Kumar allegedly said to her 'remember not to tell anyone that we had a cuddle because of covid". He has also said this to me on other occasions when hugging me.'

108. Having reviewed the evidence, particularly in relation to the timing of alleged events, Ms A consistently made the complaint throughout her account and the wealth of evidence before the Tribunal was that Dr Kumar was in the habit of pulling down her mask. The Tribunal has already determined that prior to the 8 September 2021 events, Dr Kumar pulled down Ms A's mask.

109. Dr Kumar in his statement, dated 5 August 2025, denied allegation 2(a)(i) and (ii) In relation to allegation 2aiii, he stated 'During our interaction at or around 08:00, I was sitting on a chair, and Ms A was standing beside the door. She gave me a referral; I dealt with the referral and then she left the room.' In relation to allegation 2aiv, he stated 'I have commented on her perfume in passing but have never said 'you smell really lovely today, I love your smell.'

110. The Tribunal has already determined that after Ms A had already XXX, and before 8 September 2021, that Dr Kumar was in the habit of putting his arms around Ms A and pulling her towards him. Dr Kumar also accepts that he was in the habit of commenting on Ms A's perfume and telling her she smelled nice.

111. Given Ms A made the complaint at the first opportunity, on 8 September 2021, and that her account of what took place in this regard was consistent, the Tribunal was satisfied that these matters occurred during the 08:00 visit when Ms A was sat next to Dr Kumar, he had placed his arm around her shoulders and pulled her towards him and he commented on her perfume and commented how nice she smelled.

112. The Tribunal therefore finds paragraphs 2(ai) – (iv) of the Allegation proved.

Paragraph 2(b)

at, or around, 11:00:

113. The Tribunal noted that Dr Kumar accepts that he asked Ms A to come to his office, asked her to pull up a chair directly next to his chair, kissed her on the cheek, and asked her to give him a hug, during the course of either of the two visits from Ms A on 8 September 2021. He said that this was in the context of it being her last day working with him as she was leaving. For clarification, he admitted paragraphs 2(b)(i), (ii), (v) and (viii):

(i) indicated to Ms A she should leave her office and come into your office;

(ii) instructed Ms A to place her chair directly next to your chair;

(v) kissed Ms A on the cheek;

(viii) asked Ms A to give you a hug;

114. However, Dr Kumar denies that he touched or stroked Ms A's thigh, tried to kiss her on the lips, placed his hands on her bottom and told her not to tell anyone they had had a cuddle due to the COVID-19 restrictions. These are paragraphs 2(b)(iii), (iv), (vi) and (vii):

(iii) placed your hand on Ms A's thigh;

(iv) moved your hand up and down Ms A's thigh;

(vi) asked Ms A to give you kiss;

(vii) turned your head as Ms A gave you a kiss on the cheek in an attempt to have her kiss you on the lips;

115. The Tribunal has already rehearsed the evidence relating to allegations at 2b(iii), (iv) and (vi) and (vii) and has already determined that there was evidence of inconsistency in Ms A's account as to the timing of the alleged matters. The Tribunal is unable to resolve this inconsistency, particularly bearing in mind the evidence Ms A gave at the criminal trial that these events occurred during the 08:00 visit and not the 11:00 visit.

116. Given the GMC's position on this issue, the Tribunal determined that it did not need to go on to consider whether it was satisfied if these alleged events took place as it could not be satisfied as to the time that they are alleged to have occurred. In the circumstances, it found paragraphs 2b(iii), (iv) and (vi) and (vii) of the Allegation not proved.

Paragraph 2(b)(ix)

(ix) whilst giving Ms A a hug, stroked Ms A's sides/back;

117. When describing this incident in her police interview on 5 November 2021, the following exchange is recorded:

> *'[Ms A] I don't, I can't remember if I even touched him, I don't think I did. But basically, he started like around probably like my shoulder area.*
>
> *[CAB] Shoulder area?*
>
> *[Ms A] Then just slowly like put his hands down. Like, really slowly, like down*
>
> *my body. Then he put his hands on my bottom ---'*

118. At the criminal trial, Ms A maintained that Dr Kumar touched her thigh and her back stroked down to her bottom. These accounts were maintained before the Tribunal.

119. The Tribunal noted Dr Kumar's first account on 22 September 2021 to the Trust where he confirmed that he put his arm around Ms A and kissed her on the cheek. He also confirmed that she kissed him back. He denied, however, that he stroked her thigh. He also confirmed that when they both stood up, he pulled her closer towards him, which he regretted and ran both hands down the sides of her body. Dr Kumar denied he squeezed Ms A's bottom with both hands. He stated that he did not go as far as her bottom when he took his hands off her body.

120. At the criminal trial, Dr Kumar, when asked where his hands were during the hug, he stated '*as far as I can remember it was probably the side, side and the back, like that, you know. Probably like that.'* He also stated '*it was so transient, yes, and I didn't have the moment, the things that I should remember where I touched her and everything. But definitely, I did not touch her bottom, that I can say.'.*

121. At paragraph 27 of his statement to the GMC, dated 5 August 2025, Dr Kumar denied the allegation stating '*I gave Ms A hug. My hands were at her sides/back, but I did not stroke her sides/back. She then left the room.'*

122. During his oral evidence to the Tribunal, when asked about where his hands were during this encounter, Dr Kumar said that he no longer had a good memory of this part of the encounter but he did remember he did not touch her bottom.

123. The Tribunal noted that Dr Kumar accepted placing his hands 'at her side or back'. He denied 'stroking' but was unable to recall where his hands were in particular. The Tribunal balanced his account against Ms A's account of what took place. The Tribunal took into account that Ms A mentioned him stroking down her sides in her first statement to the Trust on 8 September 2021 and again in her police interview of 5 November 2021. The Tribunal preferred Ms A's version of events as it was stated when her memory was fresh and has remained consistent.

124. It therefore found paragraph 2(b)(ix) of the Allegation proved.

Paragraph 2(b)(x)

(x) placed both of your hands on Ms A's bottom;

125. The Tribunal noted that in her first account on 8 Sept 221, Ms A alleged that after 'stroke[ing] in-between my armpit and chest and then he proceeded to squeeze my bottom with both hands'

126. In her police interview on 5 November 2021 Ms A recalled the contact with her bottom. It is recorded:

'[Ms A] Then slowly went down, and it wasn't like a grab.'

and

'[Ms A] around – it was like, it's like – and I remember saying to my friend, it wasn't even like he grabbed it. You know, if someone grabs your arse?' and [Ms A] and you know they've grabbed your bottom.

127. She also stated *'Then just slowly like put his hands down. Like, really slowly, like down my body. Then he put his hands on my bottom ---'*

and

'[Ms A] for, like, I'd say about three seconds, because I didn't know if he was just going to just move off them, or just – and then ---'

'I literally just went, "Okay, I've got to go now".'

128. The Tribunal noted that the description as to how the alleged events occurred was repeated by Ms A at the criminal trial.

129. In her statement to the GMC, dated 14 April 2022, Ms A stated:

'He put his arms around me and then went from my shoulder/armpit and stroked all the way down to my bottom. He then squeezed my bottom with both hands.'

130. During her oral evidence to the Tribunal, Ms A stated that the sensation she felt was not a grab but a touch which she described as 'soft'. The Tribunal noted that this reflected the description given in her police interview on 5 November 2021 when she described how she had been touched.

131. The Tribunal noted that whilst Ms A had called her friend on 8 September 2021, there was no complaint made, nor did she mention the word 'grab' to her friend.

132. Dr Kumar has consistently denied touching or grabbing Ms A's bottom.

133. The Tribunal accepts that there is an inconsistency in the words used and in the way the touching of the bottom has been described.

134. The Tribunal noted the evidence given by Ms A that when describing contact with her bottom, she stated that he brushed and that 'it did not hurt me.'

135. Based on the evidence before it, the Tribunal reached the view that there may have been a perception by Ms A that her bottom was deliberately touched by Dr Kumar's hands. It was

unable to determine to the requisite standard thar Dr Kumar had deliberately touched Ms A's bottom by placing both his hands on her bottom.

136. The Tribunal therefore found Paragraph 2(b)(x) of the Allegation not proved.

Paragraph 2(b)(xi)

> (xi) commented to Ms A, 'don't tell anyone we had a cuddle because of Covid', or words to that effect;

137. The Tribunal noted that at paragraph 7 of her statement to the Trust, dated 8 Sept 2021, Ms A stated *'As I walked off, he said "remember not to tell anyone that we had a cuddle because of covid'. He has also said this to me on other occasions when hugging me.'*

138. The Tribunal has already noted that Dr Kumar was in the habit of hugging Ms A.

139. The Tribunal noted from their evidence that both Ms A and Dr Kumar had been vaccinated.

140. The Tribunal noted that this part of the allegation was not explored at the criminal trial.

141. Dr Kumar in his statement to the Trust on 22 Sept 2021 stated he had never told the complainant not to tell anyone about the cuddle on 8 September 2021 as he understood it was inappropriate and against COVID-19 protocols. In his statement to the GMC, Dr Kumar denied telling Ms A not to tell anyone about the cuddle. He maintained this in his written and oral evidence to the Tribunal.

142. When explaining to the Trust why he had asked Ms A for a hug, and in the process placed his hand on her sides, Dr Kumar stated that he asked Ms A for a hug as it was her last working day when she would have worked with him. He said that he later had reflected on this and realised what he had done was wrong.

143. He told the Trust that he regretted what he did and stated that he apologised to Ms A at the time for making her feel uncomfortable, which she alluded to feeling. He said that he recognised that it was wrong because he is a married man and should have ignored the flirtatious activity. He stated that he was feeling stressed with work and his personal matters and that this was exacerbated by XXX being ill in India.

144. The Tribunal was of the view that prior to his reflection, Dr Kumar would have good reason to not want anybody else to know about his behaviour. The Tribunal therefore considered that it was more likely than not that he asked Ms A not to tell anyone 'because of COVID' or words to that effect as he would not have wanted this ill- advised physical contact to be revealed to others.

145. In all the circumstances the Tribunal therefore found paragraph 2(b)(xi) of the Allegation proved.

Paragraph 2(c)

at 14:55 you telephoned Ms A to enquire where she was and/or how she was feeling. Admitted and found proved

Paragraph 3

On 16 September 2021, you telephoned Ms A on one or more occasions. Admitted and found proved

Paragraph 4

On 28 September 2021, you sent a WhatsApp message to Ms B as set out in Schedule 1. Admitted and found proved

5. Your actions as set out in paragraphs:
(a) 1, 2(a) and 2(b):

(i) constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A;

146. In considering whether Dr Kumar's actions constituted sexual harassment, the Tribunal looked at it's findings in relation to those paragraphs of 1, 2(a) and 2(b) of the Allegation it has found proved as a whole.

147. The Tribunal did not attach any significance to the conversations about Ms A's weight in the context of her medical condition by themselves as the Tribunal had already noted that such conversation about her weight would not be a surprise given XXX was a key contributory factor to Ms A's XXX condition. However, the Tribunal was of the opinion that this conversation had to be read alongside all of the other words and acts which the Tribunal has found proven and the nature of the conduct that was to develop over time.

148. Having found that Dr Kumar was in the habit of pulling down Ms A's mask, touching or pinching her cheek, putting his arm around her shoulder and pulling her towards him when she was sat next to him, as well as kissing her a number of times, the Tribunal was satisfied that his words and actions as a whole were of a sexual nature which would have the purpose or effect of violating Ms A's dignity. Dr Kumar's words or actions would have also created an intimidating or hostile environment for Ms A to work in. This was particularly so given Ms A's very young age, the huge disparity in age between them and Dr Kumar's seniority as a consultant. The Tribunal was of the view that Ms A would have found it difficult or sometimes impossible to object to his behaviour.

149. There is evidence before the Tribunal that demonstrates that Ms A was offended and humiliated. She describes trying to discourage him and to push him off. She also complained to her friend Ms C, to her mother, to her line manager and she left work on 8 September 2021, prior to her planned leaving date.

150. The effect of Dr Kumar's behaviour and the discomfort it caused for Ms A was set out in her initial statement, dated 8 September 2021, where she states:

> *"I currently work as [XXX]. Since [XXX], I have had a multiple incidents with Dr Kumar which have made me feel uncomfortable and on 8 September he physically touched me inappropriately and asked me to kiss him. Below is a list of events leading up to this date:*
>
> *I have a diagnosis of [XXX]. Dr Kumar is aware of my condition and has given me some advice in the past relating to it. However, within the last 2 months, Dr Kumar lifted up my shirt and grabbed my tummy on several occasions in reference to my condition. On one occasion he referred to me not losing any weight. I took this as him looking out for me although it did make me feel somewhat uncomfortable. I raised this with my parent.*
>
> *Since informing him of [XXX], every time I walk into his office, I have a mask on, and he removes my mask and grabs/pinches my cheek. He has done this a few times making me feel uncomfortable. I did not raise this because I did not know how to react. I have not*

wanted to cause any offense and tried to deal with it myself. However, in hindsight I realise this not appropriate. When I go in the office, I try to discuss work with him. Instead, he often ignores that and tells me that he will miss me and tries to cuddle me. He asked me if I was going to miss him. He has kissed me on the cheek on 3 or 4 occasions. In addition, I have felt like he has tried to turn my head to kiss him on the lips- he asked me to kiss him on the cheek once and I agreed because I wanted to leave the room quickly as I was uncomfortable, at this point, he would move his face so that I would miss his cheek. He has also put his arm around me (over my back to my shoulder) more than once and has tried to pull me tighter. I try to push him away. I have felt very embarrassed and scared around him and I was not sure how to react or stop this behaviour. Initially I thought he was a sweet man who genuinely wanted me stay within the team, but this has now escalated.

Last week, he suggested that we meet up outside of work and I said I'm having a leaving do and that he is welcome to join. He then said no just you and me and that he would WhatsApp me and I said oh ok. I felt so awkward and then he said I love your perfume and he said he loves my smell all the time.

On 8 September, the 1st time I went to his office in the morning was so that he could triage referrals He greeted me again with the cheek squeezing and cuddled me- he pulled my mask down himself. He commented on my smell- he has said before that he likes the way I smell and he likes my perfume.

The second time he asked me to bring a referral to him so I went with the referral. He asked me to sit down which I did because I thought he needed something. He turned to me and pulled my mask down again. He said "bring your chair closer" and then he began to talk about some documents on his desk. .....I told him that I need to get back to work and he replied saying "I've got work to do too." I was still seated at this time and he put his arm around me again and he suggested to give me a kiss and he continued to try and kiss me repeatedly on the lips. I was moving my head away and trying to stop him, but he persisted. I said I didn't think my boyfriend would like that- he started to question me about who my boyfriend was and why I never mentioned him before. At this point, I stood up and he stood up as well. I said I need to get these requests done and we have work to do so he then said come and give me a hug and I didn't know what to do and he said come closer come closer. I was so scared that is I said no I would lose my job, so I gave him a pat on the back, but he was then trying to stroke in-between my armpit and chest .....

At this point I said no I need to go now, and I walked out. As I walked off, he said "remember not to tell anyone that we had a cuddle because of covid". He has also said this to me on other occasions when hugging me.

I reported this to my manager, Ms D, who immediately escalated to [XXX], Ms B. I spoke with Ms B and as felt violated I decided to go home for the day. ……

I feel very uncomfortable returning to the work environment having had this happen today and need this reported as this is clearly inappropriate behaviour from anyone as he has touched me without my consent. This has affected my well-being greatly and am finding it difficult to sleep or eat."

151. The Tribunal was of the view that Dr Kumar was aware that his words and conduct had crossed professional boundaries because he had stated that he had told Ms A 'not to tell anybody about them cuddling' and whilst he had maintained this was due to COVID-19 the Tribunal rejected this explanation as it made no sense in the context of the informal relaxed environment that they were working in, where he said that he had hugged Ms A in front of others and had kissed her on the cheek a number of times. Dr Kumar had also told the Trust that he was aware that Ms A was uncomfortable with his actions on the 8 September 2021 and said he had apologised. He also accepted that (albeit he said *"in hindsight"*) that an invitation for the two of them to go out to dinner was inappropriate, one reason he gave for this was because he was married which suggests he knew his interest was sexual.

152. In light of its earlier findings, the Tribunal noted that Dr Kumar's actions reflected an escalating course of sexualised behaviour towards Ms A. The Tribunal was of the view that his actions were likely to have become emboldened because Ms A had not objected at first because she had thought that he was motivated by her ill health and him being a "sweet" man. Ms A was only XXX years old and turned XXX whilst working at the Trust. Her view changed over time as Dr Kumar became increasingly physical with Ms A. Her discomfort led her to tell her friend and her mother and eventually to tell her manager and want to leave her job before her scheduled leaving date.

153. Accordingly, the Tribunal determined that Dr Kumar's actions as found proved in respect of paragraphs 1, 2a and 2b of the Allegation did constitute sexual harassment and found paragraph 5(a)(i) of the Allegation proved.

(ii) were sexually motivated;

154. The Tribunal then went on to consider whether Dr Kumar's actions were sexually motivated. In doing so, the Tribunal bore in mind that Dr Kumar's explanation for his conduct was solely because he saw the relationship between himself and Ms A as a grandfather and granddaughter relationship. Although Ms A had thought of him as 'sweet' and 'like a grandad' at the start of their interactions, the Tribunal was of the view that this explanation for Dr Kumar was very difficult to maintain with any credibility. Making repeated remarks about the smell of Ms A's perfume, pulling her towards him so that she was in closer proximity to him, repeatedly kissing her on the cheek and asking her out for dinner 'just the two of them' was not the sort of conduct to usually be expected of a grandfather and granddaughter relationship.

155. The Tribunal noted that Dr Kumar and Ms A had only been working together for a short period of time and that they did not know each other's wider social circle or family. They had not socialised at all together outside of work and there was a huge disparity in their age and experience. There was no wider familial or social context to support this being workplace affection of the sort that might evolve over a longer period of time or where the parties know each other well.

156. As has previously been set out, Dr Kumar recognised that some of his conduct was inappropriate. The Tribunal was of the view that Dr Kumar also must have had some appreciation that his conduct was sexually motivated. It is evident from his statement to the Trust, dated 22 September 2021, that he was suggesting that his actions were a response to Ms A's 'flirtation' with him. In that statement he was suggesting that the conduct and actions were mutual, as set out below:

> *"He regrets what he did and states that he apologised to (Ms A) at the time for making her feel uncomfortable, which she alluded to feeling. He recognises that it was wrong because he is a married man and should have ignored the flirtatious activity. He stated that he was feeling stressed with work and his personal matters and that this was exacerbated by [XXX] being ill in India."*

157. Dr Kumar has not repeated the suggestion that Ms A was flirting with him in these proceedings. He has denied any sexual motivation on his part. Nonetheless, the Tribunal was satisfied that it was more likely than not that his actions were sexually motivated.

158. Accordingly, the Tribunal found paragraph 5(a)(ii) of the Allegation proved.

(b) 2(b)(xi), 2(c), 3 and 4 were an attempt to ensure Ms A did not discuss your conduct with other people and/or pursue a police complaint against you; Admitted and found proved (only in relation to paragraph 4)

159. The Tribunal considered that the actions it had found proved at paragraphs 2(b)(xi), 2(c) and 3, namely that Dr Kumar had: commented to Ms A, 'don't tell anyone we had a cuddle because of Covid', or words to that effect; on 8 September 2021 at 14:55 telephoned Ms A to enquire where she was and/or how she was feeling and, on 16 September 2021, telephoned Ms A on one or more occasions.

160. The Tribunal was satisfied that all these actions were an attempt to ensure Ms A did not discuss his conduct with other people and/or pursue a police complaint against him. The Tribunal considered that Dr Kumar was obviously concerned about his behaviour towards Ms A and that a complaint could be made about him by Ms A. It is relevant to note that although he was told that a complaint had been made about him, he had not been told who by. He knew the complaint was by Ms A as she is the only one he called. It was clear to the Tribunal he was trying to discover if she had left work due to his conduct and if so what had been said to others. The Tribunal was of the view that he did all of the things set out as he was well aware he had crossed professional boundaries and wished to prevent the complaint being shared with others including her pursuing a police complaint. The Tribunal was of the view that he was trying to contain the damage it would cause to himself.

(c) 1 to 4 were an abuse of your more senior position.

161. The Tribunal noted that Dr Kumar was a very senior consultant whereas Ms A, who had just started working at the hospital, XXX. Ms A was also significantly younger than Dr Kumar. Ms A was working directly for Dr Kumar. As such Dr Kumar had a significant professional and pastoral responsibility towards Ms A.

162. The Tribunal considered that, as a much more junior colleague, of a lower grade and with much less experience, Ms A would have found it difficult to object to Dr Kumar's behaviour no matter how uncomfortable it made her feel.

163. The Tribunal bore in mind that Ms A had not perceived Dr Kumar's actions or behaviour as untoward to begin with, especially his comments about her weight, as this related to her medical issue. She said he thought he was being "sweet" or like a "grandad".

> *"Then we had each other on WhatsApp, and previously – probably a week before – he said, "Had you seen my WhatsApp picture?", which I had, because I said to the colleagues [XXX], "Oh my God, have you seen Dr Kumar's picture? It's so cute." Like, he had this little hat on, at Cornwall. I looked at him like a grandad, like my grandad."*

164. However, it was when Dr Kumar continued his physical behaviour towards her and it escalated, she felt increasingly uncomfortable. Ms A then spoke to others about it and stated that she realised that his behaviour was inappropriate. The Tribunal considered that this was a reflection of her lack of life experience and naivety, which is also something which Dr Kumar has taken advantage of.

165. The Tribunal concluded that given the obvious imbalance of power and Ms A's inability to say no or object to Dr Kumar's unwanted words and physical actions, his behaviour, as found proved, did amount to an abuse of his more senior position.

166. Looking at Dr Kumar's conduct as a whole the Tribunal determined that Dr Kumar had abused his more senior position and found paragraph 5(c) of the Allegation proved.

The Tribunal's Overall Determination on the Facts

167. The Tribunal has therefore made the following findings:

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

1. On one or more occasions between May and September 2021, whilst working with Ms A, you:

   a. touched Ms A on her stomach with your hand over her clothes; Determined and found proved

   b. pulled down Ms A's mask from her face; Determined and found proved

c. pinched and/or touched Ms A's cheek; Determined and found proved

d. placed your arm around Ms A's shoulders and pulled her towards you; Determined and found proved

e. kissed Ms A on the cheek; Admitted and found proved

f. stood very close to Ms A and smelled her neck; Not proved

g. made inappropriate comments to Ms A in that you stated words to the effect of:

i. 'you haven't lost that much weight'; Not proved

ii. 'I will miss you so much'; Determined and found proved

iii. 'I love your smell'; Determined and found proved

iv. when Ms A invited you to her leaving party outside of work with other work colleagues, you replied 'no, just you and me'. Determined and found proved

2. On 8 September 2021, you:

a. at, or around, 08:00:

i. pulled down Ms A's mask from her face; Determined and found proved

ii. pinched Ms A's cheek; Determined and found proved

iii. placed your arm around Ms A's shoulders and pulled her towards you; Determined and found proved

iv. commented to Ms A 'you smell really lovely today, I love your smell', or words to that effect; Determined and found proved

b. at, or around, 11:00:

i. indicated to Ms A she should leave her office and come into your office; Admitted and found proved

ii. instructed Ms A to place her chair directly next to your chair; Admitted and found proved

iii. placed your hand on Ms A's thigh; Not proved

iv. moved your hand up and down Ms A's thigh; Not proved

v. kissed Ms A on the cheek; Admitted and found proved

vi. asked Ms A to give you kiss; Not proved

vii. turned your head as Ms A gave you a kiss on the cheek in an attempt to have her kiss you on the lips; Not proved

viii. asked Ms A to give you a hug; Admitted and found proved

ix. whilst giving Ms A a hug, stroked Ms A's sides/back; Determined and found proved

x. placed both of your hands on Ms A's bottom; Not proved

xi. commented to Ms A, 'don't tell anyone we had a cuddle because of covid', or words to that effect; Determined and found proved

c. at 14:55 you telephoned Ms A to enquire where she was and/or how she was feeling. Admitted and found proved

3. On 16 September 2021, you telephoned Ms A on one or more occasions. Admitted and found proved

4. On 28 September 2021, you sent a WhatsApp message to Ms B as

set out in Schedule 1. Admitted and found proved

5. Your actions as set out in paragraphs:

a. 1, 2a and 2b:

i. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; Determined and found proved

ii. were sexually motivated; Determined and found proved

b. 2bxi, 2c, 3 and 4 were an attempt to ensure Ms A did not discuss your conduct with other people and/or pursue a police complaint against you; Admitted and found proved in relation to paragraph 4 of the Allegation only, Determined and found proved

c. 1 to 4 were an abuse of your more senior position.
Admitted and found proved in respect of paragraph 4 of the Allegation only, Determined and found proved

And that by reason of the matters set out above, your fitness to practise is impaired because of your misconduct. To be determined

Determination on Impairment - 17/09/2026

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 Kumar's alleged misconduct a redacted version will be published at the close of the hearing.

2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Kumar's fitness to practise is impaired by reason of misconduct.

The evidence

3. The Tribunal has reviewed its findings of fact and the stage 2 defence bundle which included:

a) Dr Kumar's written reflections, dated 16 September 2026;
b) A number of CPD certificates, including:

i. Reflection in Practice, 6 May 2025;
ii. Professionalism: Fulfilling Your Duty as a Doctor, 26 June 2025;
iii. Professional Boundaries, 18 June 2025;
iv. Probity for Doctors, 3 June 2025;
v. Equality, Diversity and Inclusion 4 June 2025;
vi. Focus on Wellbeing, 5 May 2025.

Submissions on behalf of the GMC

4. On behalf of the GMC, Ms Jones, Counsel, submitted that Dr Kumar's actions breached multiple paragraphs of Good Medical Practice (2013) ('GMP') and amounted to serious misconduct.

5. Ms Jones reminded the Tribunal it had found that Dr Kumar's actions, including inappropriate comments and physical touching, constituted sexual harassment, were sexually motivated, that he attempted to ensure that the victim did not discuss Dr Kumar's conduct with other people or pursue a police complaint against him and that his actions were an abuse of his more senior position. She submitted that all of this taken together, particularly in light of the impact on Ms A in terms of the harm caused, place this misconduct at the higher end of the spectrum of seriousness.

6. Referring the Tribunal to the relevant paragraphs of the Guidance for MPTS Tribunals ('the Guidance'), Ms Jones submitted that there were number of features which may increase the seriousness of an allegation: the behaviour found proved was persistent and repeated; Dr Kumar's behaviour was directed towards a person who was particularly

vulnerable and the behaviour was an abuse of Dr Kumar's more senior position. She submitted that Ms A was vulnerable by means of her age and was vulnerable in the context of this case by the fact that she was working at a much more junior level, was only XXX years old and was, whilst unbeknownst to Dr Kumar, vulnerable by means of XXX. She submitted he must take his victim as he finds her.

7. Ms Jones submitted that, as set out in the Guidance, in all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current ongoing risk to public protection will be high. She submitted that evidence of relevant context known about the doctor and their working environment and evidence of how the doctor has responded to the concerns that decrease risk will usually have less impact and carry less weight because the risk to public protection arising out of allegations at the higher end of the spectrum of seriousness are generally more difficult to mitigate and address. She accepted that this was a matter for the Tribunal to assess.

8. Ms Jones submitted that any insight and remediation is, at best, partial and that the Tribunal may conclude that Dr Kumar's understanding and insight into how it was that he came to behave in this manner is somewhat wanting. She submitted that without such insight being fully developed and without such remediation being fully completed, the risk of repetition is high and therefore so is the risk Dr Kumar presents to public protection.

9. Ms Jones submitted that all three limbs of public protection were engaged. She submitted that in terms of the need to protect, promote and maintain the health, safety and wellbeing of the public, the Tribunal's findings suggest that Dr Kumar has an underlying predatory tendency towards young or vulnerable women, and that he poses a risk of harm because of the lack of full remediation and development of insight and poses a high risk of repetition.

10. Ms Jones submitted that Dr Kumar's behaviour fell short of the behaviour a member of the public would expect of a registered doctor and so a finding of impairment was necessary in order to promote and maintain public confidence in the medical profession and was also necessary to promote and maintain public confidence and proper professional standards.

11. Ms Jones submitted that the case of *Cheatle v GMC (2009) EWHC 645 (Admin)* sets a Tribunal may find a doctor is impaired where they conclude the practitioner presented a risk to patients, where the practitioner brought the profession into disrepute, where the

practitioner has breached one of the fundamental tenants of the profession or where the practitioner's integrity could not be relied upon. She submitted that Dr Kumar has brought the profession into disrepute and breached one of the fundamental tenets of the profession, which must include an obligation on a doctor not to sexually harass colleagues and not to engage in sexually motivated behaviour towards any colleagues.

12. Ms Jones submitted that for all the above reasons, a finding of current impairment should be made but also to maintain confidence in the profession and the regulator.

Submissions on behalf of Dr Kumar

13. On behalf of Dr Kumar, Mr Ivill, Counsel, submitted that Dr Kumar accepted that the proven conduct fell short of the standards expected of him and that his conduct was serious. His submissions focused on the issue of impairment alone.

14. Mr Ivill reminded the Tribunal that the question for the Tribunal was not whether Dr Kumar's fitness to practise was impaired at the time but whether it is currently impaired. He submitted that Dr Kumar accepts that personal and professional boundaries were crossed and admitted a number of the allegations from an early stage.

15. Mr Ivill submitted that whilst Dr Kumar maintains that he did not act in the way found proved in the disputed allegations and denied that his actions were sexually motivated, the case of *Yusuff v General Medical Council [2018] EWHC 13 (Admin)*, sets out that admitting misconduct is not a condition precedent to establishing that the registrant understands the gravity of the offending and is unlikely to repeat it. He accepted that in *Blakely v General Medical Council [2019] EWHC 905 (Admin)*, it was said the doctor, however, has to demonstrate how, given those findings, he or she can reassure the Tribunal that sufficient insight has been acquired and the doctor knows and understands why the conduct was considered unacceptable and will not be repeated.

16. Mr Ivill submitted that Dr Kumar makes clear in his reflective statement that he appreciates the seriousness of the findings and the impact of such behaviour upon patients, public confidence in the profession and importantly upon colleagues. Mr Ivill submitted that Dr Kumar acknowledged the impact on Ms A and has expressed apology. He submitted that Dr Kumar understands the importance of trust, recognises the existence of a power dynamic and that as the senior practitioner it was his responsibility to set and maintain professional boundaries.

17. Mr Ivill submitted that Dr Kumar therefore acknowledges the significance of the proven behaviour, understands why such behaviour is unacceptable and is aware of the importance of behaving in a way that is respectful to colleagues. He submitted that in understanding that he should have acted differently, Dr Kumar has also identified, within his reflective statement, how he would act differently in the future to avoid similar issues arising. He submitted that Dr Kumar does have insight which reduces the level of any current and ongoing risk to public protection.

18. Mr Ivill submitted that in addition to cooperating with the Trust investigation and self-referring to the GMC, Dr Kumar has also remained fully engaged with the regulator and the process throughout. He has provided evidence of targeted CPD, including a highly relevant professional boundaries course, undertaken with the view to addressing concerns that arose in this case and his remediation reduces the risk of repetition as it is directly relevant to the assessment of the level of any current and ongoing risk to public protection. Mr Ivill submitted that, in summary, the allegations are remediable and highly unlikely to be repeated.

19. Mr Ivill submitted that Dr Kumar has referenced the impact this investigation has had upon him, not in any attempt to seek sympathy, but as a relevant contextual factor, as it may lend further support to his being highly unlikely to place himself in a position where allegations of this nature could be made again. He submitted that the events relate to a single colleague approximately five years ago, as set out in his interview with Trust, how stressed he was at the material time with work and personal matters, exacerbated by the illness of XXX, which provides further context for his behaviour.

20. Mr Ivill submitted that Dr Kumar has no previous fitness to practise history and that although this is not an isolated incident, the proven conduct could perhaps be properly described as an isolated episode in an otherwise unblemished career spanning more than 40 years. He submitted that the Tribunal had also seen testimonials from individuals who spoke highly of Dr Kumar.

21. Mr Ivill submitted that in relation to the three distinct parts of public protection, there has never been a suggestion that Dr Kumar poses a risk to patients and there is an insufficiently compelling basis to conclude that he poses a current risk to public safety. He submitted that in regard to public confidence and upholding professional standards, it is acknowledged that in certain cases a finding of impairment is required to maintain public

confidence and uphold proper professional standards but that whether a finding of impairment is required on such grounds is a matter for the Tribunal's professional judgment and that the fact of this rigorous public regulatory process itself serves to mark the public interest and upholds public confidence in the profession.

The relevant legal principles

22. There is no burden or standard of proof at this stage of the proceedings and the decision upon 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.

23. In approaching their decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and that the misconduct 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.

24. To assess whether Dr Kumar 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 Kumar and/or his working environment and
- how Dr Kumar has responded to the allegations.

The Tribunal's determination on impairment

<u>The Guidance on impairment: Steps 2a to 2e</u>

25. When determining the impairment stage, the Tribunal had regard to the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e))*.

Is there a legal basis for considering impairment?

Misconduct

26. The Tribunal first considered whether there was a legal basis to consider impairment in this case and whether the facts found proved amounted to misconduct as set out in paragraph 11 of the Guidance.

27. The Tribunal noted that it will only make a finding of impairment where it determined that the doctor poses a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.

28. The Tribunal made its assessment with reference to the facts found proved at the first stage of the hearing and the stage 2 bundle it had received.

29. The Tribunal noted that the misconduct displayed a number of breaches of GMP, namely:

> *1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *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.*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

30. The Tribunal determined that Dr Kumar's behaviour towards Ms A, as found proved, represented a serious departure from the professional standards expected of a registered medical practitioner.

31. The Tribunal was satisfied that Dr Kumar's behaviour amounted to misconduct that was serious and that, therefore, there was a legal basis for considering impairment.

Where on the spectrum of seriousness do the allegations lie?

32. In initially assessing where on the spectrum of seriousness of the misconduct, the Tribunal bore in mind that the facts found proven at this stage amounted to sexual misconduct including inappropriate comments to Ms A and physical touching of her, which escalated in seriousness over time. Dr Kumar's misconduct constituted sexual harassment and was an abuse of his more senior position.

33. In identifying the starting point for where these facts lie on the spectrum of seriousness, the Tribunal considered paragraph 31 of the Guidance, where it is stated that:

> *31 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;*

34. Therefore, the Tribunal was satisfied that this misconduct fell at the higher end of the spectrum of seriousness.

35. The Tribunal also considered any features throughout the case that may increase the seriousness as set out in paragraph 36 of the Guidance. It considered the following factors to be applicable in this case:

The behaviour or poor performance was persistent or repeated;

36. The Tribunal noted that Dr Kumar's behaviour towards Ms A occurred over a four month period involving multiple, repeated instances.

The behaviour was directed towards, or the poor performance involved interaction with, a person with impaired capacity or a person with a particular vulnerability

37. The Tribunal considered that Ms A was vulnerable by reason of her age (she turned XXX years old whilst working at the Hospital), her lack of life or work experience and her health condition. The Tribunal noted that this was XXX and considered that she would have found it very difficult to object to Dr Kumar's misconduct due to his seniority.

Premeditated behaviour and predatory behaviour

38. The Tribunal determined that Dr Kumar acted in a premeditated and predatory manner towards Ms A by inviting her into his office where no one else would be around to witness his behaviour. He used this as an opportunity to take advantage of Ms A by putting his arm around her, pulling him towards her and kissing her on the cheek. This happened more than once.

39. The Tribunal noted that Dr Kumar's sexual harassment of Ms A increased in frequency once she had XXX. The Tribunal inferred that Dr Kumar knew he did not have much time left with Ms A at the hospital. Dr Kumar hugged her inappropriately and stroked down her sides. He asked her for dinner 'just the two of them'. He stated he would not have gone through with this as, for one, he was a married man and he said, in hindsight, he realised it was not appropriate.

Abuse of professional position

40. The Tribunal bore in mind the power disparity between Dr Kumar as a senior consultant and Ms A as a 'XXX' employee and determined that Dr Kumar's misconduct towards Ms A amounted to an abuse of his more senior professional position. Dr Kumar had a particular responsibility to offer pastoral and professional support to her given her much more junior status.

A reckless disregard for patient safety or professional standards; Undermining collaborative working; Putting their own interests before those of patients

41. The Tribunal determined that Dr Kumar's misconduct undermined collaborative working between doctors and colleagues and that he was putting his own interests before those of his patients. By repeatedly putting Ms A in an uncomfortable position whilst at work,

Dr Kumar indirectly put patients at risk. The Tribunal noted that because of the stress that Ms A was under at work, it could be inferred that her focus would have been impaired, in turn potentially putting patients at risk. No patient safety issues were identified but this is a risk Dr Kumar created by his actions.

An attempt to hide and/or avoid taking responsibility for behaviour or poor performance

42. The Tribunal found that Dr Kumar had telephoned Ms A several times and he had involved a colleague to attempt to try and persuade her not to pursue the allegations or deter her from reporting the matter to the police.

43. The Tribunal concluded that all the above features increased the seriousness of his actions, which was already at a high level due to the sexually motivated nature of the misconduct.

44. The Tribunal therefore determined that the misconduct lay at the higher end of the spectrum of seriousness, with several factors increasing its severity.

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

45. The Tribunal noted that evidence of relevant context, that may decrease the level of risk to public protection posed by a doctor, will carry less weight in cases that fall at the higher end of the spectrum of seriousness. The Tribunal noted that Dr Kumar has had a long unblemished career before this misconduct.

46. Nonetheless the Tribunal noted that was very serious misconduct of a sexually predatory nature that persisted over 4 months and escalated over time.

47. The Tribunal had regard to several circumstances occurring in Dr Kumar's personal and professional life that it accepted stressed Dr Kumar at the time. These factors included work stress in COVID-19 and his usual colleague being off work, his wife being away and the poor health of XXX in India.

48. The Tribunal had the view that, although these matters provide an explanation, they in no way provide a good reason for Dr Kumar's conduct towards a very junior colleague. A doctor of his seniority and life experience should have been aware of the responsibilities he

has towards his colleagues and the high standards a doctor of his seniority should live up to as a role model to others.

49. The Tribunal noted that it is difficult to remediate sexual misconduct as it has such an adverse impact on the public trust and it is hard for that trust to be rebuilt.

50. At the time of the concerns being raised, Dr Kumar was working full time. He resigned from his position in February 2022 and relinquished his licence to practise on 13 February 2023. In relation to this, the Tribunal went on to consider paragraph 66 of the Guidance, which states:

> *66 […] The doctor no longer being in that role will not usually have the effect of reducing the level of current and ongoing risk posed to public protection because it is possible they will return to that, or a similar, position in the future.*

51. The Tribunal considered that, although Dr Kumar has relinquished his licence, the impact of his actions is not negated as per the above Guidance.

52. With regard to paragraph 68 of the Guidance, the Tribunal agreed that Dr Kumar's personal circumstances do very little to reduce the seriousness of the misconduct nor his current and ongoing risk to public protection.

How has Dr Kumar responded to the allegations?

53. When considering how Dr Kumar has responded to the allegations, the Tribunal first had regard to how Dr Kumar responded at the time of the events. The Tribunal noted that Dr Kumar attempted to dissuade Ms A from making a complaint about him to others or the police.

54. The Tribunal also considered Dr Kumar's response during his criminal trial and these proceedings. It was noted by the Tribunal that Dr Kumar has engaged with both the GMC and MPTS. However, the Tribunal found that Dr Kumar was lacking in remorse and insight. Whilst he accepted that Ms A was upset by his actions, he has not taken full responsibility for her distress. He described Ms A as 'misinterpreting' his actions. He acknowledged that he should have kept his physical distance but does not accept his behaviour amounted to sexual harassment. He has not reflected in any meaningful way upon the impact that his actions had

on Ms A, his colleagues or the wider impact of his actions on public confidence in him and the medical profession as a whole.

55. In considering the reflective statement, dated 16 September 2026, the Tribunal determined that, although Dr Kumar's insight has slightly developed in comparison to his initial response to the allegations, it remains fairly limited.

56. The Tribunal considered that, although Dr Kumar has attempted to develop his insight, it is still in its infancy and does not have any impact on reducing the risk going forward. Dr Kumar needs to do further work to recognise that his behaviour amounted to sexual misconduct. His limited insight and progress do not go far enough and the Tribunal determined that there remains a risk of repetition of this behaviour while Dr Kumar takes proper responsibility for his actions, identifies the triggers for his behaviour and puts in place strategies to prevent repetition.

57. When considering the possibility of remediation, the Tribunal had regard to paragraph 95 of the Guidance, which states:

> *95 For a doctor to successfully remediate, it's important they have insight into the allegation. This is because to actively address an allegation about their behaviour, […] a doctor must first recognise there is a concern and try to understand how it arose.*

58. It was evident to the Tribunal that Dr Kumar has limited insight and has denied the core allegations. He does not accept responsibility for what has happened and has made no steps to address why these incidents occurred. He has made no attempt to reduce or prevent the risk of repetition.

59. It was determined by the Tribunal that there is little evidence of remediation. Dr Kumar has completed some targeted training over the period of May – June 2025 but he has not demonstrated how this learning has translated into insight, reflection or has been incorporated into his practice. The Tribunal had no way of knowing how the courses have impacted his learning or thinking.

60. As stated, the Tribunal recognised that sexual misconduct, particularly where there has been a gross breach of trust, is very difficult to remediate but not impossible. Dr Kumar has only just begun to reflect on this and has developed very limited insight. The impact of

the misconduct has not been remedied. The Tribunal determined that he remains a high risk of repetition.

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

61. In determining whether Dr Kumar poses any current and ongoing risk to public protection, the Tribunal bore in mind paragraph 134 of the Guidance:

> *134 In cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may have less impact and carry less weight because these types of allegations can be more difficult to remediate. Evidence of the doctor having kept their knowledge and skills up to date may also be less relevant. This should be considered by the MPT when they are reaching a view on risk and a conclusion that the doctor poses a current and ongoing risk to one of more of the three parts of public protection requiring restrictive action in response may be needed, particularly as the allegation is likely to engage public confidence.*

62. As demonstrated for the reasons above, these allegations fall at the higher end of the spectrum of seriousness and are further aggravated by several factors. Bearing this in mind, the Tribunal has determined that Dr Kumar poses a current and ongoing risk to public protection and the level of risk is high.

63. The Tribunal considered that even though Dr Kumar has begun to respond in a more engaged manner to his misconduct, there has been very little insight and no remediation demonstrated.

64. The Tribunal went on to consider whether a finding of impairment was required in order to uphold any of the three limbs of public protection.

65. In respect of the first limb to protect, promote and maintain the health, safety and well-being of the public, the Tribunal determined that Dr Kumar had put patients at potential risk of harm and had caused harm to Ms A. It considered that colleagues should be able to go to work without fear of harassment and that a member of the public would be concerned

that an affected colleague's conduct might not be properly focused and could potentially detrimentally affect patient safety.

66. In respect of the second limb of public protection to promote and maintain public confidence in the profession, the Tribunal noted that doctors hold a position of trust. Where a doctor abuses that position to sexually harass a colleague, public trust would be seriously undermined and patients would not feel comfortable going see to that doctor, especially knowing it was directed at a very junior colleague. The Tribunal concluded that public confidence in the profession and the regulator would be undermined were a finding of impairment not made in the circumstances.

67. For the same reasons, the Tribunal also concluded that it would be failing to uphold the third limb of public protection, namely to promote and maintain proper professional standards and conduct for members of the profession, were a finding of impairment not made.

68. The Tribunal therefore determined that a finding of current impairment was necessary in respect of all three limbs of public protection.

69. The Tribunal also had regard to the test as set out by Dame Janet Smith in the Fifth Shipman Report when considering impairment. The Tribunal found that Dr Kumar's behaviour lacked integrity and so breached a fundamental tenet of the profession. Sexual harassment of a colleague is directly at odds with the expectation that doctors should be able to be trusted, be able to collaborate with colleagues and put patients not themselves first.

70. The Tribunal has therefore determined that Dr Kumar poses a current and ongoing risk to public protection, and his fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 21/09/2026

The evidence

1. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account any relevant evidence received during the earlier stages of the hearing.

Submissions

On behalf of the GMC

2. On behalf of the GMC, Ms Jones submitted that the Tribunal concluded that the facts proven fall at the higher end of the spectrum of seriousness and are further aggravated by several factors. She noted that the Tribunal concluded that Dr Kumar poses a current and ongoing risk to public protection and that the level of that risk is high, making a finding of impairment necessary to uphold all three limbs of public protection. Ms Jones reminded the Tribunal that it must now consider what sanction to impose on Dr Kumar and that the sanction imposed must be no more than is necessary to protect the public.

3. Ms Jones referred to the relevant sanctions bandings set out in the Guidance for MPTS Tribunals ('the Guidance') and she submitted that, given that the behaviour of Dr Kumar was sexually motivated, amounted to sexual harassment and was assessed to fall within the higher level of risk to public protection, the appropriate sanction banding would fall within paragraph 62 of the Guidance as leading to a 'Suspension of 12 months to Erasure'.

4. Ms Jones submitted that this is far too serious a case for no further action or for conditions to be imposed. When considering suspension, Ms Jones stated that given the facts of this case, together with the lack of insight and remediation from Dr Kumar, as determined by the Tribunal at stage 2 of the hearing and the high level of risk to public protection, suspension would not be a sufficiently proportionate response. She submitted that erasure is the only proportionate sanction in this case.

5. Ms Jones further submitted given the facts found by the Tribunal to increase the seriousness of the facts at stage 2, there is a significantly high level of risk posed to all three limbs of public protection. She submitted that the behaviour found proved is clearly behaviour which is unbefitting a registered doctor. The Tribunal found Dr Kumar had demonstrated a lack of integrity, breached fundamental tenets of the profession and that he has shown a persistent lack of insight into the seriousness of his behaviour and the potential or actual consequences of the same.

6. Ms Jones submitted that whilst the findings do not relate to Dr Kumar's conduct in his clinical role, it was an aggravating factor that he was a senior consultant and the complainant a very, very junior colleague. She submitted that the Tribunal found he abused his position of authority. The Tribunal had found that it was persistent and over a significant period of time.

7. Ms Jones submitted that given all these features, erasure was the only proportionate sanction in this case.

On behalf of Dr Kumar

8. On behalf of Dr Kumar, Mr Ivill submitted that the determination on sanction is always a multifactorial evaluative judgement which should be based on all of the evidence before the Tribunal. This evidence includes Dr Kumar's insight, his continued engagement with the regulatory process and his otherwise long, unblemished career. Mr Ivill submitted that the appropriate sanction must depend upon the facts of the individual case; in this case, the misconduct was confined to one individual in 2021, in addition to there being no further misconduct and no evidence of similar misconduct before the events in question.

9. Mr Ivill made reference to paragraph 83 of *GMC v Shah (2015) EWHX 899 (Admin)*, which states:

> *83 It is obvious that there are degrees of seriousness where sexual harassment is committed. […] It is obvious that sexual harassment may vary from annoying unwanted verbal sexual innuendo at one end of the spectrum to serious sexual assault at the other.*

10. Mr Ivill submitted that the facts of this case do not place it at the highest end of the spectrum for misconduct of this type. He submitted that the proven conduct did not include some of the most egregious forms of sexually motivated behaviour, as there was, for example, no touching under clothing and no touching of intimate areas. Mr Ivill added that when Dr Kumar sought to dissuade Ms A from pursuing a police complaint he was neither aggressive nor threatening.

11. Mr Ivill submitted that the justification for the sanction of erasure is further weakened by the fact that several of the most serious allegations in the case were not proved. He submitted that erasure is a sanction that should be reserved for only the most serious of cases, in which there is no other means of protecting the public. It was therefore submitted by Mr Ivill that the most proportionate sanction would be one of suspension, with reference to paragraph 44 of the Guidance:

> *44 Suspension can also have a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting as a registered doctor.*

12. Mr Ivill further submitted that, with reference to the sanction bandings, the Guidance recognises that even in cases involving sexual misconduct presenting a higher level of risk to public protection, a period of suspension of 12 months may be an appropriate outcome. He submitted that suspension could provide a sufficient and proportionate response in this case and would serve to mark the seriousness of the misconduct, maintain public confidence in the profession and declare and uphold proper professional standards.

13. Mr Ivill noted that the Tribunal has indicated in its determination on impairment that, although Dr Kumar has attempted to develop his insight, it has determined that he must do further work. He submitted that a lengthy suspension with review would afford Dr Kumar the opportunity to further develop his insight and remediate his conduct.

The Tribunal's determination on sanction

14. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose is a matter for its independent judgement. When determining the appropriate sanction, if any, it should have regard to the principle of proportionality and should start by considering the least restrictive option.

15. The Tribunal reminded itself that the main reason for imposing a sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. The Tribunal must balance Dr Kumar's interests against the public interest. The reputation of the medical profession as a whole is more important than the interests of an individual doctor.

16. In making its decision on sanction, the Tribunal has reviewed its decisions on both the facts and impairment stages and has considered the level of current and ongoing risk Dr Kumar poses to public protection.

17. The Tribunal reminded itself of its finding at the impairment stage that the ongoing risk to public protection was high on the facts of this case. The Tribunal had determined that all three limbs of public protection were engaged, namely, 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.

18. The Tribunal has referred to the sanctions bandings as set out in Part C of the Guidance for MPT hearings. It noted that the indicative sanctions banding set out above indicated a period of suspension of 12 months to erasure for cases involving sexual misconduct where there was a high level of risk to public protection.

19. Although the Guidance includes indicative sanctions bandings, as set out above, the Tribunal acknowledged that these are indicative rather than binding and any decision on sanction is one ultimately for the Tribunal. Accordingly, the Tribunal started its consideration at the lowest possible sanction.

No action

20. 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. In doing so it noted that neither counsel submitted that taking no action would be an appropriate or sufficiently proportionate sanction in this case.

21. The Tribunal considered that there were no exceptional circumstances in this case which would justify taking no action. The Tribunal concluded that given the nature and seriousness of its findings, taking no action would not be an appropriate nor a proportionate response and would fail to uphold the three limbs of public protection.

Conditions

22. The Tribunal next considered whether to impose a period of conditions on Dr Kumar's registration. In doing so it noted that neither counsel submitted that a period of conditional registration would be the appropriate or sufficiently proportionate sanction in this case.

23. In reaching its decision the Tribunal noted that conditions should be appropriate, workable and measurable and had regard to the relevant paragraphs of the Guidance, in particular paragraph 30 which states:

> *30 Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.*

24. The Tribunal reminded itself that Dr Kumar engaged in sexually motivated misconduct towards Ms A which constituted sexual harassment, falling at the higher end of the spectrum of seriousness and presenting a high level of ongoing risk to public protection.

25. The Tribunal concluded that in the circumstances, the risk to public protection could not be adequately managed by conditions and that conditions were not appropriate nor proportionate and would fail to reflect the seriousness of its findings or uphold the three limbs of public protection.

Suspension

26. The Tribunal then considered whether to impose a sanction of suspension on Dr Kumar's registration.

27. The Tribunal reminded itself that Dr Kumar's actions did amount to a serious breach of GMP and had breached fundamental tenets of the medical profession. Dr Kumar's misconduct fell at the high end of the spectrum of seriousness with a number of facts that increased the seriousness of his misconduct, as determined at stage 2 of the hearing. The Tribunal noted that suspension can have a deterrent effect and so can be used to send out a signal to the doctor, the profession and the public about what is regarded as behaviour unbefitting a registered doctor.

28. The Tribunal were of the view that it is necessary to prevent Dr Kumar from practising at this moment in time, with reference to 45(b) of the Guidance, that states that suspension would be proportionate to *'stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate'*.

29. The Tribunal accepted that Dr Kumar had, before these events, had a long and unblemished career. The Tribunal also noted that the misconduct related to one complainant and that there has been no repetition of the misconduct by Dr Kumar since the concerns were brought to light.

30. The Tribunal stated that these facts must be balanced against the seriousness of the misconduct and the ongoing concerns as to Dr Kumar's lack of insight, especially concerning his continued denial of sexual motivation.

31. The Tribunal reminded itself of the persistent and premeditated nature of Dr Kumar's misconduct, with the events found proven taking place over the course of four months. Dr Kumar abused his more senior position to take advantage of Ms A. The Tribunal reminded itself of the huge imbalance of power between Dr Kumar and Ms A. The Tribunal reminded itself of the particularly serious feature of this case that Dr Kumar had himself and by involving another member of staff tried to avoid taking responsibility for his actions, in attempting to dissuade Ms A from raising a complaint against him with the Hospital or the police.

32. The Tribunal found no evidence of remediation for the above misconduct and deemed that Dr Kumar still presents a current and ongoing risk to public protection.

33. The Tribunal concluded that Dr Kumar was unlikely to develop sufficient insight or to adequately remediate his misconduct within a period of 12 months suspension and that suspension would not be sufficient to protect the public. The Tribunal, therefore, determined that suspension was not an appropriate sanction.

Erasure

34. Finally, the Tribunal went on to consider whether to impose a sanction of erasure on Dr Kumar's registration.

35. The Tribunal considered paragraphs 55 and 57 of the guidance, which 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 effective, 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.*
> *…*
> *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.*

36. The Tribunal reminded itself of the lack of insight and remediation demonstrated by Dr Kumar so far, as determined at stage 2 of the hearing. The Tribunal had also found that there was no relevant context in Dr Kumar's personal or professional life that would mitigate the seriousness of his misconduct and therefore it had found the risk to public protection remains high. As already set out by the Tribunal, Dr Kumar has still not accepted that his behaviour was sexually motivated and the adverse impact of his misconduct on the public must be weighed in the balance.

37. Referring to the sanction bandings at paragraph 62 of the Guidance, the Tribunal considered that this case of sexual misconduct falls at the high end of the spectrum of seriousness. The Tribunal found this was not sexual harassment at the lower end of the scale of seriousness which might justify a suspension of 12 months. The Tribunal had found aggravating factors which included the gross breach of his professional position by a consultant on a very junior member of staff and his attempts to deter Ms A reporting his behaviour. His behaviour has caused serious harm to his reputation and the reputation of the medical profession as a whole; public trust is severely damaged by such sexually motivated misconduct.

38. The Tribunal determined that the current and ongoing level of risk to public protection is such that erasure is the most proportionate sanction, as continued registration would undermine public confidence in the profession. It determined that erasure is also necessary due to the adverse effect his misconduct has on the public and the profession as a whole and to maintain standards.

Determination on Immediate Order - 21/09/2026

1. Having determined that Dr Kumar's name be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Kumar's registration should be subject to an immediate order.

Submissions

On behalf of the GMC

2. On behalf of the GMC, Ms Jones submitted that an immediate order should be imposed in this case.

3. Ms Jones submitted that the first two limbs of paragraph 84 of the Guidance for MPTS Tribunals ('the Guidance'), as set out below, were applicable, namely that Dr Kumar poses a risk to patient safety and that the risk to public protection is high.

4. Ms Jones submitted that, given the very serious findings and that all three limbs of public protection were engaged, an immediate order was necessary to maintain public confidence in the medical profession.

On behalf of Dr Kumar

5. On behalf of Dr Kumar, Mr Ivill submitted that he recognised that any decision on whether to impose an immediate order must be consistent with the Tribunal's decision on sanction and in light of the sanction determination he stated that he was neutral as to whether an immediate order should be made.

The Tribunal's determination

6. The Tribunal considered that it may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

7. The Tribunal had regard to the relevant paragraphs of the Guidance, in particular paragraphs 83 and 84, which set out:

> *"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 immediate action is needed to maintain public confidence in the medical profession
c. immediate action is needed to maintain public confidence in the medical profession."

8. The Tribunal considered that all three parts of paragraph 84 of the Guidance were applicable on the facts of this case.

9. The Tribunal concluded that it is appropriate to impose an immediate order in this case, given its findings that all three limbs of public protection were engaged and that there was a potential risk to patient safety. It considered that to not impose an immediate order would be inconsistent with its earlier findings

10. The Tribunal determined that public confidence in the profession would be undermined and that it would be failing to uphold the statutory overarching objective if an immediate order were not imposed in this case.

11. Accordingly, the Tribunal determined that an immediate order of suspension was required in the public interest.

12. This means that Dr Kumar's registration will be suspended from today. The substantive direction 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.

13. There was no interim order to revoke.

14. That concludes this hearing.

SCHEDULE 1

'Hi [Ms B] – [XXX] . If Ms A goes to the police I will definitely take that course [XXX] . I wonder as her manager you could talk to her tactfully and inform her how remorseful and repentant . I just wondered whether you could do this for me in a tactful way without mentioning that I have asked . Just enquiring how she is and how her present job and informing of my situation. I am not bothered about my present job . I will resign and call it a day . But I don't want to end up with a police case. Please see if you can help me and I leave it to you to do it the way you think best. Thank you for all the support all these days. Dr Kumar'.