

PUBLIC RECORD

Dates: 22/06/2026 - 26/06/2026

Doctor: Dr Deepu ALKERE NANJUNDASWAMY

GMC reference number: 7941048

Primary medical qualification: MBBS 2012 Rajiv Gandhi University of Health Sciences Sri Siddhartha Medical College

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Amir Jaleel
Lay Tribunal Member:	Mr Paul Hepworth
Registrant Tribunal Member:	Dr Sarah Jeffery

Tribunal Clerk:	Ms Rachel Horkin
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Attendance and Representation:

Doctor:	Not present, not represented
Doctor’s Representative:	N/A
GMC Representative:	Mr Ryan Donoghue, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in 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 - 23/06/2026

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 Alkere Nanjundaswamy’s alleged misconduct and conviction a redacted version will be published at the close of the hearing.

Background

2. Dr Alkere Nanjundaswamy qualified in 2012. At the time of the events, Dr Alkere Nanjundaswamy was practising as a specialty doctor in the emergency department at Chesterfield Royal Hospital NHS Trust (‘the Trust’).

3. The allegations related to Dr Alkere Nanjundaswamy’s conviction on 27 April 2023 for being in charge of a motor vehicle whilst intoxicated, failing to declare that he had been

charged with a criminal offence and subsequent conviction of a criminal offence to the GMC, and an allegation of being intoxicated whilst at work on 23 August 2023.

4. XXX

5. Further, it is alleged that on 28 January 2025 at Chesterfield train station, Dr Alkere Nanjundaswamy slapped Ms A's face whilst intoxicated. This was a breach of his interim order of conditions imposed on 12 February 2024 XXX.

6. On 9 July 2025 Dr Alkere Nanjundaswamy was charged with XXX assault and was notified, via Postal Requisition on 14 July 2025 that he was scheduled to appear at Sheffield Magistrates' Court on 4 August 2025. However, Dr Alkere Nanjundaswamy had left the UK on 28 July 2025.

The Outcome of Applications made during the Facts Stage

7. The Tribunal determined that the service of the notice of this hearing has been effected in accordance with Rules 15 and 40 of the Rules. The Tribunal determined to proceed with the hearing in Dr Alkere Nanjundaswamy's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

8. The Tribunal has considered whether the hearing should proceed in public in accordance with Rule 41 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), XXX. The Tribunal noted that the GMC was content for the Hearing to proceed by moving between public and private session where necessary. However, having considered the nature of the case, the Tribunal determined that XXX linked to the other issues under consideration. The Tribunal concluded that attempting to separate the proceedings would require frequent transitions between public and private sessions, which would be impractical and give rise to a real risk of inadvertent disclosure of sensitive information. In those circumstances and having conducted the necessary balancing exercise the Tribunal was satisfied that it was necessary and proportionate to direct that the entirety of the proceedings to be heard in private.

9. The Tribunal granted the GMC's application, made pursuant to Rule 17 (6) to amend paragraph 11 of the Allegation to "Your actions as set out at paragraph 9 were in breach of the interim order of conditions referred to in paragraph 8 and/or 10." The Tribunal was satisfied that the allegation can be amended without any injustice to Dr Alkere

Nanjundaswamy. Further the Tribunal is satisfied that the amendment does not alter the nature of the case against Dr Alkere Najundaswamy in any way nor does it amend the evidence against the doctor.

The Allegation and the Doctor's Response

10. The Allegation made against Dr Alkere Nanjundaswamy is as follows:

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

1. On 27 April 2023 at Chesterfield Magistrates' Court you were convicted of being in charge of a motor vehicle after consuming so much alcohol that the proportion of it in your breath, namely 123 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit contrary to section 5(1)(b) of the Road Traffic Act 1998 and Schedule 2 to the Road Traffic Offenders Act 1988. **To be determined**
2. On 27 April 2023 you were sentenced to:
 - a. a fine of £2,200.00; **To be determined**
 - b. disqualification from driving for four months; **To be determined**
 - c. a licence endorsement. **To be determined**
3. You failed to notify the GMC that you had been charged with the criminal offence detailed in paragraph 1. **To be determined**
4. You failed to notify the GMC that you had been convicted of the criminal offence detailed in paragraph 1. **To be determined**
5. On 23 August 2023 you consumed alcohol whilst on duty in the Emergency Department at Chesterfield Royal Hospital. **To be determined**
6. XXX
7. XXX
8. On 12 February 2024 an Interim Orders Tribunal of the Medical Practitioners Tribunal Service imposed an interim order of conditions on your registration, which included the condition set out at Schedule 3. **To be determined**
9. On 28 January 2025 at Chesterfield train station you slapped Ms A's face.
To be determined
10. At the time of your actions at paragraph 9 you were intoxicated.

To be determined

11. Your actions as set out at paragraph 9 **and/or 10** were in breach of the interim order of conditions referred to in paragraph 8. **Amended under Rule 17 (6)**

To be determined

12. On 9 July 2025 you were charged with XXX assault in relation to your actions at paragraph 9. **To be determined**
13. On 14 July 2025 British Transport Police served you with a postal requisition which confirmed that you were scheduled to appear at Sheffield Magistrates' Court on 4 August 2025. **To be determined**
14. On 28 July 2025 you left the United Kingdom. **To be determined**
15. At the time of leaving the United Kingdom you were aware or ought to have been aware that you were subject to ongoing legal proceedings in that you:
- a. had been charged with XXX assault; **To be determined**
 - b. were due to appear at Sheffield Magistrates' Court on 4 August 2025.

To be determined

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

- a. conviction in relation to paragraphs 1-2 **To be determined**
- b. misconduct in relation to paragraphs 3-5 and 8-15; **To be determined**

XXX

Witness Evidence

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

- Ms D, HR Partner of the Medicine and Emergency Care Division at the Trust. Her witness statement is dated 25 September 2024;
- Ms E, Service Manager for the Acute Care Unit at the Trust. Her witness statement is dated 1 October 2024;
- DC C, British Transport Police. Her statement is dated 20 March 2026;
- Ms F, Investigation Officer at the GMC. Her statement is dated 24 April 2024;

12. Dr Alkere Nanjundaswamy provided his own witness statement dated 22 November 2024. In this statement, which was provided for an earlier substantive hearing, Dr Alkere Nanjundaswamy made admissions to some of the allegations.

XXX

13. XXX

14. XXX

15. XXX

16. XXX

17. XXX

Documentary Evidence

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

- Correspondence from the Trust to Dr Alkere Nanjundaswamy dated between 6 September 2022 and 18 January 2024;
- XXX;
- XXX;
- CCTV Footage- 28 January 2025 at Chesterfield train station;
- Certificate of conviction;
- Crown Prosecution Service – Initial Details of Prosecution Case;
- Transcript of Dr Alkere Nanjundaswamy’s interview with British Transport Police;
- IOT determination – 2 August 2024;
- Email from Dr Alkere Nanjundaswamy dated 31 August 2025 in which he advises that he has permanently left the UK.
- CPD Certificates;
- Testimonials.

Legal Advice

19. 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.

20. Neither the seriousness of the allegation nor the seriousness of the consequences should make any difference to the standard of proof to be applied. There is only one standard of proof in civil and regulatory cases and that is proof that the fact in issue more probably occurred than not *Byrne v GMC [2021] EWHC 2237*.

21. 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.

22. The Tribunal should distinguish between formal admissions made at this hearing and historic admissions made in other contexts, including Trust meetings, XXX, IOT material, and police interviews.

23. However, any admission as to impairment, misconduct, seriousness or sanction is not binding. Those matters remain for the Tribunal's independent judgment.

24. Historic admissions are not equivalent to formal admissions in these proceedings. They may be admissible as evidence, but the Tribunal must determine what weight to attach to them. Relevant factors include:

1. The timing and context of the statement.
2. Whether the doctor had legal advice.
3. Whether the admission is clear and specific.
4. Whether it relates to the same factual basis as the present allegation.
5. Consistency with other evidence.
6. Whether the statement constitutes a true admission or is advanced as mitigation.

25. Where an admission is made on a different factual basis from that advanced by the GMC, and is not accepted by it, the Tribunal may need to determine the factual basis on the evidence.
26. The Tribunal may admit hearsay evidence where it is relevant and fair to do so. It should adopt a two-stage approach:
1. Whether the evidence should be admitted.
 2. What weight should be attached to it.
27. When considering hearsay from an absent witness, the Tribunal should consider:
1. Whether there is a good reason for the absence.
 2. Whether the evidence is sole or decisive.
 3. Whether there are sufficient counterbalancing safeguards to ensure fairness.
28. If admitted, the Tribunal should recognise that the evidence has not been tested in cross-examination. This does not render it inadmissible, but may affect weight. The Tribunal should explain its approach, particularly where such evidence is significant.
29. If the doctor does not attend or does not give evidence, the Tribunal may consider whether to draw an adverse inference. Such an inference must not be automatic.
30. The Tribunal should consider:
1. Whether the GMC has established a prima facie case.
 2. Whether the doctor had proper notice and warning.
 3. Whether he had a fair opportunity to attend or provide evidence.
 4. Whether there is any reasonable explanation for his absence or silence, XXX.
31. An adverse inference cannot of itself prove an allegation, but may form part of the overall evidential assessment. If drawn, the Tribunal should identify precisely what inference is drawn and why.
32. The Tribunal accepted that the witness statements of three witnesses who were to be called to the Hearing, namely Dr B, Dr A and DC C will be taken as read and that no oral evidence will be heard.

33. Under the Rules, the Tribunal is entitled to admit and rely upon documentary evidence, including witness statements, where it considers it fair and appropriate to do so.

34. Where evidence is taken as read, it does not follow that it is automatically accepted or given full weight. The Tribunal must evaluate that evidence in the same way as any other evidence.

35. The Tribunal must consider each witness statement in the round, alongside all the other evidence in the case, including the documentary material and any agreed facts. The Tribunal should assess the internal consistency of the statement, its consistency with other evidence, and whether it is supported or contradicted by contemporaneous documents.

36. The absence of cross-examination does not prevent the Tribunal from relying on the evidence, provided it is satisfied that it is reliable and credible when viewed in the context of the totality of the evidence. This is especially where the evidence is not materially in dispute or is supported by documentation, it may properly be relied upon.

37. The Tribunal may also take into account whether there has been any challenge to the evidence. Where no questions have been asked and no dispute has been raised, that may be a factor supporting the weight attached to the statements, although it is not determinative.

38. Ultimately, the Tribunal's task is to decide what weight to give to each statement and whether, taken together with the other evidence, it is satisfied that the relevant facts are proved on the balance of probabilities.

39. The Tribunal had regard to Rule 34(3) and Rule 34(5) of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules').

'34(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

...

34(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is

evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'

40. A certificate of conviction constitutes conclusive evidence. The Tribunal cannot, save in very exceptional circumstances, 'go behind' the fact of a conviction. Re-determining the facts underpinning the conviction falls outside of the Tribunal's remit.

The Tribunal's Analysis of the Evidence and Findings

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

42. The Tribunal reminded itself that Dr Alkere Nanjundaswamy was due to attend a substantive hearing in February 2025 and prepared a statement ('the statement') dated 22 November 2024 in which he made admissions to some of the allegations.

43. Whilst the Tribunal did not accept this statement as formal admissions of some paragraphs of the allegation, it was satisfied that the statement provided was a document prepared by Dr Alkere Nanjundaswamy in advance of the February 2025 substantive hearing and, as such, this Tribunal gave these admissions weight when considering the individual paragraphs of the allegation.

Paragraph 1 and paragraph 2

44. The Tribunal had regard to the witness statement of DC G (who was not on duty on that particular day) which sets out the circumstances surrounding the arrest of Dr Alkere Najundaswamy on 23 April 2023; he was seen '*walking but stumbling into the main road and could not walk in a straight line*' down Eastwood Park Drive before getting into the driver's seat of a silver car.

45. DC G ran from her house, with the intention of stopping Dr Alkere Najundaswamy from driving the car. When she reached the driver's side door, Dr Alkere Najundaswamy was sat in the driver's seat, attempting to turn the key in the ignition. DC G knocked on the window and Dr Alkere Najundaswamy opened the door, which allowed DC G to take the key out of the ignition to prevent him from driving away. Dr Alkere Najundaswamy pleaded with her to allow him to leave stating he was an orthodontist and only got his licence the previous day. DC G stated that he was not speaking clearly and was slurring his words; she could also smell alcohol on his breath.

46. The police attended the scene and PC H in his witness statement recalled speaking to Dr Alkere Najundaswamy *'who smelt of intoxicants, was slurring his speech and once he got out of the vehicle, I could see he was unsteady on his feet'*. PC H conducted a breath-test procedure and thereafter arrested Dr Alkere Najundaswamy as the reading was above the legal limit of 35mcg/100ml. The findings of his breath test procedures formed part of the documentary evidence before the Tribunal.

47. The Tribunal had regard to the Court Extract from Chesterfield Magistrates Court which provides that, on 27 April 2023, Dr Alkere Nanjundaswamy pleaded guilty to being in charge of a motor vehicle after consuming so much alcohol that the proportion of it in his breath, namely 123 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit contrary to section 5(1)(b) of the Road Traffic Act 1998 and Schedule 2 to the Road Traffic Offenders Act 1988. The Tribunal reminded itself that it cannot go behind the certificate of conviction.

48. The Court Extract also provides that Dr Alkere Nanjundaswamy was fined £2200.00, was disqualified from driving for 4 Months and that his driving record was endorsed.

49. Dr Alkere Nanjundaswamy did not dispute these paragraphs of the allegations and made written admissions in respect of these paragraphs in his statement.

50. The Tribunal was satisfied that the certificate of conviction was sufficient to prove this allegation and, subsequently, these paragraphs of the Allegation are found proved.

Paragraph 3 and Paragraph 4

51. The Tribunal had regard to the witness statement of Ms F (Investigation Officer at the General Medical Council) in which she advised,

'I sent Dr AN's case for a Case Examiner ('CE') decision on 12 March 2023. The CE responded noting that they had identified [XXX] that Dr AN disclosed [XXX] that he had been charged in March/April 2023 with being in charge of a vehicle whilst under the influence of alcohol.

...

Following this, a case surgery took place in relation to this information. As a result, the CE returned the CE decision and advised that we should obtain the relevant Certificate of Conviction and fully investigate these new concerns raised [XXX] before a full CE decision could be made.

I notified Dr AN on 25 March 2024 that the CE decision had been returned for more evidence gathering and I explained this was in relation to a conviction that had been identified [XXX]. I initially informed Dr AN that we would be getting a decision on whether to add these new allegations to the case.'

52. The Tribunal was satisfied that there was no evidence before it that Dr Alkere Nanjundaswamy did notify the GMC of the criminal charge or subsequent conviction. Further, Dr Alkere Nanjundaswamy admitted this paragraph of the Allegation in his witness statement.

53. In his witness statement prepared for the original listing of this Tribunal hearing on 3 February 2025, Dr Alkere Najudaswamy accepted that he failed to notify the GMC of these matters.

54. The Tribunal was satisfied that there is a duty outlined under the provisions of Good Medical Practice (GMP) effective at the time (22 April 2023-30 January 2024) as follows:

'75 You must tell us without delay if, anywhere in the world:

- a you have accepted a caution from the police or been criticised by an official inquiry*
- b you have been charged with or found guilty of a criminal offence*
- c another professional body has made a finding against your registration as a result of fitness to practise procedures.*

55. The Tribunal is satisfied there is sufficient evidence before it that Dr Alkere Nanjundaswamy failed to notify the GMC that he had been charged and convicted with the offences outlined in paragraph 1 of the Allegation and this paragraph of the allegation is found proved.

Paragraph 5

56. In reaching a decision on this paragraph of the allegation the Tribunal was assisted by the witness statements provided.

57. In her witness statement, Ms D (HR Partner for Medicine and Emergency Care at NHS Trust) wrote,

'...It had been reported that members of staff could smell alcohol on Dr Alkere's person and as such Dr [I] had removed him from working on the hospital shop floor and placed him in a meeting room upstairs in ED.'

58. In the Investigatory/fact finding meeting notes from the Trust dated 31 October 2023, Ms D is reported to have said,

'...asked him (Dr Alkere Nanjundaswamy) directly if he was under the influence of alcohol, Dr Alkere said no...I could smell alcohol on Dr Alkere.'

59. The Tribunal also had regard to the statement of Ms E in which she wrote:

'Dr Alkere had additionally exchanged some text messages...in which he had admitted consuming alcohol whilst on shift on 23 August 2023.'

60. Ms J, the Senior Matron also provided a statement in which she stated that a band 7 nurse had reported Dr Alkere Nanjundaswamy to her on that date as he appeared to be drunk and he had fallen over a drip stand, forgotten about a patient waiting for a CT scan, and that he smelt of alcohol.

61. The Tribunal noted that, initially Dr Alkere Nanjundaswamy denied drinking alcohol whilst on shift but later admitted during an interview with the Trust which took place on 7 November 2023 that he was at work whilst under the influence of alcohol on 23 August 2023 and drank, *'About half to three quarters of a bottle.'*

62. Further, in his own witness statement Dr Alkere Nanjundaswamy wrote,

'On 23 August 2023 whilst I was at work I received a call from a relative in India in which I was told that [XXX]. I was shocked and devastated. I went to my friend's car to have a break and found a bottle of wine in there which I drank.'

63. The Tribunal is satisfied that this paragraph of the Allegation is found proved.

Paragraph 6 and 7

64. XXX

65. XXX

66. XXX

67. XXX

Paragraph 8

68. The Tribunal had regard to the determination of the interim hearing Tribunal dated 2 August 2024 in which it reviewed the interim order of conditions that was imposed on Dr Alkere Nanjundaswamy's registration for a period of 12 months by an interim hearing on 12 February 2024. One of the conditions imposed by the 12 February 2024 Tribunal and maintained by the reviewing Tribunal was:

'XXX.'

69. The Tribunal finds this paragraph of the Allegation proved.

Paragraph 9

70. The Tribunal had regard to the letter from British Transport Police dated 10 December and provided a summary of events in which it was stated that Dr Alkere had 'walked back to the victim and struck her once across the face' and 'he admitted to hitting [Ms A] and apologised for his behaviour'.

71. The Tribunal also took account of the CCTV footage which showed the run up to the incident and clearly evidenced Dr Alkere Nanjundswamy slapping Ms A's face.

72. The Tribunal gave consideration to the witness statement of DC C in which she said,

'As part of the police investigation, CCTV was obtained from Chesterfield train station, showing Dr Alkere Nanjundaswamy and [Ms A] arriving at the station, moving through the station and then an altercation between them. A copy of the CCTV footage has been provided to the GMC by British Transport Police. The footage is 5 minutes and 20 seconds long. I have viewed the CCTV and confirm that Dr Alkere Nanjundaswamy is shown in the CCTV.'

73. The Tribunal also had regard to the transcript provided by British Transport police of their interview with Dr Alkere Nanjundaswamy which took place following the incident;

'DC[C] (DC C) OK. She's gone on to say at this time she's watched you on the monitor, OK so that's the CCTV on the station and she's been watching you on the monitor because she was concerned in case it escalated. From watching the male further I noticed he was heavily intoxicated. He had to be told on more than one occasion to come away from the platform edge. I then saw the female walk away from the male and he stayed on platform 2. OK. So she's saying that you are sort of a cause for safety this morning because of how close you were coming to the platform edge, and she states that you were drunk. OK. So she's in her office watching the CCTV system. The male was seen to leave the station and appeared looking for the female. At approximately 07.55 the male located the female at the rear of the station where the bike racks are located and whilst monitoring the CCTV I saw the male take a large swing with his arm hitting the female in her face. He did this a second time again hitting her in the face. OK. Is this how this all happened?'

DA (Dr Alkere Nanjundaswamy) Yeah.'

74. This paragraph of the Allegation is found proved.

Paragraph 10

75. The Tribunal reminded itself of the witness statement of DC C as set out above at paragraph 45 describing him as being heavily intoxicated and in addition,

'Dr Alkere Nanjundaswamy was interviewed by myself and DC [K] shortly after 7pm on 28 January 2025 at Ripley custody suite. Dr Alkere Nanjundaswamy was legally represented during the interview. There was a delay before Dr Alkere Nanjundaswamy could be interviewed as he presented as being intoxicated.'

76. During the police interview Dr Alkere Nanjundswamy admits that he had been drinking the night before and had consumed a small bottle of prosecco at the train station.

77. The Tribunal also considered the CCTV footage which shows Dr Alkere Nanjundswamy unsteady on his feet and staggering into a road outside of the station. Following the slap, Dr Alkere Nanjundswamy is shown in the footage as almost falling.

78. Taking all evidence in the round, the Tribunal was satisfied that this paragraph of the Allegation is found proved.

Paragraph 11

79. Given the findings at paragraph 10 of the Allegation, this paragraph of the Allegation is found provided.

Paragraph 12

80. In reaching a decision on this paragraph of the Allegation, the Tribunal was assisted by the statement of DC C,

'Dr Alkere Nanjundaswamy was charged with [XXX] assault on 9 July 2025. Dr Alkere Nanjundaswamy was due to attend Sheffield Magistrates Court on 4 August 2025 but the hearing was adjourned to 26 August 2025. I am not aware of the reason why this hearing was adjourned.'

81. This paragraph of the Allegation is found proved.

Paragraph 13

82. The Tribunal bore in mind the Certificate of Service which was signed on 14 July 2025 and which states,

"BY HAND I hearby certify that I served the defendant Deepu Nanjundaswamy with the Postal Requisition and documents...'

83. In her statement DC C stated;

'Dr Alkere was notified, via Postal Requisition, of his scheduled appearance at Sheffield Magistrates Court scheduled for 4 August 2025. The Postal Requisition was sent to Dr Alkere on 14 July 2025'

84. This paragraph of the Allegation is found proved.

Paragraph 14

85. The Tribunal considered the statement of DC C in which she advised,

'Dr Alkere Nanjundaswamy did not attend Court on 26 August 2025. We were subsequently informed that Dr Alkere Nanjundaswamy had left the UK on 28 July 2025. Dr Alkere Nanjundaswamy's case will not be heard in his absence. A wanted marker is currently placed on him, and if he returns to the country he will be arrested upon arrival.'

86. The Tribunal also noted Dr Alkere Nanjundaswamy's email to the GMC dated 31 August 2025 in which he advised that he had *'permanently relocated outside the UK.'*

87. The Tribunal found this paragraph of the Allegation proved.

Paragraph 15a and 15 b

88. The Tribunal bore in mind the Certificate of Service which provided Dr Alkere Nanjundaswamy's name as the defendant, Sheffield Magistrates' Court as the relevant court and the date of 4 August 2025 as the date Dr Alkere Nanjundaswamy was to attend.

89. The Tribunal reminded itself of DC C's witness statement in which she stated that Dr Alkere Nanjundaswamy was charged with XXX assault on 9 July 2025.

90. Taking into account all of the evidence before it, the Tribunal was satisfied that Dr Alkere Nanjundaswamy was aware that he was subject to ongoing legal proceedings, had been charged with XXX assault and was due to appear at Sheffield Magistrates' Court on 4 August 2025.

91. This paragraph of the Allegation is found proved.

The Tribunal's Overall Determination on the Facts

92. The Tribunal has determined the facts as follows:

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

1. On 27 April 2023 at Chesterfield Magistrates' Court you were convicted of being in charge of a motor vehicle after consuming so much alcohol that the proportion of it in your breath, namely 123 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit contrary to section 5(1)(b) of the Road Traffic Act 1998 and Schedule 2 to the Road Traffic Offenders Act 1988. **Determined and found proved**
2. On 27 April 2023 you were sentenced to:
 - a. a fine of £2,200.00; **Determined and found proved**
 - b. disqualification from driving for four months; **Determined and found proved**
 - c. a licence endorsement. **Determined and found proved**
3. You failed to notify the GMC that you had been charged with the criminal offence detailed in paragraph 1. **Determined and found proved**
4. You failed to notify the GMC that you had been convicted of the criminal offence detailed in paragraph 1. **Determined and found proved**
5. On 23 August 2023 you consumed alcohol whilst on duty in the Emergency Department at Chesterfield Royal Hospital. **Determined and found proved**
6. XXX
7. XXX
8. On 12 February 2024 an Interim Orders Tribunal of the Medical Practitioners Tribunal Service imposed an interim order of conditions on your registration, which included the condition set out at Schedule 3. **Determined and found proved**
9. On 28 January 2025 at Chesterfield train station you slapped Ms A's face.
Determined and found proved
10. At the time of your actions at paragraph 9 you were intoxicated.
Determined and found proved
11. Your actions as set out at paragraph 9 **and/or 10** were in breach of the interim order of conditions referred to in paragraph 8. **Amended under Rule 17 (6)**

Determined and found proved

12. On 9 July 2025 you were charged with XXX assault in relation to your actions at paragraph 9. **Determined and found proved**
13. On 14 July 2025 British Transport Police served you with a postal requisition which confirmed that you were scheduled to appear at Sheffield Magistrates’ Court on 4 August 2025. **Determined and found proved**
14. On 28 July 2025 you left the United Kingdom. **Determined and found proved**
15. At the time of leaving the United Kingdom you were aware or ought to have been aware that you were subject to ongoing legal proceedings in that you:
 - a. had been charged with XXX assault; **Determined and found proved**
 - b. were due to appear at Sheffield Magistrates’ Court on 4 August 2025. **Determined and found proved**

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

- a. conviction in relation to paragraphs 1-2 **To be determined**
 - b. misconduct in relation to paragraphs 3-5 and 8-15; **To be determined**
- XXX

Determination on Impairment - 25/06/2026

93. 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/heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Alkere Nanjundaswamy’s alleged misconduct and conviction, a redacted version will be published at the close of the hearing.

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

The evidence

95. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence as follows.

Submissions

Submissions on behalf of the GMC

96. Mr Donoghue provided written submissions which were supplemented by oral submissions. For avoidance of doubt, the Tribunal took account of the comprehensive written submission alongside oral submissions.

97. Mr Donoghue submitted that Dr Alkere Nanjundaswamy's fitness to practise was currently impaired by reason of his conviction, misconduct XXX.

98. Mr Donoghue referred the Tribunal to the relevant parts of the Guidance for MPT Tribunals ('the Guidance') and submitted that, having found proved the allegations relating to Dr Alkere Nanjundaswamy's XXX conviction, there was a legal basis for the Tribunal to consider impairment in relation to these aspects of the Allegation. He submitted that, in relation to the misconduct aspects, the Tribunal must first consider whether Dr Alkere Nanjundaswamy's actions amounted to serious professional misconduct before it can consider whether those aspects could lead to a finding of impairment.

99. In relation to the misconduct aspects, Mr Donoghue referred the Tribunal to Good Medical Practice ('GMP'). Some of Dr Alkere Nanjundaswamy's actions occurred whilst the 2013 edition of GMP was in force and some while the 2024 edition was in force. As such, Mr Donoghue referred to both editions where applicable.

100. Mr Donoghue submitted that the following paragraphs of GMP 2013 were relevant in this case:

XXX

...

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

...

75 *You must tell us without delay if, anywhere in the world:*

...

b you have been charged with or found guilty of a criminal offence'

101. Mr Donoghue said that the issues relating to the train station in January 2025 and Dr Alkere Nanjundaswamy's breach of his IOT conditions occurred whilst under GMP 2024 and submitted the following paragraphs were relevant:

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

...

98 To maintain patient safety, you must cooperate with formal inquiries, patient safety investigations, and complaints procedures. You must provide all relevant information and be open and honest.'

102. Mr Donoghue submitted that Dr Alkere Nanjundaswamy had breached all of these paragraphs of GMP and that this amounted to serious professional misconduct, which provided the Tribunal with a legal basis to consider impairment in relation to the misconduct aspects of the case.

103. Mr Donoghue acknowledged that Dr Alkere Nanjundaswamy's conviction was for a relatively minor offence but cautioned the Tribunal against taking this to mean that seriousness was reduced. He submitted that Dr Alkere Nanjundaswamy was significantly over the legal limit for alcohol, had made a deliberate decision to get in his car, with the intention of driving it, had suggested that he had only very recently received his license and had also made accusations of racism against DC G, Mr Donoghue submitted that Dr Alkere Nanjundaswamy had failed to acknowledge the risk posed by him attempting to drive and that this, in conjunction with the other factors above, served to increase the seriousness of his conviction.

104. XXX

105. Mr Donoghue submitted that Dr Alkere Nanjundaswamy's failure to notify the GMC of his conviction undermined a system put in place to protect the public and an attempt to avoid taking responsibility for his actions. Mr Donoghue submitted that, whilst the GMC did not claim this was at the top end of the spectrum of seriousness, it could not be said to be a minor issue.

106. Mr Donoghue submitted that Dr Alkere Nanjundaswamy being on duty whilst under the influence of alcohol showed a reckless disregard for patient safety and professional standards. Mr Donoghue submitted that it was a deliberate choice for Dr Alkere Nanjundaswamy to begin working when he had previously acknowledged he should have said he was not fit to work.

107. Turning to the incident at Chesterfield train station, Mr Donoghue acknowledged that this was an incident of violence that was limited in nature and outside of Dr Alkere Nanjundaswamy's professional role. However, he said that aggravating factors increased its level of seriousness; this a XXX abuse incident which took place in public and required intervention from station staff and Transport Police. Mr Donoghue submitted that these factors increased the seriousness of Dr Alkere Nanjundaswamy's assault, to the very top end of seriousness.

108. Mr Donoghue submitted that Dr Alkere Nanjundaswamy's breach of his IOT conditions ran entirely contrary to the GMC purpose of protecting the public. He said that this undermined a system put in place to protect the public, which was further undermined by the fact that Dr Alkere Nanjundaswamy has elected to leave the country and thereby effectively fleeing criminal proceedings.

109. Mr Donoghue submitted that all of the above factors increased the seriousness of his misconduct.

110. Mr Donoghue then turned to consider any relevant context in the case. He submitted that there was no significant context to explain or mitigate any of Dr Alkere Nanjundaswamy's actions, notwithstanding that the misconduct and conviction were in the context of XXX. Mr Donoghue submitted that the Tribunal must consider how Dr Alkere Nanjundaswamy has XXX, his level of insight and what steps he has taken to remediate. He submitted that Dr Alkere Nanjundaswamy has not engaged with the GMC since the station incident and has provided no insight into the XXX.

111. Mr Donoghue submitted that the last evidence from Dr Alkere Nanjundaswamy was his statement of November 2024, in which he claimed XXX. It was accepted that up until that point Dr Alkere Nanjundaswamy demonstrated some limited insight having made admissions regarding his conduct and steps to prevent similar issues from arising. However, a further incident then took place at the train station where it has been found by the Tribunal, that he had slapped [Ms A] and was intoxicated at the time. Mr Donoghue submitted that this demonstrated that Dr Alkere Nanjundaswamy XXX at the time and his non-engagement with the process thereafter means that there is no evidence to convince the Tribunal that he is XXX.

112. Mr Donoghue submitted that all three parts of public protection were engaged in this case and that there was a real risk to patients, public confidence and professional standards. Mr Donoghue stated that Dr Alkere Nanjundaswamy had not demonstrated any insight into his misconduct, conviction XXX and had not remediated. He said that there was therefore a high risk of Dr Alkere Nanjundaswamy repeating his behaviour.

The relevant legal principles

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

114. In approaching the 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.

115. To assess whether Dr Alkere Nanjundaswamy 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 Alkere Nanjundaswamy and/or their working environment, and
- how Dr Alkere Nanjundaswamy has responded to the allegations.

116. The Tribunal had regard to the MPTS Guidance, which came into force in November 2025, and in particular the section dealing with making decisions on the legal basis and impairment. The Tribunal took account of the five steps to follow when considering impairment and the overarching objective of the GMC.

117. The Tribunal had regard to the case of *Roylance v GMC (No.2) [2000] 1 AC 311*:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

118. The Tribunal noted the case of *Nandi v General Medical Council [2004] EWHC 2317 (Admin) (04 October 2004)*:

'31 [misconduct is observed] as "a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious". The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners. It is of course possible for negligent conduct to amount to serious professional misconduct, but the negligence must be to a high degree.'

119. The Tribunal also had regard to *Cheatle v General Medical Council [2009] EWHC 645 (Admin) (27 March 2009)*:

'22 In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'

120. It was also aware that in determining seriousness, it may take into account the evidence as a whole, including any relevant provisions of Good Medical Practice, and that the standards relied upon by the GMC may assist, although the ultimate decision is one for the Tribunal.

121. Where there is more than one legal basis, the Tribunal assessed the current and ongoing risk in relation to each. It referred to the questions set out in MPTS Guidance to inform that assessment, including where on the spectrum of seriousness the conduct lies, what impact any relevant context relating to the doctor or his working environment may have had, and how the doctor has responded to the concerns.

122. In relation to conviction, the Tribunal had regard to the fact that the certificate of conviction is evidence of the facts underlying the conviction. However, it remained a matter for the Tribunal to determine whether the conviction indicates that Dr Alkere Nanjundaswamy poses a current and ongoing risk to public protection.

123. XXX

124. In considering the doctor's response, the Tribunal took into account issues of insight and remediation, and the impact of those matters on the assessment of current and ongoing risk. It had regard to *Cohen v General Medical Council* [2008] EWHC 581 (Admin), in which it was held that relevant considerations include whether the conduct is remediable, whether it has been remedied, and whether it is likely to be repeated.

125. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC*, [2011] EWHC 927 (Admin):

'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

Also:

'74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

The Tribunal's determination on impairment

127. The Tribunal has considered the manner in which the allegations have been laid out by the GMC. It notes that certain paragraphs are descriptive or contextual in nature, while others set out the substantive acts relied upon. The Tribunal has therefore grouped together those paragraphs which, taken together describe a single course of conduct when considering its assessment of impairment.

Conviction

128. The Tribunal considered whether Dr Alkere Nanjundaswamy is impaired by reason of his conviction.

Is there a legal basis for considering impairment?

129. The Tribunal first considered whether there was a legal basis for considering impairment. On 27 April 2023 at Chesterfield Magistrates' Court Dr Alkere Nanjundaswamy was convicted of being in charge of his motor vehicle contrary to section 5(1)(b) of the Road Traffic Act 1998 and Schedule 2 to the Road Traffic Offenders Act 1988 and was sentenced to a fine of £2,200.00, disqualification from driving for four months and a licence endorsement. The Tribunal found that the certificate of conviction is conclusive evidence of his offences. The Tribunal also took account of paragraph 1 in GMP - versions effective from 22 April 2013 – 30 January 2024 ('GMP 2013-2024'),

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

130. The Tribunal also found that Dr Alkere Najunaswamy's actions would also be in breach of paragraph 65 of GMP 2013-2024:

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

131. The Tribunal is satisfied that, by reason of his conviction, Dr Alkere Nanjundaswamy has not acted within the law and there is legal basis for considering impairment.

Where on the spectrum of seriousness does the allegation lie?

132. In considering where on the spectrum of seriousness Dr Alkere Nanjundaswamy's actions fell, the Tribunal had regard to the Introduction to the Guidance which sets out,

224. Discharges are given for the least serious types of offences and do not impose a punishment beyond having a criminal record. Fines are a form of financial penalty given for low-level types of offences, such as some motoring offences. Community orders are given to address the cause of offending in cases that are not serious enough to require a custodial sentence and can be made of different components, such as drugs rehabilitation, attendance on courses and unpaid work.

133. Further the Tribunal had regard to paragraph 28 of the Guidance which states,

28. Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:

a conviction or caution for a minor criminal offence that results in a discharge or fine

134. Accordingly the Tribunal was satisfied that the starting point for assessing the seriousness of the allegation is at the lower end of the spectrum for seriousness. The Tribunal went on to consider factors which may increase the seriousness of an allegation.

135. The Tribunal did not agree with Mr Donoghue's submission that Dr Alkere Nanjundaswamy's decision to drink alcohol and to attempt to drive his vehicle was premeditated. Whilst he made the choice to drink alcohol it cannot reliably be said that his actions from that point onwards were premeditated bearing in mind his level of intoxication.

136. The Tribunal acknowledged that Dr Alkere Nanjundaswamy was significantly over the legal limit for alcohol and also took account of the comments he made towards DC G and was satisfied that this increased the level of seriousness.

137. Taking all of these matters into account, the Tribunal determined that the conviction falls at the mid-point of the spectrum of seriousness.

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

138. The Tribunal determined that this was a matter that occurred in Dr Alkere Nanjundaswamy's private life and no working context is relevant in this regard.

139. The Tribunal had regard to the fact that the offence occurred in circumstances involving Dr Alkere Nanjundaswamy's alcohol consumption. However, the Tribunal recognises that the conviction represents a serious breach of legal and professional standards in its own right. Whilst the surrounding circumstances are taken into account, they do not diminish the seriousness of the conviction.

140. Dr Alkere Nanjundaswamy referred to personal issues which impacted him at that particular time. XXX. Whilst the Tribunal accepts that these matters may provide some context for Dr Alkere Nanjundaswamy's behaviour XXX. However, the Tribunal considers such circumstances as general life stressors rather than exceptional or compelling factors. It therefore did not consider that they diminish the seriousness of the conviction, which represents a breach of the law and the standards expected of a registered medical practitioner.

How has the doctor responded to the allegation(s)?

141. The Tribunal reminded itself of Dr Alkere Nanjundaswamy's statement in which he wrote that he acknowledged that his fitness to practise was impaired by reason of this conviction but that XXX, he had gone through a difficult and stressful period of time in his life in 2023, XXX. On that basis the Tribunal accepted that there was evidence of some insight and remediation at the time he submitted his witness statement, albeit this was limited.

142. However, the Tribunal also notes that Dr Alkere Nanjundaswamy has disengaged from the process and has not participated in these proceedings following further incidents that took place in January 2025. There are no details of any current reflection, remediation or steps taken to prevent recurrence of behaviour. The Tribunal is therefore unable to place significant weight on the earlier acceptance and finds that there is no reliable evidence of current insight or remediation to suggest that this behaviour has been addressed.

143. The Tribunal concluded that the conduct has not been remedied and determined that there remains a significant risk of repetition.

Deciding if the doctor poses any current and ongoing risk to public protection to reach a decision on impairment

144. The Tribunal reminded itself of the test as set out in *Cohen v General Medical Council [2008] EWHC 581 (Admin) (19 March 2008)* namely:

'65 It must be highly relevant in determining if a doctor's fitness to practice is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.'

145. The Tribunal acknowledges that Dr Alkere Nanjundaswamy, in his witness statement dated November 2024 accepted his fitness to practise was impaired due to his conviction and provided some explanation for the circumstances of the offending and offered details of his reflection and insight into his behaviour.

146. The Tribunal has taken into account XXX and addressed the cause of his behaviour. However, those assertions are undermined by subsequent conduct in January 2025, which indicates that those strategies have not been sustained. In those circumstances, the Tribunal is not satisfied that the risk of similar future behaviour has been addressed.

147. Dr Alkere Nanjundaswamy has also disengaged from the regulatory process and has not provided up to date evidence of reflection, remediation or any steps taken to prevent recurrence. The previous acceptance in the absence of current engagement, does not demonstrate insight into the seriousness of the behaviour.

148. Further, the Tribunal found Dr Alkere Nanjundaswamy's actions and conviction have brought the profession into disrepute and that he has breached fundamental tenets of the profession. The offending did not occur in a clinical setting and does not engage patient safety, however the remaining limbs are engaged, in particular the conviction represents a breach of law which is capable of undermining public confidence in the profession and calls into question his adherence to proper professional standards.

149. Assessing the position as at today, the Tribunal has no reliable basis upon which to conclude that risk arising from the behaviour underlying the conviction has been reduced. In the absence of current engagement, insight or evidence of change the Tribunal concludes that by reason of the conviction, Dr Nanjundaswamy poses a current and ongoing risk to public protection.

150. The Tribunal has determined that Dr Alkere Nanjundaswamy's fitness to practise is impaired by reason of his conviction.

XXX

151. XXX

XXX

152. XXX

153. XXX

154. XXX

155. XXX

XXX

156. XXX

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158. XXX

159. XXX

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161. XXX

XXX

162. XXX

XXX

163. XXX

164. XXX

XXX

165. XXX

166. XXX

167. XXX

168. XXX

169. XXX

Misconduct

170. The Tribunal then went on to consider if Dr Alkere Nanjundaswamy's fitness to practice is impaired by reason of misconduct.

Is there a legal basis for considering impairment?

171. The Tribunal reminded itself that there is no legal definition of the term 'misconduct' but that the Guidance states,

'This is about behaviour. It could consist of acts and/or omissions arising in or outside of a doctor's working life and includes failing to act appropriately or demonstrating behaviour that falls short of what can reasonably be expected.'

'To amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in Good medical practice. This includes single clinical acts or omissions that are serious, or a limited number of clinical acts or omissions that taken together are serious.'

172. The Tribunal has also borne in mind paragraph 65 of GMP 2013-2024 and the identical provision as set out at 81 of GMP which state:

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

Failure to notify the GMC of charge and conviction

173. The Tribunal reminded itself of paragraph 75 of GMP 2013-2024 which states,

'75 You must tell us without delay if, anywhere in the world:

a you have accepted a caution from the police or been criticised by an official inquiry

b you have been charged with or found guilty of a criminal offence

Consuming alcohol at work

174. The Tribunal had regard to paragraph 28 of GMP 2013-2024,

'If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.'

175. The Tribunal also had regard to paragraph 65 of GMP 2013-2024 as set out above.

Train Station Incident

176. When considering this area of misconduct, the Tribunal was assisted by paragraph 81 of GMP as outlined above.

Paragraph 11 of the Allegation – Breach of IOT Conditions

177. When considering this area of misconduct, the Tribunal had regard to paragraph 81 of GMP as outlined above.

Fleeing the country whilst subject to legal proceedings

178. The Tribunal was assisted by its consideration of this area of misconduct by paragraph 81 and 98 of GMP,

98 To maintain patient safety, you must cooperate with formal inquiries, patient safety investigations, and complaints procedures. You must provide all relevant information and be open and honest.

179. The Tribunal is satisfied that Dr Alkere Nanjundaswamy's behaviour represents a serious departure from the standards expected of a registered medical practitioner. The conduct comprises of failures, including Dr Alkere Nanjundaswamy's failure to notify the GMC, conduct involving physical violence, breaching regulatory conditions, and attending the workplace under the influence. The Tribunal have also taken account of his decision to flee the country despite being aware that he was charged with XXX assault and was required to appear before Court, which represents a failure to take responsibility for his actions. Taking into account all of the guidance and circumstances relevant to the matters, the Tribunal was satisfied that Dr Alkere Nanjundaswamy's behaviour constitutes a serious departure from professional standards and there is a legal basis for considering impairment. The Tribunal determined that Dr Nanjundaswamy's conduct amounts to serious professional misconduct.

Where on the spectrum of seriousness does the allegation lie?

Failure to notify the GMC of charge and conviction

180. This behaviour is not a type specifically covered by the typical scenarios for the spectrum of seriousness in the Guidance. The Tribunal reminded itself that Dr Alkere Nanjundaswamy had a duty to report his charge and convictions to the GMC as his regulator and the Tribunal determined that, not doing so, undermines the role of the GMC to protect the public. The Tribunal further determined that Dr Alkere Nanjundaswamy works as part of a regulated profession of which the public has high expectation for standards of behaviour. His actions undermined the system designed to protect the public and was an attempt to hide and/or avoid taking responsibility for poor behaviour.

181. The Tribunal determined that the breaches sit towards the centre of the spectrum of seriousness for the assessment of current and ongoing risk.

Consuming alcohol at work

182. This behaviour is not specifically covered by the typical scenarios in the Guidance. The Tribunal has assessed the seriousness of the conduct by reference to its nature, context and risks arising from it. From the outset, the Tribunal considered that the conduct of consuming alcohol and attending work falls towards the upper end of the spectrum of seriousness.

183. The Tribunal bore in mind the evidence that was adduced at the facts stage of the Trust interview with Ms J in which she was reported to have said that Dr Alkere Nanjundaswamy,

“appeared to be drunk and he had fallen over a drip stand, forgotten about a patient waiting for a CT scan, and that he smelt of alcohol.”

The Tribunal further reminded itself that Dr Alkere Nanjundaswamy initially denied that he was intoxicated.

184. The Tribunal was assisted by paragraph 36 of the guidance,

‘A reckless disregard for patient safety is where a doctor knew, or ought to have known, that their behaviour, poor performance or the impact of a health condition was causing harm, or risked causing harm, to patients and should have taken steps to prevent this, or where they deliberately closed their mind to the existence of such a risk. A reckless disregard for professional standards is where a doctor knew, or ought to have known, they should have followed professional guidance and chose not to do so without having first considered any associated risks and taking reasonable steps to mitigate them. This may include failing to take reasonable steps to check that information provided to others, or written in documents, is correct and that relevant information has not been left out. A reckless disregard for patient safety or professional standards is most frequently seen in a doctor’s working life but can also be seen outside of it.’

185. The Tribunal determined that Dr Alkere Nanjundaswamy’s actions in leaving work (when he was sober), drinking wine and then returning to work to care for patients was also premeditated.

186. Having regard to the aggravating features which involves patient safety, the Tribunal is satisfied that the seriousness remains firmly at the upper end of the spectrum with a high starting point for the assessment of current and ongoing risk.

Incident at the train station

187. When assessing the level of seriousness, the Tribunal was assisted by paragraph 28 of the Guidance which states,

28. Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:

- *an incident of violent or abusive behaviour which is limited in nature and had limited impact, such as where it occurred outside of the doctor's professional role and did not cause any significant physical injuries or any significant physical, emotional or psychological harm.*

188. The Tribunal acknowledged that it had no evidence from Ms A and therefore no way of assessing any emotional or psychological harm that may have occurred.

189. The Tribunal noted from the guidance that this area of misconduct had a starting point at the lower end of the spectrum of seriousness.

190. However, the Tribunal took into account aggravating features relevant to the incident; it took place in public and after he slapped Ms A's face, Dr Alkere Nanjundaswamy grabbed Ms A's wrist and staff at the train station including British Transport Police were required to intervene to avoid an escalation of the matter.

191. The Tribunal also reminded itself of the statement of DC C as provided at the facts stage which advised that, following the incident at the train station, there was a delay in Dr Alkere Nanjundaswamy being interviewed such was his level of intoxication.

192. Taking into account all of the factors identified, the Tribunal determined that it increases the level of seriousness to the higher end of the spectrum of seriousness for the assessment of current and ongoing risk.

Breach of IOT conditions

193. The Tribunal bore in mind that the interim conditions were put in place to protect public safety and was otherwise in the public interest and the interests of Dr Alkere Nanjundaswamy. Through his counsel at the interim hearing, Dr Alkere Nanjundaswamy acknowledged that the conditions imposed were sufficient. The Tribunal reminded itself of its finding at the facts stage that Dr Alkere Nanjundaswamy had breached his interim conditions and in doing so failed to comply with his regulator.

194. Dr Alkere Nanjundaswamy's actions undermined the system designed to protect the public and has avoided taking responsibility for poor behaviour. The Tribunal determined that the breaches sit towards the centre of the spectrum for seriousness for the assessment of current and ongoing risk.

Fleeing the country when subject to criminal proceedings

195. The Tribunal reminded itself of its findings at the facts stage that Dr Alkere Nanjundaswamy was fully aware of the pending court proceedings against him and it appears that he purposefully left the UK to escape the consequences of the same.

The Tribunal took account the Guidance which states

'Undermining a system designed to protect the public. Criminal prosecutions, whilst seeking to punish the guilty and acquit the innocent, plainly involve an element of protection of the public'

196. Taking into account of the above, the Tribunal is satisfied that the level of seriousness for the misconduct identified is at the higher end of the spectrum with a high starting point for the assessment of current and ongoing risk.

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

197. The Tribunal was satisfied that there was no relevant context regarding Dr Alkere Nanjundaswamy's working environment.

198. The Tribunal reminded itself of XXX. However, the Tribunal also notes that not all of the misconduct is attributable to that XXX. For example, the failure to notify the GMC and fleeing the country represent breaches of professional obligations which is not dependant on XXX. Whilst XXX forms part of the context for some of the conduct it does not diminish the seriousness of the misconduct.

199. Dr Alkere Nanjundaswamy referred to a traumatic incident XXX as the trigger for drinking alcohol and attending work. However, the Tribunal were of the view that this did not constitute such an extraordinary circumstance which would diminish the seriousness of his conduct.

200. The Tribunal noted that, in the transcript of his interview with British Transport Police Dr Alkere Nanjundaswamy indicated that he was frustrated because Ms A wanted to go home and did not wish to attend a XXX appointment. Dr Alkere Nanjundaswamy said that he could not afford to re-arrange the appointment. This was the only context that Dr Alkere Nanjundaswamy provided for slapping Ms A. Again, the Tribunal did not consider his explanation to reduce the seriousness of the conduct.

How has the doctor responded to the allegation(s)?

201. In Dr Alkere Nanjundaswamy's statement which was provided to the February 2025 Tribunal he accepted that his fitness to practise was impaired on the basis of his misconduct and asserted that he had developed mechanisms to prevent recurrence, XXX. He stated that he was unaware that he was required to notify the GMC in respect of his charge and conviction and had not been advised by his legal representative in this regard. However, he went on to state that he had reflected on his actions in general, reflected on his shortcomings, recognised XXX and was determined to ensure that such behaviour was not repeated.

202. However, having disengaged with the GMC process since February 2025 Dr Alkere Nanjundaswamy has not provided a response to the allegations relating to the incident at the train station, breaches of his IOT conditions and fleeing the country. The Tribunal noted that the last email received from Dr Alkere Nanjundaswamy was dated 31 August 2025 and in this he advised the GMC that he wanted to apply for Voluntary Erasure.

203. In these circumstances the Tribunal considers that any earlier indication of insight is significantly undermined by the subsequent relapse and repetition of misconduct. The Tribunal was unable to place significant weight on the earlier assertions and finds that there is no reliable evidence of current insight or remediation. The Tribunal is not satisfied that Dr Alkere Nanjundaswamy has demonstrated sufficient insight into the seriousness of the misconduct, and the XXX does not alter that assessment.

Deciding if the doctor poses any current and ongoing risk to public protection to reach a decision on impairment

204. The Tribunal stood back and considered the misconduct in the round. It has taken into consideration the nature and circumstances of the conduct, together with Dr Alkere Nanjundaswamy's response.

205. The Tribunal has taken account of the fact that some of the misconduct occurred in the context of XXX. However, the subsequent XXX and repetition of behaviour, together with his complete disengagement from the regulatory process, significantly undermines any earlier indication that the risk had been addressed.

206. The Tribunal is concerned that his disengagement and subsequent request for Voluntary Erasure demonstrates that Dr Alkere Nanjundaswamy is not willing to address the issues before this Tribunal and there is no evidence before it that he has developed insight since the February 2025 Tribunal or has taken steps to remediate his misconduct. There is no reliable evidence that the risk of repetition has been reduced. The absence of current engagement and insight significantly heightens that concern.

207. In the absence of current insight, remediation or engagement, the Tribunal concludes that by reason of misconduct, Dr Alkere Nanjundaswamy poses a high current and ongoing risk to public protection. The Tribunal finds that all three limbs of public protection are engaged. In relation to patient safety, the Tribunal notes that Dr Alkere Nanjundaswamy attended work under the influence of alcohol, which gives rise to clear and ongoing risk of harm. In relation to public confidence, the Tribunal considers that a fully informed member of the public would be seriously concerned by Dr Alkere Nanjundaswamy's conduct, which includes physical violence, a failure to notify the regulator and his subsequent disengagement from the regulatory process and his decision to abscond from the country in order to avoid further scrutiny from the Courts with regards to his actions. In relation to professional standards, the Tribunal finds that these matters represent a significant breach of the standards expected of a registered medical practitioner, including a failure to act with integrity and to take responsibility for his actions.

208. The Tribunal therefore determined that Dr Alkere Nanjundaswamy's fitness to practise is currently impaired by reason of misconduct.

209. The Tribunal has therefore determined that Dr Alkere Nanjundaswamy's fitness to practise is impaired by reason of his conviction, XXX and misconduct.

Determination on Sanction - 26/06/2026

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

The Evidence

211. The Tribunal received no further evidence at this stage.

Submissions

212. Mr Donoghue submitted that the appropriate sanction in this case would be one of erasure. Mr Donoghue reminded the Tribunal that it is dealing with multiple bases for impairment, namely conviction, XXX and multiple instances of misconduct, all of which individually are of at least medium level of seriousness and several of which are higher than that.

213. Mr Donoghue submitted that the risk to public protection is at the high or very high level and given the indicative sanction banding at paragraph 62 of the Guidance, some of the individual cases on their own would warrant sanctions of suspension or erasure.

214. Mr Donoghue submitted that there are no exceptional circumstances that would justify taking no action in this case and that conditions would not be appropriate, workable or sufficient to protect and promote the three limbs of public protection, given the seriousness of the matters found proved.

215. Mr Donoghue submitted that suspension would not be appropriate in this case as this is not the type of case in which Dr Alkere Nanjundaswamy needs to be given time to gain insight and remediate his actions. Mr Donoghue stated that Dr Alkere Nanjundaswamy has clearly demonstrated that he does not wish to engage with the GMC and the MPTS processes and has demonstrated little to no insight in the matters which are before this Tribunal.

216. Mr Donoghue submitted that the totality of matters under consideration here reach such a level of impact on the risk to public protection that suspension would not achieve sufficient public protection.

217. Mr Donoghue submitted that patient safety is an issue due to the allegation previously found proved by this Tribunal that Dr Alkere Nanjundaswamy consumed alcohol whilst at work. Mr Donoghue submitted that the Tribunal will recall the direct impact that had upon some patients, but in particular, the significant risk that that this type of conduct gives rise to, XXX.

218. Mr Donoghue submitted that the sanction imposed must take into account the need to maintain public confidence in the profession and maintain professional standards.

219. Mr Donoghue submitted that XXX is having such an impact on his ability to practise safely and also on his judgement outside of work that it becomes incompatible with continued registration, therefore making erasure appropriate. Mr Donoghue reminded the Tribunal that it has no evidence of the XXX, but it does have evidence of multiple adverse consequences, which have occurred over a relatively prolonged period of time, which have arisen XXX.

220. Mr Donoghue submitted that there are several factors in this case that present significant risks; as far as the train station incident is concerned, despite the lack of evidence from Ms A directly there is evidence of actual harm having occurred.

221. Mr Donoghue reminded the Tribunal that XXX. However, as this matter involves a conviction, multiple instances of misconduct, non-compliance with regulatory and court procedures and a lack of evidence to XXX it is therefore submitted that erasure is the only sanction which can achieve the necessary level of public protection.

222. Mr Donoghue submitted that the Tribunal has a decreasing picture in respect of Dr Alkere Nanjundaswamy's insight since the February 2025 hearing. Mr Donoghue stated that Dr Alkere Nanjundaswamy made some attempts to engage with the February 2025 hearing, made some acceptances of wrongdoing, albeit whilst maintaining that his fitness to practise was not impaired XXX. However, as far as the lack of insight and lack of remediation is concerned there is a significant risk of repetition of this type of conduct from Dr Alkere Nanjundaswamy.

223. Mr Donoghue submitted that where there are now so many different instances of Dr Alkere Nanjundaswamy’s conduct falling significantly below what is expected, allowing his registration to continue would significantly undermine public confidence in the medical profession.

The Relevant Legal Principles

224. The Tribunal was advised by the Legally Qualified Chair that its decision as to the appropriate sanction is a matter for its own independent judgement. The Tribunal is reminded that, in determining whether to impose a sanction, the Tribunal should have regard to the principle of proportionality, it should consider the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity. The Tribunal must bear in mind that the main purpose of imposing a sanction is to protect the public. Its purpose is not to punish, although it may have a punitive effect. XXX.

225. The Tribunal should review its findings on impairment, including the level of current and ongoing risk posed by the doctor, when deciding what action is appropriate. The Tribunal is to follow Part C of MPTS Guidance issued in November 2025.

226. The Tribunal should bear in mind that cases relating solely to XXX, erasure is not a sanction that is available. However, erasure may be considered where additional factors beyond XXX, such as misconduct, conviction or deficient performance, justify removal from the medical register.

227. The Tribunal is advised that it must decide on both the type and, where applicable, the length of any sanction, and should stand back and consider whether the outcome is proportionate to the level of current and ongoing risk posed to public protection.

228. The Tribunal is reminded that sanctions are not imposed to punish but intended to protect the public and the wider public interest. It is referred to *Bolton v Law Society [1994] 1 WLR 512*.

229. The Tribunal is also advised that, in cases involving conviction, the purpose of regulatory proceedings is not to punish the doctor again for the criminal offence, but to consider what action is required to protect the public and maintain confidence in the profession, as set out in *R (on the application of Day) v General Medical Council [2002] EWHC 1455 (Admin)*.

The Tribunal’s Determination on Sanction

230. In making its decision on sanction, the Tribunal reviewed its decision on impairment and considered the level of current and ongoing risk the doctor poses to public protection.

No action

231. The Tribunal first considered whether it would be appropriate to take no action in this case.

232. The Tribunal noted, with reference to paragraph 12 of Part C of the MPTS guidance that it will usually be necessary for a Tribunal to restrict the doctor’s registration to achieve public protection but there may be exceptional circumstances to justify a Tribunal taking no action.

233. The Tribunal was satisfied that there are no exceptional circumstances in this case which would justify taking no action.

Conditions

234. The Tribunal then considered whether conditions would be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards. The Tribunal bore in mind relevant paragraphs of the Guidance and reminded itself that any conditions imposed should be appropriate, workable, and measurable.

235. The Tribunal had regard to relevant paragraphs of the Guidance including:

22. To be workable, conditions must be capable of producing the desired result of addressing the specific findings about the current and ongoing risk to public protection posed by the doctor.

23. Conditions are likely to be workable where:

a. the doctor has shown insight

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

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

- a. the doctor has demonstrated they are willing and/or able to remediate*

...

236. The Tribunal reminded itself of its previous findings at the facts stage that Dr Alkere Nanjundaswamy breached the interim order of conditions imposed, that he failed to notify the GMC of the charge and conviction relating to the motor vehicle incident and that he has now disengaged with his regulator and the MPTS process. Further, the Tribunal reminded itself that, in his most recent correspondence with the GMC, Dr Alkere Nanjundaswamy advised that he had permanently relocated from the UK, had no intention of returning to the UK to practise as a doctor and intended to apply for voluntary erasure.

237. Given this background of breaching conditions, failure to report, disengagement and fleeing the country to avoid facing criminal charges the Tribunal was satisfied that conditions would not be workable in this case as it has no evidence to suggest that Dr Alkere Nanjundaswamy would comply with them.

238. The Tribunal also bore in mind that it has no contemporaneous evidence regarding Dr Alkere Nanjundaswamy's insight or remediation. Given this lack of evidence the Tribunal was also satisfied that conditions are not proportionate in this case and in any event the imposition of conditions would not satisfy public protection.

Suspension

239. The Tribunal then went on to consider if it should impose a period of suspension.

240. In reaching its decision, the Tribunal bore in mind the following paragraphs of the Guidance,

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

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

a. conditions are not appropriate, measurable and/or workable

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

241. The Tribunal reminded itself that the aim for imposing a period of suspension is to manage the current and ongoing risk to public protection with the ultimate aim being that the doctor should be able to safely return to unrestricted practice in the future.

242. The Tribunal was again mindful that it has no evidence before it regarding Dr Alkere Nanjundaswamy's insight or remediation and that Dr Alkere Nanjundaswamy has disengaged with the GMC. The Tribunal also reminded itself of its finding at the impairment stage that there is a high risk of repetition in this case.

243. The Tribunal determined that it did not have evidence of any meaningful insight or remediation. The Tribunal considered that Dr Alkere Nanjundaswamy had some limited insight at the February 2025 hearing, but less weight could now be placed upon that in the light of his disengagement and relocation from the UK. The Tribunal was not therefore satisfied that Dr Alkere Nanjundaswamy would, following a period of suspension, be able to safely return to unrestricted practice in the future. The order of suspension is also unlikely to serve any practical function as Dr Alkere Nanjundaswamy has left the country.

244. The Tribunal reminded itself of its findings at the impairment stage that several elements of the misconduct found proved fell at the mid-level to high level on the spectrum of seriousness. The Tribunal had regard to paragraph 47 of the Guidance:

47. A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards

245. The Tribunal further reminded itself that there were significant patient safety concerns in this case as Dr Alkere Nanjundaswamy had drunk alcohol and then returned to work to care for patients. The Tribunal has no up to date evidence as to whether XXX and it was therefore satisfied that a period of suspension would not provide adequate protection to the public, would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards.

Erasure

246. The Tribunal reminded itself that the sanction of erasure XXX. However, given the matter of Dr Alkere Nanjundaswamy's also involves a conviction and multiple instances of misconduct found proved, the Tribunal is satisfied that erasure is a sanction that it can impose.

247. The Tribunal had regard to the following paragraphs of the Guidance:

55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

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.*

66. The following matters are not relevant to the assessment of current and ongoing risk to public protection which will have informed the MPT's decision on impairment, but can be considered at this stage when deciding what sanction is proportionate: a. evidence about the impact that taking a specific type of action may have on patients or members of the public, or the doctor themselves, and/or b. references and testimonials about the doctor's character

248. The Tribunal considered that Dr Alkere Nanjundaswamy has shown little insight and provided no details of how he has remediated. The Tribunal had regard to the testimonials provided but noted that Dr L had “*limited*” exposure to Dr Alkere Nanjundaswamy and that both testimonials provided could only speak of Dr Alkere Nanjundaswamy’s clinical conduct. These testimonials were also provided in advance of the February 2025 hearing and do not touch upon the allegations raised following the adjournment of the same. As such, the Tribunal gave limited weight to these testimonials. There is no evidence of insight or remediation post the February 2025 Hearing whereby Dr Alkere Najundaswamy has disengaged himself from the process and left the country.

249. The Tribunal determined that the seriousness of the facts found proved is such that allowing Dr Alkere Nanjundaswamy to remain on the register would present a high risk to public protection and would seriously undermine patient safety, public confidence in the profession and the maintenance of proper professional standards.

250. Given the level of current and ongoing risk to public protection, the Tribunal determined to erase Dr Alkere Nanjundaswamy's name from the medical register.

Determination on Immediate Order - 26/06/2026

251. 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/heard as evidence were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Alkere Nanjundaswamy's misconduct and conviction a redacted version will be published at the close of the hearing.

252. Having determined to erase Dr Alkere Nanjundaswamy's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

253. Mr Donoghue submitted that an immediate order of suspension should be imposed. Mr Donoghue drew the Tribunal's attention to the relevant paragraphs of the Guidance and submitted that all three limbs of public protection are engaged in this case.

254. Mr Donoghue submitted that Dr Alkere Nanjundaswamy poses a risk to patient safety and that risk would exist were he permitted to return to unrestricted practice, particularly in the context of the proven allegation regarding consuming alcohol while at work.

255. Mr Donoghue reminded the Tribunal of the seriousness of a number of the allegations that it found to be high. Mr Donoghue submitted that immediate action is needed to maintain public confidence in the medical profession and, given the number of different allegations found proved against Dr Alkere Nanjundaswamy particularly conviction and misconduct, an immediate order is necessary.

The Tribunal's Determination

256. The Tribunal has taken account of the relevant paragraphs of the Guidance, including paragraphs C38 to C44. In particular it had regard to:

C38 The tribunal may impose an immediate order where it is satisfied that it is:

a necessary to protect members of the public

b desirable in the public interest to maintain public confidence and uphold proper standards of conduct and behaviour

c in the interests of the doctor

C39 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety, or where immediate action is required to protect public confidence in the medical profession.

257. The Tribunal reminded itself of its previous finding that the allegations are serious, that there is a high risk of repetition, that there is a risk to the public, and that Dr Alkere Nanjundaswamy's name has been erased from the Medical Register. Therefore, the Tribunal determined that it is necessary for the protection of members of the public, is in the public interest and is in the best interests of the practitioner to suspend Dr Alkere Nanjundaswamy's registration immediately.

258. This means that Dr Alkere Nanjundaswamy's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

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

260. This concludes the case.

ANNEX A – 26/06/2026

Service and proceeding in absence

261. Dr Alkere Nanjundaswamy is neither present nor represented at this hearing.

262. The Tribunal was provided with a service bundle in advance of the hearing. This bundle included a screenshot of the GMC's Siebel record showing Dr Alkere Nanjundaswamy's registered postal address and registered email address. The service bundle also included the GMC Notice of Allegation letter which was sent to Dr Alkere Nanjundaswamy by post and email on 11 May 2026. The final hearing bundles and letter regarding the GMC's sanction submission were sent to Dr Alkere Nanjundaswamy by email on 18 May and 11 June 2026 respectively. Further, an email dated 11 June 2026 advised that the hard copies of these documents which were sent to Dr Alkere Nanjundaswamy's registered postal address were returned.

263. Also included in the service bundle was a copy of the MPTS Notice of Hearing (NoH) which was sent to Dr Alkere Nanjundaswamy's registered email address on 13 May 2026 and was sent to his registered postal address on 14 May 2026. The NoH was returned to the MPTS on 15 May 2026 marked, "Addressee gone away" and was received by the MPTS on 20 May 2026.

264. The Tribunal was also provided with Dr Alkere Nanjundaswamy's email dated 31 August 2025 in which he referred to the ongoing GMC investigation and MPTS proceedings and advised that he wished to apply for voluntary erasure, as he has permanently relocated outside the UK and has no intention of practising medicine in the UK in the future.

265. Mr Donoghue submitted that the NoH is compliant with the requirements of the Rules and service has been properly affected. Mr Donoghue reminded the Tribunal that registrants have an obligation to keep their details up to date with the GMC and the address used was the appropriate address for service to be affected as this was the address held for Dr Alkere Nanjundaswamy by the GMC.

266. Mr Donoghue submitted that the GMC is not suggesting that service is formally affected by the e-mail which was sent to Dr Alkere Nanjundaswamy on 13 May 2026, but the fact that the notice has also been sent by e-mail is evidence of another reasonable effort that the GMC has made to serve the registrant with notice of this hearing.

The Tribunal's decision

267. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), and paragraph 8 of Schedule Four of the Medical Act 1983. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions on behalf of the GMC.

268. The Tribunal reminded itself that it was not required to determine whether Dr Alkere Nanjundaswamy in fact received or read the notice. The Rules do not impose such a requirement. However, the adequacy of the steps taken to effect service must be such that it can properly be said that the notice was sent in accordance with the Rules. In that sense, the focus is on the validity of the process, rather than proof of actual knowledge.

269. The Tribunal also bore in mind that practitioners have an obligation to keep their contact details up to date with the regulator. Where the GMC has used the only address available to it, that weighs in favour of a conclusion that reasonable steps have been taken.

270. The Tribunal accepted the evidence contained in the service bundle and was satisfied that all reasonable efforts have been made to serve Dr Alkere Nanjundaswamy with both notice of the allegations and notice of this hearing at his registered addresses. Accordingly, the Tribunal was satisfied that service has been effected in accordance with the Rules.

271. The Tribunal must now decide whether to proceed in Dr Alkere Nanjundaswamy's absence pursuant to Rule 31.

Proceeding in Dr Alkere Nanjundaswamy's absence

272. Mr Donoghue submitted that there is no guarantee that an adjournment would procure Dr Alkere Nanjundaswamy's attendance at a later hearing. Further, Mr Donoghue submitted that an adjournment would not guarantee that Dr Alkere Nanjundaswamy would instruct representation for this hearing. Mr Donoghue submitted that Dr Alkere Nanjundaswamy has had the opportunity to provide an account to this Tribunal and has had the opportunity to attend but has apparently voluntarily absented himself.

273. Mr Donoghue reminded the Tribunal that Dr Alkere Nanjundaswamy instructed counsel to represent him at a previous hearing but has chosen not to do so on this occasion.

274. Mr Donoghue submitted that there is always a public interest that proceedings take place as soon as fairly and practicably as possible and submitted that the public interest is represented by proceeding with this hearing today.

The Tribunal's decision

275. In deciding whether to proceed with this hearing in Dr Alkere Nanjundaswamy's absence, the Tribunal carefully considered all of the information before it. The Tribunal was also conscious that the discretion to proceed in the absence of the doctor should be exercised with caution, balancing the interests of the doctor with the wider public interest.

276. In its deliberations, the Tribunal had regard to the principles set out in *Adeogba v GMC* [2016] EWCA Civ 162 and the case of *R v Jones* [2002] UKHL 5. The Tribunal had regard to all the circumstances including the following:

- The nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
- Whether an adjournment would resolve the matter;
- The likely length of any such adjournment;
- The extent of any disadvantage to the doctor in not being able to present his account of events;
- The public interest that a hearing should take place within a reasonable time.

277. The Tribunal is satisfied that Dr Alkere Nanjundaswamy has not requested an adjournment of these proceedings and, as Dr Alkere Nanjundaswamy has indicated that he is no longer in the UK, has no intention of practising in the UK and intended to apply for voluntary erasure, the Tribunal is not satisfied that an adjournment would guarantee Dr Alkere Nanjundaswamy's attendance at a later hearing. The Tribunal also noted Dr Alkere Nanjundaswamy has previously chosen to instruct legal counsel but has not done so for these proceedings.

278. The Tribunal has balanced Dr Alkere Nanjundaswamy's interests with the public interest in deciding whether to proceed in his absence. The Tribunal was satisfied that it is in

the public interest to proceed with this hearing today and is also satisfied that, XXX, determined that it is also in Dr Alkere Nanjundaswamy's interests for these matters to be dealt with. The Tribunal therefore exercised its discretion to proceed in Dr Alkere Nanjundaswamy's absence.