

PUBLIC RECORD

Dates: 07/04/2026 - 23/04/2026

Doctor: Dr Eren BATTALOGLU

GMC reference number: 7414548

Primary medical qualification: MB BS 2013 University of East Anglia

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Gerry Wareham
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Angela Carney 7-23 April 2026 Rowan Barrett 20 April 2026
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Attendance and Representation:

Doctor:	Present, represented
Doctor’s Representative:	Mr Scott Ivill, Counsel, instructed by the Medical Defence Union.
GMC Representative:	Ms Chloe Fairley, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) 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 - 17/04/2026

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

Background

2. Dr Battaloglu qualified as a doctor in 2013 and attained Membership of the Royal College of General Practitioners (MRCGP) in 2018. Prior to the events which are the subject of the hearing, Dr Battaloglu completed his GP training at hospitals and GP Practices across Birmingham and worked for two years as a locum in Sandwell and City Hospital Accident & Emergency Department. At the time of the events, Dr Battaloglu was practising as a salaried General Practitioner (GP), at the Soho Health Centre and the Kirpal Medical Centre, a position he has held since 2 April 2020.

3. The Tribunal is required to determine allegations of misconduct brought against Dr Battaloglu by the General Medical Council. It is alleged that, between XXX and XXX, Dr Battaloglu treated and prescribed medication to Ms A, a person with whom he was in a close personal relationship. It is also alleged that Dr Battaloglu asked Ms A to purchase illegal drugs for him, prescribed medication in Ms A's name which he asked her to collect and provide to other individuals on his behalf and gave inappropriate advice regarding methods of terminating a pregnancy. It is further alleged that Dr Battaloglu engaged in the above conduct when he was aware that Ms A was vulnerable due to her history of illegal drug use and mental health issues.

4. The initial concerns regarding Ms A were raised with the GMC by NHS England following her attendance at British Pregnancy Advisory Service (BPAS).
5. Prior to the start of the hearing it was agreed that Ms A should be treated as a vulnerable witness and that special measures were required to enable her to give her best evidence. These included separation from Dr Battaloglu and the services of an Intermediary.

The Outcome of Applications made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to withdraw paragraphs 5 and 6 of the Allegation. Dr Battaloglu was in agreement and made no objection to the application.
7. The Tribunal granted the GMC's application, to allow Ms A to give evidence via video link. The Tribunal also determined that Ms A's evidence would be in private, despite her name being anonymised, due to frequent references to her health conditions and to avoid any possible jigsaw identification. Mr Scott Ivill, Counsel, on behalf of Dr Battaloglu made no objections.

The Allegation and the Doctor's Response

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

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

Misconduct

1. Between around XXX and XXX you were in a close personal relationship with Ms A in that you
 - a. engaged in a sexual relationship with her between around XXX and XXX;
Admitted and found proved
 - b. exchanged one or more:
 - i. Whatsapp messages;
Admitted and found proved
 - ii. emails;

Admitted and found proved

of a personal nature;

c. sent her money;

Admitted and found proved

d. attended her home and drank alcohol with her on one or more occasion.

Admitted and found proved

2. On one or more occasion between XXX and XXX you:

a. treated Ms A;

Admitted and found proved

b. prescribed medication to Ms A;

Admitted and found proved

when you were in a close, personal relationship with her and when it was not necessary to do so;

c. requested that Ms A purchase illegal drugs for you;

Admitted and found proved

d. prescribed medication in Ms A's name:

i. when it was not intended for her;

To be determined

ii. and asked her to collect the medication and provide it to other individuals on your behalf;

To be determined

e. took XXX with Ms A.

Admitted and found proved

3. In or XXX Ms A told you that she was pregnant with your child ('the Pregnancy') and:

a. on or around XXX you offered to refer Ms A to hospital for an abortion, which was inappropriate as you were in a close, personal relationship with her;

Admitted and found proved

b. following Ms A telling you that she had been advised it was too late to terminate the Pregnancy, on one or more occasion on or around XXX you discussed methods to induce termination with her, including:

i. taking Methotrexate;

Admitted and found proved

ii. taking Ibuprofen.

Admitted and found proved

4. You engaged in the conduct described at paragraphs 2c, 2d, 2e and 3b after you became aware that Ms A was vulnerable, in that she had:

a. a history of illegal drug use;

To be determined

b. mental health issues, XXX

To be determined

~~XXX~~

5. ~~XXX~~

6. ~~XXX~~

The Admitted Facts

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

The Facts to be Determined

10. In light of Dr Battaloglu's response to the Allegation made against him the Tribunal is required to determine whether, on one or more occasions between XXX and XXX he prescribed medication in Ms A's name when it was not intended for her and asked her to collect the medication and provide it to other individuals on his behalf (paragraphs 2di and 2dii). The Tribunal is also required to determine whether and, if so, when Dr Battaloglu engaged in the conduct described at paragraphs 2c, 2d (if proved), 2e and 3b he was aware that Ms A was vulnerable, in that she had a history of illegal drug use and mental health issues, XXX (paragraphs 4a and 4b).

Witness Evidence

11. The Tribunal received witness statements from Ms A who also gave oral evidence.

12. The Tribunal also received evidence on behalf of the GMC in the form of a witness statement from the following witness who was not called to give oral evidence:

- Ms B, Ms A's social worker

13. Dr Battaloglu provided his own witness statement dated 13 March 2026 and also gave oral evidence at the hearing.

Documentary Evidence

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

- Ms A's witness statements
- Transcript of Police Body Worn Video footage
- Messages exchanged between Dr Battaloglu and Ms A
- Screenshots of bank transfers
- Ms A's medical records
- Dr Battaloglu's Curriculum Vitae
- Screenshots of PayPal payments
- Screenshots of PayPal support conversations
- Screenshots of text messages

The Tribunal's Approach

15. In reaching its decision on the facts, the Tribunal was advised to 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.

16. The Tribunal was advised to 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.

17. The Tribunal has borne in mind when considering Ms A's evidence that it was not possible for the doctor's counsel to test every item of her evidence with the usual depth and vigour due to allowances correctly made for her vulnerability.

18. The Tribunal was provided with documentary evidence which included some PayPal records, intermittent WhatsApp messages between Dr Battaloglu and Ms A and Ms A's Medical records. However, these documents were incomplete and therefore the Tribunal exercised appropriate caution in its reliance on them.

19. In assessing the witnesses' credibility, the Tribunal reminded itself that it should not assess credibility exclusively on the demeanour of the witness when giving their evidence, but their veracity should be tested by reference to objective facts proved independently in their evidence, in particular by reference to the documents in the case. The Tribunal should make a rounded assessment of a witness's reliability, rather than approaching their reliability in respect of each charge in isolation from the others: *R (on the application of Dutta) v GMC* [2020] EWHC 1974 (Admin).

20. It is open to the Tribunal not to rule out the whole of a witness's evidence based on credibility; credibility could be divisible: *Khan v The General Medical Council* [2021] EWHC 374 (Admin). As to individual pieces of evidence, the Tribunal is entitled to draw proper inferences to come to common sense conclusions based upon the evidence which it accepted as reliable; but it must not speculate. Similarly, the Tribunal should not speculate about what other

evidence there might have been. The Tribunal should only draw an inference if it could safely exclude other possibilities: *Soni v GMC* [2015] EWAC 0364 Admin.

The relationship between Dr Battaloglu and Ms A

21. The Tribunal noted that there was a clear dispute between the parties as to: how the relationship was established, its nature and its duration. The Tribunal was of the view that it would be of assistance to it when determining the matters in dispute to make a preliminary determination in that regard.

22. The Tribunal noted that Dr Battaloglu had admitted that “*between around [XXX] and [XXX] [he was] in a close personal relationship with Ms A.*” Dr Battaloglu also admitted that he had “*engaged in a sexual relationship with her between around [XXX] and [XXX]*” and exchanged Whatsapp messages and emails with her that were of a personal nature. Dr Battaloglu admitted that he had: sent Ms A money, attended her home and drank alcohol and took XXX with her.

23. In his witness statement Dr Battaloglu stated:

9. I met Ms A online via an escort website. I cannot now recall whether it was [XXX] or [XXX]. I made contact with her and an initial agreement was made for sexual activity for a fee.

24. In his oral evidence Dr Battaloglu told the Tribunal that he met Ms A through an escort agency website on which subscribers use usernames rather than their actual name. Dr Battaloglu accepted that Ms A had given him her real name the first time they met and had sex but stated that he did not recognise the name and at that point did not know whether it was her real name.

25. In her witness statement Ms A stated:

‘1. I first met Dr Battaloglu in [XXX] on an online dating website. I first met up with him when he came to my house and we hooked up and had sex. After I had had sex with him, he told me that he was my new doctor at my GP Surgery, Soho Road Health Centre in Birmingham (‘the Surgery’) and that he recognised me from the Surgery. I didn’t recognise him, and he was the only white doctor at the Surgery, so I thought that if I had seen him before I would have recognised him. I said to him something along the lines of: “That’s a bit stalkerish”, and he told me that he had just come across me before.

2. *Between [XXX], we were in a sexual relationship and we were having sex regularly, twice a week, every Wednesday and every Saturday night, mainly at my house...'*

26. In her supplemental witness statements Ms A stated:

'...I'd like to add that there were two or three times Dr Battaloglu gave me money after having sex with me. He did this the first time he had sex with me and then again once or twice for the next time or two times we had sex. Dr Battaloglu gave me cash or sent me a bank transfer, I can't remember which way each time, but it was around £300 each time. I just remember him saying, 'I'll just give you this' after we'd had sex the first time, at which time he told me he was my doctor, and he wanted some kind of arrangement but I'm not sure what he wanted because he didn't say. I didn't want any arrangement. I'm not sure what the money was for. Dr Battaloglu didn't say.'

27. In her oral evidence Ms A told the Tribunal she first met Dr Battaloglu via an online website. She said the website was one where *'you could hook up with people and do all that'*. She denied it was an escort site and reiterated that it was a 'hook up' site. Ms A denied she was working as an escort in XXX but said that Dr Battaloglu had paid her for sex on the first three occasions. When asked about a WhatsApp message where she had used the word *'client'* Ms A told the Tribunal that she *'does [XXX]*.

28. Ms A was asked if she was working as an escort in XXX and she said *'No, because I was pregnant'*. Ms A was asked about a WhatsApp message which stated:

'PLZ do some research ask a friend that a doctor bbe Dnt think you release, I'm escort, I can afford all this'.

The Tribunal noted that the Whatsapp exchange was incomplete, and the intended meaning was obscure.

29. Ms A said that remarks she may have made as regarding being an escort referenced the fact that Dr Battaloglu had paid her after sex. She said Dr Battaloglu made a joke when giving her money and had said to her *'you can be my personal escort; we can have an arrangement'*.

30. It was put to Ms A that Dr Battaloglu paid her for sex on the first occasion to which she stated, *'It was actually the first three occasions and then he didn't pay because we'd become friends after that'*.

31. As regard the duration of the relationship the Tribunal noted that Dr Battaloglu stated that he and Ms A only had sexual relations on three occasions, in XXX, each of which he paid for.

32. Dr Battaloglu was adamant and maintained in cross examination that there were no sexual relations after XXX and he further stated that he had no sexual interest in Ms A beyond XXX.

33. The Tribunal then considered the evidence contained within the WhatsApp messages. In particular these contained several messages from Dr Battaloglu of a highly sexual nature after XXX. These included him requesting Ms A film herself doing sexual acts. The Tribunal was of the view that these demonstrated that an ongoing sexual relationship as at XXX and XXX.

34. The Tribunal heard Dr Battaloglu's explanation for these messages, that his sole intention was to use Ms A as a source of XXX. He explained that these messages were intended to ensure Ms A's cooperation in supplying him with XXX. He also stated that his behaviour was highly influenced by him in being under the influence of XXX.

35. The Tribunal accepted Ms A's assertion that the sexual relationship continued significantly beyond XXX and into XXX as it was supported by the WhatsApp messages which the Tribunal found compelling support for this proposition, and significantly undermined Dr Battaloglu in this regard.

36. The Tribunal concluded that: the sexual element of the relationship continued after those first three occasions, was more frequent than was admitted by Dr Battaloglu and was still active as late as XXX.

The Tribunal's Analysis of the Evidence and Findings

Paragraph 2di and Paragraph 2dii

37. The Tribunal noted that it is Ms A's account that on XXX Dr Battaloglu wrote her a prescription for XXX and asked her to pick up the prescription from the pharmacy. She said that Dr Battaloglu asked her to give the XXX to XXX in exchange for XXX he had already received. Ms A stated that when she gave the XXX tablets to XXX, she was told by them that

this medication was no good without a type of XXX. She said XXX did not take the tablets and wanted their money back. She said that she told Dr Battaloglu this and he wrote another prescription on XXX. When Ms A collected the prescription at the pharmacy it was again only for XXX tablets, and she stated that she did not give the tablets to XXX as she had already been told they were of no use without XXX.

38. In her oral evidence when Ms A was asked who the XXX was for, she replied that it was for XXX. She said that Dr Battaloglu had a conversation with XXX outside her house in the car, at which she was present. She said that XXX had agreed to supply XXX in exchange for a promised supply of drugs by the doctor. She said that Dr Battaloglu made out the prescription in her name and asked her to collect it and deliver the medicine supplied to XXX. She maintained that after XXX refused to accept the medicine she took to him, Dr Battaloglu issued another prescription which she did not give to XXX as it was identical to that already declined.

39. In his witness statement Dr Battaloglu stated:

'50. To the best of my knowledge and belief there was an occasion on [XXX] when I prescribed medication for Ms A; specifically, [XXX]. I believe this arose via a repeat prescription request left with reception.'

40. In his oral evidence Dr Battaloglu told the Tribunal that XXX is an XXX medication that has secondary benefits in that it XXX. It is commonly used for XXX, and XXX. It was his case that he prescribed it for Ms A's own use. He stated that it is possible to purchase XXX from a pharmacy without prescription. He said that he had recently looked on-line and found that one could purchase fifty-six tablets for around £12.00 - £13.00, so 84 tablets would cost a little more.

41. The Tribunal had heard evidence from both Dr Battaloglu and Ms A that they would on occasion take XXX together at Ms A's home. The Tribunal was told that sometimes Ms A already had XXX and sometimes when they ran out of XXX she would arrange for a further supply to be delivered for which Dr Battaloglu would recompense her. The Tribunal considered it was possible that Dr Battaloglu may have, on occasion, collected drugs from the XXX car outside the house. On his own evidence he was often under the influence of drugs and alcohol which he stated caused him to behave recklessly.

42. The Tribunal considered that paragraph 2 of the Allegation could only relate to prescriptions issued on XXX and XXX for XXX, as had been stipulated by the GMC in their

opening. These prescriptions were evidenced in the documents provided by the Practice, namely Ms A's GP medical records and a list of prescriptions issued to Ms A.

43. The Tribunal noted the entry in Ms A's medical record XXX, the day before XXX was issued, which states:

'Comment: Seen by receptionist /pt req for vit d medication- and for other medical issues- checked on system and advised pt to ring and book appo with gp.'

The Tribunal considered that this note suggests that requested, non-repeat medication would not be issued without a consultation with a doctor.

44. The Tribunal noted that on XXX the following prescriptions were issued to Ms A: XXX. On XXX the following prescriptions were issued to Ms A: XXX and XXX

45. The Tribunal noted that despite the advice Ms A was given on XXX by the receptionist, these prescriptions were issued by Dr Battaloglu with no record of a consultation appearing in Ms A's medical records for the XXX. The entry in Ms A's medical record for XXX made by Dr Battaloglu relates to a consultation about Ms A's pregnancy. There is no reference to XXX, including why it was required or why it was issued for the second time. Dr Battaloglu told the Tribunal that the second prescription so soon after the other must have been because the first prescription or the medication itself had been lost, but no explanation is recorded.

46. Dr Battaloglu strongly denied any suggestion that the prescriptions were intended for anyone other than Ms A.

47. The Tribunal reminded itself that it must not speculate but base its determination upon the evidence it accepted as reliable. The Tribunal was faced with the position of two irreconcilable versions from two individuals who were likely under the influence of XXX. The Tribunal noted the uncontested evidence it had heard that in XXX and XXX were not prescription only medications and were easily available from any pharmacy for under £20.00. The Tribunal considered it implausible that XXX would supply XXX in exchange for these medications.

48. The Tribunal was only provided with incomplete records from the Practice. It bore in mind it had no independent evidence of the standard process for the requesting and issuing of prescriptions at the Practice. The evidence it did have available regarding the context in which these prescriptions were issued was limited to that given by Dr Battaloglu.

49. In all the circumstances the Tribunal determined that the GMC has not proved that the XXX Dr Battaloglu prescribed for Ms A was intended for another or that he asked her to collect it and provide it to another.

50. Accordingly, the Tribunal found paragraphs 2di and 2dii not proved.

Paragraph 4

51. The Tribunal noted that in his statement Dr Battaloglu stated, *“When I first met Ms A she was an active user of [XXX]”*. He also told the Tribunal that on the occasion he first attended Ms A’s home she already had XXX at her premises. Further, Dr Battaloglu said in his oral evidence that throughout their relationship Ms A’s drug use was ongoing. The Tribunal bore in mind Dr Battaloglu’s evidence that at the time of his first sexual and drug-using encounter with Ms A he was a regular user of XXX and had relevant experience of XXX use and therefore was more likely to recognise in Ms A indications of habitual use or familiarity with the drug. The Tribunal was satisfied that from the point of, and at any time after, that first encounter Dr Battaloglu was aware that Ms A *‘had a history of illegal drug use’*.

52. The Tribunal was not presented with evidence that Ms A had been diagnosed as suffering from XXX. Whilst the Tribunal noted that it is recorded in the pregnancy referral document that Ms A declared herself to be suffering from XXX prior to her pregnancy, the Tribunal was not provided with formal evidence of these diagnoses. There is evidence that some years before, Ms A was diagnosed with XXX and that she was on a repeat prescription for XXX.

53. The Tribunal noted the service discharge letter in XXX from the Home Treatment Team to the GP Practice requesting it to prescribe XXX for Ms A and advising that she would receive follow up care with the XXX. In oral evidence Dr Battaloglu confirmed from Ms A’s medical records that it was he who had reviewed that letter and commenced the Practice’s prescribing of XXX for Ms A on XXX. During cross examination Dr Battaloglu admitted knowing the purpose of XXX and when asked if it indicated mental health issues he replied *‘Yes’*. Following question from the Tribunal Dr Battaloglu accepted the description of XXX as an XXX. He denied having any recollection of this letter or having made the connection with Ms A.

54. The Tribunal also noted that Ms A continued to be prescribed XXX and Dr Battaloglu was the doctor who issued the repeat prescriptions on dates including XXX. Dr Battaloglu denies ever having made any connection between these repeat prescriptions and Ms A.

55. The Tribunal noted that Ms A said that at their first encounter Dr Battaloglu told her that he was her GP and that he recognised her from the waiting room at the Practice. Dr Battaloglu denies this. The Tribunal accepted the inherent improbability of such a disclosure from a sober GP. However, it noted that Dr Battaloglu and Ms A had used XXX together at this time. Dr Battaloglu told the Tribunal that he often acted recklessly or stupidly under the influence of XXX. The Tribunal was also aware of the possibility that the XXX use could affect Ms A's recollection. The Tribunal found that the potential for confusion of recollection and for later conversations on other occasions to become merged in the memory with the passage of time was such that it did not consider this sufficient evidence of itself that Dr Battaloglu knew Ms A was his patient at this point.

56. The Tribunal noted that in XXX Dr Battaloglu first made transactions to Ms A's bank account and thereafter transferred money on many occasions. Dr Battaloglu admitted that all the payments he made were in Ms A's real name.

57. The Tribunal considered that it is more likely than not that at some point in, or soon after, XXX Dr Battaloglu would have become familiar with Ms A's name.

58. In his witness statement Dr Battaloglu stated that he had no knowledge of Ms A's mental health issues. In oral evidence he accepted that he accessed Ms A's medical records in XXX but said that he would have had no cause to explore them. He said when Ms A attended for XXX her medical history was not relevant. He said the bulk of the referral form was pre-populated by the case management system and so he did not need to trawl through her records to complete it.

59. The Tribunal noted Dr Battaloglu's witness statement at paragraph 46 he states:

'46. In the weeks that preceded Ms A's attendance at the Surgery on [XXX] there had been a series of demands for money, and for refund requests via PayPal as per EB/02. I tried to ignore these requests but Ms A escalated her behaviour by making threats to me, to my family. These always arose when I did not cave to her financial demands. By the end of the month, I relented and sent Ms A three payments of £100. The last of these payments was on [XXX].'

60. Ms A consulted Dr Battaloglu on XXX regarding XXX. It was Ms A's account that at a personal meeting Dr Battaloglu told her to come to surgery to have it checked. Dr Battaloglu states that he had no knowledge of her attendance until told she was in reception and that she was demanding to see him. He stated he took the appointment in an effort to keep his

private life from the Practice. He undertook an examination, noted XXX and made an urgent referral to XXX.

61. The Tribunal noted the conflicting accounts as to how the appointment for the consultation came about. On either account it was clear that by XXX at the latest, Dr Battaloglu knew Ms A was a patient at the Practice. He was aware that he was treating her, and either suspected or knew he had treated her in the past. He would have been aware of the position in which this placed him. The Tribunal found it more likely than not that at this point, if he had not already done so, he would have sought to ascertain what actions he had previously taken in relation to Ms A and, for that reason, viewed her medical history. If he had not already made the connection between the name of Ms A and the repeat prescriptions for XXX he had authorised, he would from this point be aware she was a longstanding user of that medication, which he knew to be XXX. Even if he did not see other references to her mental health issues, this would have served as a sufficient indication to him that Ms A had longstanding and ongoing significant mental health issues throughout the period relevant to this Allegation. The Tribunal also had regard to the letter dated XXX in which the Practice manager stated that on XXX when Ms A attended, she ‘caused a scene’ in reception. Given all he knew about Ms A this would have given Dr Battaloglu an additional reason to look into her medical records given their intimate and drug using relationship so as to understand her presentation.

62. The Tribunal found that by XXX at the latest Dr Battaloglu had familiarised himself with Ms A’s medical history. He would therefore have been aware that XXX had been diagnosed. The Tribunal therefore found proved that Dr Battaloglu was aware that that Ms A had significant mental health issues XXX.

Application of Paragraph 4 in relation to paragraph 2c, 2d, 2e and 3b.

63. Paragraph 2d was not proved and therefore paragraph 4 can have no application.

Timescales

64. The Tribunal found that Dr Battaloglu was aware of Ms A’s history of illegal drug use from the date of their first meeting in XXX. It also found that he was aware of her mental health issues XXX from XXX.

- Paragraph 2c: The Tribunal found that on the basis of the evidence provided by Dr Battaloglu in cross examination and as supported by the WhatsApp messages it is clear he was still sourcing XXX through Ms A in XXX

- Paragraph 2e: In cross examination Dr Battaloglu stated that whilst he usually wanted to receive the XXX and leave, occasionally he would have to share some with Ms A to placate her. The messages of XXX in particular support the proposition that they were sharing the use of the drug at this point and in cross examination when asked whether he had taken XXX with Ms A on that occasion he admitted he had done so. The Tribunal therefore found that Dr Battaloglu took XXX with her at least as late as XXX
- Paragraph 3b: These matters are clearly pleaded as occurring in XXX, after the point at which the Tribunal have determined Dr Battaloglu became aware Ms A was vulnerable.

Vulnerability

65. Dr Battaloglu was an experienced GP and, at the relevant dates, himself a habitual user of XXX. He told the Tribunal on several occasions his use of XXX caused him to act in a reckless and stupid manner. The Tribunal found that he was aware that XXX use could invoke similar vulnerabilities in Ms A.

66. As an experienced GP and given all that he knew about her behaviour and medical history, the Tribunal had no doubt that Dr Battaloglu did recognise that Ms A's mental health issues made her vulnerable.

67. The Tribunal determined that Dr Battaloglu was aware by XXX that Ms A's mental health issues made her vulnerable. At that same point with the knowledge of Ms A's mental health issues, he would have known that she was also vulnerable by way of her illegal drug use.

68. Accordingly, the Tribunal found Paragraph 4 in relation to paragraphs 2c, 2e and 3b, proved.

The Tribunal's Overall Determination on the Facts

69. The Tribunal has determined the facts as follows:

1. Between around XXX and XXX you were in a close personal relationship with Ms A in that you
 - a. engaged in a sexual relationship with her between around XXX and XXX;

Admitted and found proved

- b. exchanged one or more:
 - i. Whatsapp messages;
Admitted and found proved
 - ii. emails;
Admitted and found proved

of a personal nature;

- c. sent her money;
Admitted and found proved

- d. attended her home and drank alcohol with her on one or more occasion.
Admitted and found proved

2. On one or more occasion between XXX and XXX you:

- a. treated Ms A;
Admitted and found proved

- b. prescribed medication to Ms A;
Admitted and found proved

when you were in a close, personal relationship with her and when it was not necessary to do so;

- c. requested that Ms A purchase illegal drugs for you;
Admitted and found proved

- d. prescribed medication in Ms A's name:
 - i. when it was not intended for her;
Not proved

ii. and asked her to collect the medication and provide it to other individuals on your behalf;

Not proved

e. took XXX with Ms A.

Admitted and found proved

3. In or XXX Ms A told you that she was pregnant with your child ('the Pregnancy') and:

a. on or around XXX you offered to refer Ms A to hospital for an abortion, which was inappropriate as you were in a close, personal relationship with her;

Admitted and found proved

b. following Ms A telling you that she had been advised it was too late to terminate the Pregnancy, on one or more occasion on or around XXX you discussed methods to induce termination with her, including:

i. taking Methotrexate;

Admitted and found proved

ii. taking Ibuprofen.

Admitted and found proved

4. You engaged in the conduct described at paragraphs 2c, 2d, 2e and 3b after you became aware that Ms A was vulnerable, in that she had:

a. a history of illegal drug use;

Determined and found proved in relation to 2c, 2e and 3b

Not proved in relation to 2d

b. mental health issues, XXX

Determined and found proved in relation to 2c, 2e and 3b

Not proved in relation to 2d

~~XXX~~

5. ~~XXX~~

6. — XXX

Determination on Impairment - 22/04/2026

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 heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Battaloglu's alleged misconduct a redacted version will be published at the close of the hearing.
2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Battaloglu's fitness to practise is impaired by reason of misconduct.

The evidence

3. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence as follows:
 - Dr Battaloglu's reflections dated 19 April 2026
 - Letters of support from Dr Battaloglu's Practice
 - Patient feedback for Dr Battaloglu, in April and May 2025
 - List of Continuing Professional Development (CPD) actions from 2020 to 2025

Submissions

Submissions on behalf of the GMC

4. Ms Fairley submitted that this was a case of misconduct which fell at the higher end of the spectrum of seriousness. She referred the Tribunal to paragraph 16g of the 2013 edition of Good Medical Practice ('GMP'):

"wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship".

5. She submitted that, even taken on their own, paragraphs 1 and 2 of the Allegation constituted misconduct which would fall at the higher end of the spectrum of seriousness. Dr Battaloglu pursued a sexual relationship with Ms A and took illegal drugs with her while

continuing to prescribe medication and act as her GP. Ms Fairley also submitted that paragraph 3 of the Allegation, taken by itself, would fall at the higher end of the spectrum of seriousness; it was clearly conduct any fellow professional would find deplorable.

6. Ms Fairley referred the Tribunal to the Guidance for MPTS Tribunals (the Guidance) concerning “*Features which may increase the seriousness of an allegation*” commencing at paragraph 34. She submitted that there are several factors which increase the seriousness of the misconduct in this case as it was persistent and directed toward a patient whom the doctor knew to be vulnerable. She submitted that there was a degree of premeditated behaviour, in that Dr Battaloglu asked a vulnerable patient with a history of drug use and mental health issues to buy XXX for him while acting as her GP and prescribing medication for her. Ms Fairley submitted that Dr Battaloglu had demonstrated a reckless disregard for patient safety in providing inappropriate and dangerous advice about termination of a pregnancy at a late stage which was, at least in part, motivated by his desire to keep his involvement with Ms A from becoming known. She also submitted that Dr Battaloglu had concealed his behaviour from his GP partners and gave evidence to the Tribunal that he was very concerned about his misconduct being discovered.

7. Ms Fairley acknowledged it was to Dr Battaloglu’s credit that he has taken significant steps to address his drug use, that he had apologised for his behaviour and to some extent acknowledged the impact on Ms A and on the profession more widely. She submitted, however, that Dr Battaloglu’s written reflections were limited and that they must be set against the tone and content of his evidence before the Tribunal. She acknowledged that the doctor is entitled to defend himself against an allegation that is later found proved, however, she submitted that it is unclear how much he has genuinely reflected on the impact of his actions on Ms A and whether he has demonstrated any real empathy for her. By way of example, she noted his answer to a question from the Tribunal about his reflections on the potential impact on Ms A if she had taken his advice when she asked him about drugs which might induce a pregnancy termination. His reply showed that he had not considered the potential harm at all, instead his focus had been on his own interest in the relationship remaining secret. She submitted that Dr Battaloglu had sought to blame Ms A in his evidence and his reflective statement also focussed far more on the impact on himself and his family rather than describing any detailed ongoing consideration of the impact on his patient. Ms Fairley submitted that the limited nature of Dr Battaloglu’s insight reduces the confidence the Tribunal can have that similar behaviour will not be repeated.

8. Ms Fairley submitted that, in its consideration of current and ongoing risk, the Tribunal should attach significant importance to the impact on public confidence in the medical profession and the need to uphold and maintain proper professional standards for members

of the profession. She submitted that the proven conduct in this case was particularly serious and undermined the public's trust in the profession.

Submissions on behalf of Dr Battaloglu

9. Mr Ivill accepted on behalf of Dr Battaloglu that the proven conduct falls short of the standard expected and also accepted that the conduct was serious.

10. Mr Ivill submitted that it did not necessarily follow that Dr Battaloglu's fitness to practise was currently impaired, drawing a distinction between whether the doctor's fitness to practise was impaired at the time of the events and whether his fitness to practise is currently impaired. He submitted that the Tribunal should look at the situation now, taking into account relevant factors such as whether the matters are remediable, have been remedied and any likelihood of repetition. Mr Ivill submitted that, at the time of the events, Dr Battaloglu was using substances which affected his judgement and behaviour, which he said was not an excuse but was relevant context.

11. Mr Ivill submitted that Dr Battaloglu has demonstrated insight in admitting many of the charges at an early stage. As regards paragraph 4 of the allegation which had been denied and found proved, he referred the Tribunal to the case of *Yusuff v GMC* in which Yip J stated that admitting the misconduct is not a condition precedent to it being unlikely to be repeated and the registrant demonstrating appropriate insight.

12. Mr Ivill submitted that Dr Battaloglu had expressed regret and apologised and shown that he understands the impact of his actions on Ms A. He submitted that Dr Battaloglu also recognises the significance of his actions and acknowledged that he was wrong and understands why his actions cannot be repeated. He submitted that Dr Battaloglu also now recognises the existence of a power dynamic and that it is his responsibility to maintain and control professional boundaries.

13. Mr Ivill submitted that Dr Battaloglu has provided evidence of targeted and focused remediation, referring in particular to a three-day course on maintaining professional boundaries undertaken by the doctor, and had summarised the learning he had undertaken and referred to changes he has made to his practice in his evidence to the Tribunal. Mr Ivill submitted that Dr Battaloglu had treated the concerns seriously and worked hard on embedding his remediation. Mr Ivill submitted that the Tribunal could be satisfied that there was a low likelihood of repetition in this case and further submitted that this reduces the level of current and ongoing risk to public protection. He reminded the Tribunal that Dr Battaloglu

has no previous fitness to practise history and said that these events could be described as an ‘isolated episode’ in an otherwise unblemished career.

14. Mr Ivill told the Tribunal that Dr Battaloglu had been working for XXX years since the incidents without concern. He submitted that there was nothing to suggest that throughout this time the doctor had been practising in anything other than an appropriate and professional manner and referred the Tribunal to the positive testimonials from colleagues as well as patient feedback with which it had been provided. He submitted that the impact the regulatory process has had on Dr Battaloglu was itself an assurance that he is highly unlikely to put himself in a position where this may happen again, and the process itself marked the gravity with which the regulatory body viewed his actions. Mr Ivill submitted that Dr Battaloglu does not pose a demonstrable risk to patient or public safety.

The relevant legal principles

15. 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.

16. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts 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.

17. To assess whether Dr Battaloglu 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 Battaloglu and/or his working environment, and
- how Dr Battaloglu has responded to the allegation.

The Tribunal’s determination on impairment

Is there a legal basis for considering impairment?

18. The Tribunal considered the GMC’s submission that the admitted facts at paragraphs 1 and 2 together and in paragraph 3 amounted to serious misconduct in themselves. It also took into account its finding in respect of paragraph 4 that Dr Battaloglu knew Ms A to be a person with particular vulnerabilities at the time of some of these events.

19. The Tribunal had regard to the duties of a doctor registered with the GMC as set out in the first page of Good Medical Practice (GMP) 2013. The Tribunal considered that Dr Battaloglu has breached fundamental tenets of the medical profession in that he failed to:

- *Treat patients as individuals and respect their dignity.*
- *Make the care of your patient your first concern.*

20. The Tribunal also noted the following paragraphs of GMP, which it considered are engaged in this case:

‘16 In providing clinical care you must:

g. wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship

...

51 You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:

a. advising patients on the effects of their life choices and lifestyle on their health and well-being

b. supporting patients to make lifestyle changes where appropriate.

...

53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.’

21. The Tribunal found that Dr Battaloglu’s actions were contrary to those sections of GMP and contrary to the interests of his patient and constituted misconduct which was

serious. It found that there was a legal basis for consideration of impairment on grounds of misconduct.

Where on the spectrum of seriousness does the allegation lie?

22. The Tribunal first established that the starting point for consideration of seriousness in cases involving sexual misconduct is generally considered to be at the higher end of the spectrum, bearing in mind paragraph 66 in the introduction of the Guidance, which states:

'66 Most allegations relating to sexual misconduct have a starting point of a high level of seriousness and therefore fall at the higher end of the spectrum of seriousness. This means the starting point for assessing current and ongoing risk to public protection will usually be high.'

23. With regard to paragraphs 1 and 2, Dr Battaloglu pursued a sexual relationship with Ms A, requested that she purchase an illegal drug for him and took that drug with her at her home, while continuing to prescribe medication and act as her GP. The Tribunal concluded that taken together these constituted misconducts which fell at the higher end of the spectrum of seriousness irrespective of Ms A's vulnerability.

24. With regard to paragraph 3 the Tribunal also found that Dr Battaloglu's actions as admitted constituted misconduct at the higher end of the spectrum. In particular, his admissions that when he discussed by text message *methotrexate* or *ibuprofen*, he was aware they were potentially harmful to Ms A and might lead to birth defects. This showed a blatant disregard for both Ms A's welfare and that of the foetus. The Tribunal also considered that its finding regarding paragraph 4 of the Allegation, that Dr Battaloglu knew that Ms A was a vulnerable patient for a significant portion of the relevant period, further increased the seriousness of Dr Battaloglu's misconduct.

25. The Tribunal also considered that there are several additional features of this case which further increase the level of seriousness, having regard to the list of potential factors set out in the Guidance at paragraph 36:

- Many aspects of the misconduct were persistent and maintained over a period of months
- As set out above, the Tribunal considered that the fact that the behaviour was directed at someone with vulnerabilities significantly increased the seriousness of the misconduct in this case

- Dr Battaloglu’s actions also demonstrated a deliberate and reckless disregard for patient safety, given his provision of inappropriate and dangerous information to Ms A regarding potential methods to terminate her late-stage pregnancy
- The Tribunal considered that this was clearly a case involving an abuse of professional position. It noted the evidence of Dr Battaloglu encouraging Ms A to take illegal drugs, including when he knew that she was pregnant, and he was aware of her drug history
- The Tribunal also considered that Dr Battaloglu’s behaviour was to an extent predatory as it exploited Ms A’s vulnerability. He put his own interests before those of the patient and prioritised his personal drug seeking and sexual interests over her wellbeing
- The Tribunal also considered that Dr Battaloglu’s attempts to hide and avoid responsibility for his behaviour significantly increased the seriousness of the misconduct in this case. The Tribunal noted Dr Battaloglu’s evidence that his concern to conceal his actions and avoid discovery of his misconduct was a motivation for many of his actions.

26. The misconduct was of a serious nature involving a sustained breach of the trust fundamental to the relationship between doctor and patient and was in the Tribunal’s judgement not easily remediable. The Tribunal was satisfied that the misconduct in this case was at the higher end of the spectrum of seriousness.

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

27. The Tribunal considered the impact, if any, of Dr Battaloglu’s personal circumstances at the time of the events. It noted that Dr Battaloglu’s actions took place during a period when he was frequently using XXX which was likely to have had an impact on his judgement and his behaviour. The Tribunal bore in mind Dr Battaloglu’s evidence that he used drugs ‘*infrequently throughout [his] adult life*’, which had been exacerbated by relationship breakdowns in the lead up to his involvement with Ms A. The Tribunal noted, however, that Dr Battaloglu was working as a GP without reported concerns during this time and that it is not suggested on his behalf that he was not in control of his actions at work for the duration of this period.

28. The Tribunal noted paragraph 50 of the Guidance in determining the impact of the personal context set out above:

'50 The impact that evidence of relevant context has on the assessment of risk, will depend on the nature of the allegation and individual circumstances of the case. However, evidence of relevant context that may decrease the level of risk to public protection posed by the doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.'

29. The Tribunal has noted the contextual factors put before it which it considered was relevant to the overall picture of how the misconduct occurred, however, the Tribunal was not satisfied that this contextual information had any material impact on the overall level of seriousness of the misconduct such as would reduce the seriousness from the higher end of the spectrum.

How has Dr Battaloglu responded to the allegation?

30. In assessing the impact of the doctor's response on the overall level of risk to public protection, the Tribunal first considered whether Dr Battaloglu has developed insight into his wrongdoing and whether the evidence of insight presented to the Tribunal is genuine and sufficient.

31. The Tribunal noted that Dr Battaloglu admitted the majority of the Allegation and considered that he has shown some limited empathy and appreciation of the impact of his behaviour on Ms A. The Tribunal considered that Dr Battaloglu has expressed remorse for his actions. However, the Tribunal weighed this against Dr Battaloglu's focus on the impact of his actions on himself and his family, both in his written reflections and in his evidence to the Tribunal. The Tribunal considered that Dr Battaloglu's primary focus was on the negative impact of these events on him and that he gave little indication that he has effectively reflected on or fully appreciates the impact on Ms A.

32. The Tribunal considered that Dr Battaloglu has not shown significant insight into the impact of his actions on Ms A. It also considered that apologies made within Dr Battaloglu's written reflections do not meaningfully address the impact on the patient, Ms A. Whilst there is reference within Dr Battaloglu's written reflections to the impact of his conduct on the profession more widely, the Tribunal was not satisfied that Dr Battaloglu has developed genuine insight into the damage to the reputation of the medical profession as a whole which could result from a GP exploiting one of the Practice's vulnerable patients in this way. Overall, it considered that Dr Battaloglu's insight was limited and insufficient.

33. The Tribunal next considered the steps Dr Battaloglu has taken to remediate since the events occurred. It took into account that he continued to work at the Practice for some time, whilst under investigation by the GMC, without further concerns arising. The Tribunal noted the evidence in the form of testimonials and patient feedback to show that the doctor is currently working well. It also had regard to the evidence of relevant CPD completed by Dr Battaloglu. The Tribunal noted that Dr Battaloglu says that he is now free from drug use and there is no evidence to the contrary. The Tribunal acknowledged that Dr Battaloglu appears to have abstained from drug use.

34. The Tribunal considered that Dr Battaloglu has taken some steps to remediate his misconduct. However, given his limited insight, the Tribunal attached only limited weight to these steps, as it noted paragraph 95 of the Guidance as follows:

'95 For a doctor to successfully remediate, it's important they have insight into the allegation. This is because to actively address an allegation about their behaviour, performance, or impact of a health condition, a doctor must first recognise there is a concern and try to understand how it arose.'

35. The Tribunal also had regard to paragraph 80 of the guidance, which sets out the approach to weighing the impact of insight and remediation in cases falling at the higher end of the spectrum of seriousness as follows:

'80 However, in cases where the allegation falls at the higher end of the spectrum of seriousness, and therefore the starting point for assessing current and ongoing risk to public protection is high, evidence of insight and remediation will usually carry less weight and therefore will have less impact, if any, on the assessment of current and ongoing risk to public protection. This is because the risk to public protection arising from these allegations is generally more difficult to address, particularly where the allegation is connected to deep seated attitude issues and beliefs.'

36. Overall, the Tribunal did not consider that there was evidence of insight or remediation which reduced the level of risk to public protection from the higher end of the spectrum in this case.

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

37. Having found that the misconduct in this case is so serious that it is not easily remediable and has not been sufficiently remedied, the Tribunal considered the ongoing risk to public protection.

38. The Tribunal was satisfied that there is a significant risk of repetition of similar misconduct in the future. Whilst the Tribunal noted that Dr Battaloglu is now abstinent from drug use, it also noted Dr Battaloglu's evidence that he has used drugs infrequently throughout his adult life and bore in mind his evidence about the impact of his drug use on his conduct. The Tribunal found that XXX.

39. XXX. The Tribunal considered that Dr Battaloglu has shown himself willing to put his own interests before those of a patient and to persist in and cover up such behaviour over a protracted period. It also noted that Dr Battaloglu was working as a GP during the relevant period without any reported concerns about his work outside of the context of his treatment of Ms A and rejected the notion that his XXX use prevented him from acting protectively and appropriately toward his patient. The Tribunal noted Dr Battaloglu's evidence that his primary motivation for providing the information about drugs which might be used to induce an abortion without medical oversight was to protect his reputation, which could not be explained solely by his use of XXX. The Tribunal considered the misconduct to be indicative of an attitudinal problem and/or a character issue on the part of Dr Battaloglu rather than being limited to the specific personal circumstances in which these events occurred or a direct result of his drug use.

40. For the reasons set out above the Tribunal, determined that Dr Battaloglu poses a current and ongoing risk to the health, safety and wellbeing of the public.

41. The Tribunal also determined that all three parts of public protection are engaged in this case. The extremely serious nature of the misconduct means that the need 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 are very strongly engaged. The Tribunal considered Dr Battaloglu's actions to have undermined the public's trust in doctors and that his misconduct would be considered deplorable by fellow members of the profession. A finding of current impairment is necessary under all three limbs of the overarching objective.

42. The Tribunal has therefore determined that Dr Battaloglu's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 23/04/2026

1. This determination will be handed down in private due to the confidential nature of some of the matters heard as evidence. However, as this case concerns Dr Battaloglu's alleged misconduct a redacted version will be published at the close of the hearing.

Submissions

2. On behalf of the GMC, Ms Fairley referred the Tribunal to the Guidance for MPT hearings (the Guidance). She stated that the Tribunal's decision as regards sanction has to be proportionate, transparent and fair. The Guidance acknowledges that whilst there may be a public interest in facilitating a doctor's return to safe practice, nevertheless the decision on what sanction is required needs to reflect the level of current and ongoing risk to one or more of the three parts of public protection and take full account of the seriousness of the allegations. Ms Fairley submitted that paragraph 10 of the Guidance makes clear that the need to protect the public outweighs the interests of an individual doctor.

3. Ms Fairley submitted that this is clearly a case in which there are no exceptional circumstances, and that the seriousness of the allegations are such that taking no action would not be appropriate.

4. In relation to conditions, Ms Fairley submitted that they simply would not be sufficient to reflect the seriousness of the misconduct. She stated paragraph 30 of the Guidance sets out that conditions are unlikely to be a proportionate response to cases where the misconduct has been found to be at the higher end of the spectrum of seriousness and/or suggests an underlying problem with the doctor's attitude, as the Tribunal as found here.

5. In relation to suspension Ms Fairley referred the Tribunal to paragraphs 41 and 45, which state:

'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.'*

6. Ms Fairley acknowledged the doctor has taken steps to address his drug use and that the Tribunal have found some evidence of insight and remediation, which decreased the level of current and ongoing risk. However, she noted that the Tribunal have found that the misconduct in this case is such that it is not easily remediable, as set out at paragraph 26 of the determination on impairment, and that the remediation and insight that the doctor has thus far demonstrated, has not decreased risk. She submitted that the Tribunal has found that each of the allegations individually were at the higher end of the spectrum of seriousness.

7. Ms Fairley acknowledged that the doctor is entitled to defend himself against allegations, and that this did not preclude insight being found. She submitted that the doctor has had a significant period of time already to have developed meaningful insight into his misconduct and that notwithstanding his admissions, it was significantly lacking. She submitted that Dr Battaloglu has not taken the opportunity to reflect fully on the misconduct and the impact on Ms A's wellbeing and on the reputation of the profession. She said that the doctor's misconduct was motivated by regard for his own interests, which he had put before those of the patient. She noted that the Tribunal found that Dr Battaloglu's misconduct was indicative of an attitudinal problem and that there remains a significant risk of repetition.

8. Ms Fairley referred the Tribunal to paragraph 57 of the Guidance as to when erasure would be the appropriate response and submitted that the doctor's misconduct was fundamentally incompatible with continued registration. She submitted that a doctor continuing to hold registration after such misconduct would seriously undermine public confidence in the profession and be contrary to the promotion and maintenance of proper professional standards.

9. Ms Fairley referred the Tribunal to the bandings set out in the Guidance. She acknowledged that this case perhaps does not fall squarely into the ‘*case types*’ but submitted that the guidance regarding ‘sexual misconduct’ and ‘clinical concerns’ are of some assistance. She submitted that given the seriousness of these allegations the need to protect the public was paramount and would outweigh any mitigation on behalf of the doctor, such as testimonial evidence and good character.

10. Ms Fairley submitted that the doctor’s misconduct represented repeated abuse of his professional position over a sustained period and demonstrated a blatant disregard for the principles of Good Medical Practice (GMP) and was fundamentally incompatible with continued registration as a doctor. Ms Fairley submitted that the only appropriate sanction in this case is erasure which was proportionate and necessary to address the misconduct.

11. Mr Ivill stated that his submissions would focus on the sanctions of suspension and erasure and reminded the Tribunal that it must approach the decision on sanctions in ascending order and only impose such sanctions as were necessary and proportionate. He stated that it is important to note that the Guidance does not set rigid tariffs and does not prescribe the sanction to be imposed, because a determination of a sanction is a multifactorial, evaluative judgment, based on all of the evidence before the Tribunal.

12. Mr Ivill addressed the Tribunal on eight mitigating factors that should be taken into account in a positive sense, when applying the concept of proportionality.

- Dr Battaloglu has shown some insight
- There has been an apology
- Dr Battaloglu has undertaken a range of learning with targeted relevant courses
- There are testimonials and patient and colleague feedback which not only attest to his clinical competence but also that there are no current issues
- The lapse of time; it is now XXX years since the events subject to the allegation. There is no suggestion of Dr Battaloglu not adhering to the principles of good medical practice during that time
- Dr Battaloglu has no previous fitness to practice history
- Dr Battaloglu was candid, and indicated that these events occurred at a time when he was going through a difficult period in his life, but he has since matured
- Dr Battaloglu has engaged with the process throughout and is committed to maintaining high standards in the future.

13. Mr Ivill submitted that the presence of these factors strongly supported the sanction of suspension as proportionate. Suspension was itself a significant sanction which would have a deterrent effect and would send a strong message to Dr Battaloglu, to the profession and to the public. He referred the Tribunal paragraphs 44 and 45 of the Guidance, which state:

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

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.'*

14. Mr Ivill addressed the Tribunal on Dr Battaloglu's personal and financial circumstances. He stated that any period when he is not permitted to work as a doctor will have a significant financial impact. He submitted that suspension of any length is a severe sanction for a practitioner, and a period of suspension would mark the seriousness of misconduct and maintain public confidence in the profession and declare and uphold professional standards.

15. Mr Ivill submitted that erasure would be disproportionate and was not in the public interest. He stated that erasure should only be imposed where there is no other means to protect the public. He reminded the Tribunal that erasure requires a finding of fundamental incompatibility with continued registration, which essentially amounts to a determination that there are no circumstances in which the doctor should be permitted to practise medicine. Mr Ivill submitted that in all of the circumstances, this is not a matter that falls into that category.

16. Mr Ivill acknowledged that there are aggravating factors, as identified by the Tribunal, but submitted that the mitigating factors in the doctor's case are also of considerable weight. He submitted that erasure is not the only means of adequately protecting the public. He stated there has been no repetition of behaviour while the doctor had continued at the same practice for a period of three years and submitted that he had proved during that time that he can work in a manner where proper professional standards of conduct and behaviour are maintained, which supports the contention that erasure is neither necessary nor proportionate.

17. Mr Ivill submitted that this is not a case where it can be said that Dr Battaloglu has not learned from previous disciplinary proceedings such that it would not be credible to expect him to learn from this experience and comply with any sanction. He said that Dr Battaloglu has put measures in place to ensure that he is a better person and a better doctor going forwards and having been in practice for 13 years he has undoubtedly done many good things for many patients over that time.

18. Mr Ivill submitted that these events occurred during a relatively short, albeit destructive, period of Dr Battaloglu's life and professional career and he has now got himself and his life in order. He said that Dr Battaloglu is only thirty-six years old and the public interest will be served by retaining the services of a competent practitioner.

19. Mr Ivill submitted that erasure in all the circumstances is disproportionate and not in the public interest. He submitted that the alternative, a lengthy period of suspension, would send out a sufficiently strong message to Dr Battaloglu, the profession and the public and would be the proportionate and appropriate sanction in this case. In addition, he submitted, suspension with a review would afford Dr Battaloglu the opportunity to further reflect, further develop his insight and to fully remediate his misconduct.

The Tribunal's Approach

20. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the Guidance. It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

21. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Battaloglu's interests with the public interest. The public interest includes,

amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

22. The Tribunal has already given detailed determinations on facts and on impairment, and it has taken those matters into account during its deliberations on sanction. It reminded itself that it found Dr Battaloglu's misconduct was at the higher end of the spectrum of seriousness and the relevant context and remediation did not decrease that finding.

23. Whilst the Tribunal had regard to the Guidance it bore in mind that Dr Battaloglu's misconduct did not fit easily into the specific case types. The sexual relationship with Ms A was consensual but inappropriate due to the patient doctor relationship between them. The clinical matters were not indicative of incompetence but a disregard for the professional boundaries which should have been respected and indicated a failure to put the patient's wellbeing before Dr Battaloglu's personal interests. For these reasons the Tribunal applied the Guidance with appropriate caution.

24. The Tribunal considered the Guidance in relation to sexual misconduct and clinical concerns. It noted paragraph 72 which states:

'72. The proportionate sanction in response to an allegation of sexual misconduct will depend on the extent of the doctor's behaviour and the impact it's assessed to have on each of the three parts of public protection.'

25. The Tribunal considered Mr Ivill's submissions in relation to the mitigating factors, as noted above. It also bore in mind paragraphs 66 and 67, which state:

'66. Most allegations relating to sexual misconduct have a starting point of a high level of seriousness and therefore fall at the higher end of the spectrum of seriousness. This means the starting point for assessing current and ongoing risk to public protection will usually be high.

67. Where this is the case, evidence of relevant context known about the doctor and/or their working environment and evidence of insight and remediation that decrease risk will usually have less impact because sexual misconduct allegations falling at the higher end of the spectrum of seriousness can be more difficult to remediate.'

26. The Tribunal noted that these factors had been considered as relevant context during the impairment stage, and in considering sanction it is satisfied with its finding that the level of seriousness of the misconduct remains at the higher end of the spectrum.

The Tribunal’s Determination on Sanction

No action

27. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Battaloglu’s case, the Tribunal first considered whether to conclude the case by taking no action.

28. The Tribunal considered that there were no exceptional circumstances in which it might be justified in taking no action against Dr Battaloglu’s registration. The Tribunal determined that in view of the serious nature of its findings on impairment, it would be neither proportionate nor in the public interest to conclude this case by taking no action.

Conditions

29. The Tribunal noted that there was a period from July 2023 where Dr Battaloglu had been working under conditions imposed by NHS England.

30. The Tribunal noted paragraph 30 of the Guidance which states:

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

31. The Tribunal was of the opinion that whilst most stringent conditions might provide some mitigation against the risk of repetition it was not satisfied that conditions could be formulated which would be sufficient to address the attitudinal concerns identified by the Tribunal. The Tribunal found that conditions would not adequately address the risk of repetition.

32. The Tribunal also found that conditions would not adequately address the risks to public confidence and professional standards.

33. The Tribunal therefore determined that the imposition of conditions on Dr Battaloglu’s registration would not address the high risk to public protection which the Tribunal has identified.

Suspension

34. The Tribunal next considered whether suspension would be the appropriate and proportionate sanction in this case.

35. The Tribunal bore in mind the features of the misconduct it had identified in paragraph 25 of its impairment determination, as follows:

- Many aspects of the misconduct were persistent and maintained over a period of months
- the Tribunal considered that the fact that the behaviour was directed at someone with vulnerabilities significantly increased the seriousness of the misconduct in this case
- Dr Battaloglu’s actions also demonstrated a deliberate and reckless disregard for patient safety, given his provision of inappropriate and dangerous information to Ms A regarding potential methods to terminate her late-stage pregnancy
- The Tribunal considered that this was clearly a case involving an abuse of professional position. It noted the evidence of Dr Battaloglu encouraging Ms A to take illegal drugs, including when he knew that she was pregnant, and he was aware of her drug history
- The Tribunal also considered that Dr Battaloglu’s behaviour was to an extent predatory as it exploited Ms A’s vulnerability. He put his own interests before those of the patient and prioritised his personal drug seeking and sexual interests over her wellbeing
- The Tribunal also considered that Dr Battaloglu’s attempts to hide and avoid responsibility for his behaviour significantly increased the seriousness of the misconduct in this case. The Tribunal noted Dr Battaloglu’s evidence that his concern to conceal his actions and avoid discovery of his misconduct was a motivation for many of his actions.

36. The Tribunal took account of paragraph 41 of the Guidance, as set out in paragraph 5 above. The Tribunal noted Mr Ivill’s submission that suspension would give Dr Battaloglu the opportunity to further develop his insight, which may address the risk to patient safety. However, the Tribunal was of the view that all three parts of public protection were engaged, and it considered that the seriousness of the misconduct is such that suspension would not address the high risk to public confidence and professional standards.

37. The Tribunal considered the gravity of the misconduct was so serious that suspension would not be sufficient to manage the ongoing high risk to public protection.

Erasure

38. The Tribunal was mindful that patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.

39. The Tribunal considered paragraph 57d was engaged in this case.

'57. Erasure may be the proportionate response where:

...

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.'

40. The Tribunal determined that Dr Battaloglu's misconduct was fundamentally incompatible with continued registration. It was of the view that the high level of risk Dr Battaloglu poses to public protection is so significant that erasure was the only appropriate sanction.

41. The Tribunal noted Mr Ivill's submission as regards the impact that suspension or erasure would have on Dr Battaloglu. However, the Tribunal reminded itself of paragraph 10 of the Guidance that the need to protect the public outweighs the interests of an individual doctor.

42. The Tribunal determined that the seriousness of Dr Battaloglu's misconduct meant that the effect of him continuing to hold registration would undermine public confidence in the profession.

43. Accordingly, the Tribunal has determined to direct that Dr Battaloglu's name be erased from the Medical Register.

Determination on Immediate Order - 23/04/2026

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

Submissions

156. On behalf of the GMC, Ms Fairley referred the Tribunal to paragraphs 79 and 84 of the Guidance, which state:

'79. The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor... Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.

84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession.'*

157. Ms Fairley referred the Tribunal to paragraph 84 of the Guidance. She submitted that an immediate order is necessary for public protection.

158. On behalf of Dr Battaloglu, Mr Ivill referred the Tribunal to paragraph 79 of the guidance. He submitted that an immediate order is not mandated, it is discretionary. He reminded the Tribunal that Dr Battaloglu has been practising without issue for a substantial period without concern and during that time, has not been the subject of suspension by the GMC. Mr Ivill submitted that the Tribunal may feel that the substantive sanction is of itself sufficient to satisfy the overarching objective and that an immediate order would not be necessary.

The Tribunal's Determination

159. The Tribunal had regard to the 'Immediate and interim orders following sanction' section within Section 3 of the Guidance for MPTS Tribunals.

160. The Tribunal noted the imposition of an immediate order of suspension is discretionary. It bore in mind that Dr Battaloglu has continued working in the same Practice for three years.

161. The Tribunal had regard to paragraph 84 as above. The Tribunal found that Dr Battaloglu poses a risk to patient safety and there is a high risk to public protection.

Given the particular nature and circumstance of Dr Battaloglu’s misconduct the Tribunal determined that immediate action is needed in order to maintain public confidence in the medical profession.

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

163. Any interim order currently in place on Dr Battaloglu’s registration it is hereby revoked.

164. That concludes this case.