PUBLIC RECORD

Dates: 14/10/2026 - 16/10/2026

Doctor:	Dr Harminderjeet SURDHAR
GMC reference number:	4331768
Primary medical qualification:	MB BS 1996 University of London

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application granted

Tribunal:

Legally Qualified Chair	Ms Samantha Gray
Lay Tribunal Member:	Ms Rama Krishnan
Registrant Tribunal Member:	Dr Alison Calver

Tribunal Clerk:	Alex Currie

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Ghazan Mahmood, Counsel, instructed by Hempsons
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 public.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on restoration following disciplinary erasure - 16/10/2026

1. This determination was handed down in public. However, 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.

2. The Tribunal has convened to consider Dr Surdhar's application to be restored to the medical register following their erasure for disciplinary reasons in 2016.

3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended (the Act) and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended (the Rules).

4. This is Dr Surdhar's second application to be restored to the Medical Register.

Background

2016 Medical Practitioner's Tribunal

5. Dr Surdhar qualified in 1996 from the University of London. From 2000 he worked as a General Practitioner and from 2009 was the owner of Five Ways Health Centre, Birmingham ('the Centre'). At the time of the events that led to Dr Surdhar's erasure he was practising at the Centre as a single-handed GP.

6. The circumstances that led to Dr Surdhar's erasure were first considered at a hearing before a Medical Practitioners Tribunal (MPT) in June 2016. Dr Surdhar was present and represented by Mr D, Counsel, instructed by Ryan Solicitors.

7. Those circumstances can be summarised that between July 2011 and March 2013, an allegation was received that Dr Surdhar had provided private health clearance checks, in particular blood immunity tests and inoculations, whilst using NHS resources to do so. The subsequent NHS investigation found that hundreds of tests had been submitted to an NHS hospital for non-NHS patients without the form submitted indicating they were private patients.

8. After the NHS investigation Dr Surdhar was interviewed under caution on 12 February 2013. During this interview Dr Surdhar blamed the NHS hospital for not explaining to him that he needed to include the blood analysis cost in the amount charged to each patient. He also stated it had not been explained that he needed to tick the private patient box form. On 29 February 2016 at Birmingham Crown Court Dr Surdhar was convicted of five counts of fraud by false representation, contrary to section 2 of the Fraud Act 2006. Dr Surdhar was sentenced to 12 months' imprisonment suspended for 24 months and was required to complete a community order of unpaid work for 200 hours.

9. The Tribunal in June 2016 considered the Certificate of Conviction dated 18 May 2016 as well as Rule 34(3) of the General Medical Council ('GMC') (Fitness to Practise) Rules Order of Council 2004 as amended ('the Rules'). As the Tribunal noted that the charges were consistent with the contents of the Certificate of Conviction and that they were not disputed, the 2016 Tribunal found the facts proved in their entirety.

10. The 2016 Tribunal concluded that Dr Surdhar's conduct involved committing a fraud against the NHS with denial throughout the investigation and repeated many times over more than a year. The 2016 Tribunal found that public confidence and maintenance of proper standards of conduct within the profession would be seriously undermined if a finding of impairment were not made. The 2016 Tribunal therefore found Dr Surdhar's fitness to practise was impaired by reason of his conviction.

11. At sanction stage Dr Surdhar said he had fully accepted his conviction and his dishonesty and referred to his actions going against both his own religion and fundamental tenets of the medical profession. Dr Surdhar accepted having told lies during the police investigation, took full blame for what had happened and said he had been in denial.

12. The 2016 Tribunal then determined to erase Dr Surdhar's name from the Medical Register with an immediate order of suspension imposed. The 2016 Tribunal determined that erasure was proportionate and was the only sanction that would fulfil the overarching objective. The 2016 Tribunal noted that Dr Surdhar was dishonest during his professional work over an 18-month period and had sought to blame others for his actions. The 2016 Tribunal also noted that Dr

Surdhar had not accepted he had been dishonest until after his conviction and only started developing his insight later.

13. The 2016 Tribunal noted that the combination of these factors led to Dr Surdhar's actions being fundamentally incompatible with continued registration. The 2016 Tribunal found that dishonesty of false statements and fraudulent claims for monies were particularly serious as they can undermine public trust in the profession, and that dishonesty is generally difficult to remediate.

2023 Restoration Tribunal

14. Dr Surdhar has previously applied to the GMC for his name to be restored to the Medical Register by way of Form UD4 which he completed by hand and which was signed and dated 28 January 2022.

15. The GMC opposed Dr Surdhar's application for restoration on the basis of new allegations relating to his fitness to practise which had arisen following his erasure in 2016.

16. On 4 September 2018, Ms A, Deputy Chief Officer, Sandwell & West Birmingham Clinical Commissioning Group ('CCG') raised concerns with the GMC about Dr Surdhar. In her referral email to the GMC, Ms A asserted that, following his erasure, Dr Surdhar had been working as a Senior Health Care Assistant ('SHCA') at the Centre. She stated that following a rating of 'inadequate' by the Care Quality Commission ('CQC') and the suspension of its CQC licence, the Centre had been under independent investigation commissioned by the CCG. Ms A alleged to the GMC that Dr Surdhar had been performing primary care services that were beyond the remit of a SHCA and appeared to be practising as a GP.

17. In addition to the allegation raised by Ms A, the GMC had concerns about Dr Surdhar's application for restoration. In particular, the GMC alleged that Dr Surdhar had completed certain parts of the application form dishonestly.

18. Further, in an email dated 22 February 2023, Dr Surdhar had informed the GMC that he had been unable to work between September 2017 and September 2018. The GMC alleged that Dr Surdhar's statement to that effect had been dishonest.

19. Dr Surdhar made some admissions to the majority of the underlying conduct alleged but denied that any of his actions were dishonest. The 2023 Restoration Tribunal subsequently found the majority of the outstanding allegations proved including Dr Surdhar acting outside of the Senior Health Care Assistant role. Dr Surdhar's fitness to practise was found to still be impaired

by reason of his misconduct by the 2023 Restoration Tribunal. The 2023 Tribunal found Dr Surdhar to have been dishonest again in 2022 within the Application and Email. They also determined that Dr Surdhar had shown incomplete remediation due to repetition of the misconduct and a lack of insight into his dishonesty for both matters in the 2016 and 2023 Tribunals. The 2023 Tribunal concluded there was a real risk of further repetition.

20. The 2023 Tribunal concluded that, given these findings, public confidence in the medical profession and the need to promote and maintain proper professional standards of conduct for members of the profession would not be met if Dr Surdhar's name was restored to the Medical Register. The 2023 Tribunal concluded that whilst Dr Surdhar's misconduct did not fall within those types of exceptionally serious cases listed in the Guidance, he had nevertheless breached a fundamental tenet of the medical profession on a number of occasions and there was a risk of further repetition. The 2023 Tribunal therefore determined that it would not be appropriate for Dr Surdhar to hold unrestricted registration. In conclusion, the 2023 Tribunal determined that Dr Surdhar's name should not be restored to the Medical Register.

The current restoration hearing

The outcome of applications made during the hearing

21. The Tribunal granted Dr Surdhar's application, made pursuant to Rule 34(1) of the Rules, to admit further evidence from a witness who could not attend the hearing. The Tribunal's full decision on the application is included at Annex A.

The evidence

22. The Tribunal has taken into account all the relevant evidence that it has received, both oral and documentary.

Witness evidence

23. Dr Surdhar provided various documents to the Tribunal and gave oral evidence at the hearing. In addition, the Tribunal received evidence from the following witnesses on Dr Surdhar's behalf:

- Dr B, GP Partner and Lead GP at Forrester Street Medical Practice. His witness statement was dated 15 August 2026 and he was called to give evidence in person on 14 October 2026.

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

Dr C, Dr Surdhar's mentor and coach. Her evidence constituted a letter dated 3 August 2026 and written responses to questions posed by the GMC;

Documentary evidence

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

- Determination from Dr Surdhar's MPT hearing, dated 22-24 June 2016
- Determination from Dr Surdhar's restoration hearing, dated 13 November – 20 December 2023
- Email from Dr Surdhar to the GMC with restoration application and supporting documents, dated 19 January 2026 (for the email) and 17 December 2025 (for the supporting documents)
- Clinical observations documents, various dates between April 2021 – 28 November 2025
- Continuing Professional Development courses, various dates between May 2016 – May 2025
- Personal reflections documents, various dates between June 2020 – December 2025
- Details of mentoring sessions with Dr C, various dates between 2018 – ongoing
- Support group meetings details, various dates between October 2020 – August 2021
- Personal Ethics Charter, April 2024 – Present
- GMC questions for Dr C, dated 9 October 2026
- Dr C's responses to GMC questions, dated 11 October 2026

Submissions on behalf of the GMC

26. On behalf of the GMC, Mr Donoghue submitted that the GMC remains neutral on Dr Surdhar's restoration application. Mr Donoghue referred to relevant factors and various paragraphs in the *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* throughout his submissions to assist the Tribunal's determination.

27. Looking at the circumstances that led to Dr Surdhar's disciplinary erasure, Mr Donoghue reminded the Tribunal that Dr Surdhar's criminal conviction in 2016 was for an offence of professional dishonesty with a financial benefit, and that dishonesty is always

generally considered to be serious. Mr Donoghue also reminded the Tribunal that two further instances of dishonesty were found proved in the first restoration hearing in 2023. Mr Donoghue submitted it was concerning that Dr Surdhar acted dishonestly in his first restoration application despite his work towards insight and remediation having already commenced.

28. On the relevant factor of Dr Surdhar's insight into the matters that led to erasure, Mr Donoghue submitted that although Dr Surdhar had provided extensive written reflections to demonstrate his insight and remediation to the Tribunal, there was a significant amount of repetition. Mr Donoghue suggested the Tribunal should look for the quality of reflections and insight over the quantity. He submitted that the Tribunal should assess whether those reflections adequately look at the multiple previous findings of dishonesty and the impact this could have on public confidence and the upholding of professional standards.

29. Turning next to the steps Dr Surdhar has taken to reduce the risk of recurrence, Mr Donoghue submitted that after cross examination, Dr C's evidence indicates that the ten intensive sessions referred to may have actually only been one intensive session with some shorter ones, possibly including an email. Mr Donoghue submitted that there is a residual lack of clarity as to exactly what these sessions with Dr C involved. He questioned how extensive each session was, and why it was that the first session, after the 2023 restoration application was refused, was so significant. Mr Donoghue submitted that Dr C not being available to give oral evidence or be questioned by the Tribunal exacerbates this issue further. Mr Donoghue noted that it is for Dr Surdhar to demonstrate to the Tribunal that his insight is at the necessary level.

30. On the relevant factors of what Dr Surdhar has done since his name was erased and the steps he has taken to keep his knowledge and skills up to date, Mr Donoghue submitted that it can be difficult for doctors to maintain their skills when they are not able to practise. Mr Donoghue submitted that there was good evidence that Dr Surdhar has kept his clinical skills up to date. He acknowledged that Dr Surdhar has been working for a number of years as a GP Assistant and that this was as close as one could get to working in a medical field given his erasure. Mr Donoghue referred to Dr B's oral evidence that GP Assistants do not get involved in management matters. Mr Donoghue submitted that Dr Surdhar has not had opportunities to test his probity and honesty since he has developed his new methods of dealing with stressful situations. Mr Donoghue submitted that Dr Surdhar's examples of dealing with stress are not the same as those giving rise to the previous dishonesty. As a result, Mr Donoghue submitted that there is limited evidence that Dr Surdhar has been tested in similar circumstances.

31. Mr Donoghue stated that it was Dr B's oral evidence that he would expect Dr Surdhar to be supervised if he were to become a GP again. Mr Donoghue submitted that as the Tribunal could only grant restoration with unrestricted practice, this evidence should be taken into account if the Tribunal determines some risk of repetition remains.

32. Turning to the relevant factor of lapse of time since Dr Surdhar was erased, Mr Donoghue submitted that although Dr Surdhar was erased from the Medical Register ten years ago, this restoration application was made just under three years ago following the previous restoration application refusal in 2023.

33. On the risk to public protection, Mr Donoghue submitted that neither the 2016 nor the 2023 Tribunals considered Dr Surdhar's conduct to be completely irremediable, but both referred to a lack of insight as relevant factors in the decision to erase and refuse the first restoration application. Mr Donoghue submitted that even if Dr Surdhar's conduct was not deemed irremediable it remains at the top end of the spectrum of seriousness. Mr Donoghue submitted that the Tribunal should ask whether an ordinary, well-informed member of the public aware of the relevant facts would be concerned if Dr Surdhar is allowed to return to unrestricted practice.

34. Mr Donoghue further submitted that the Tribunal should have regard to the fact that maintaining public confidence in the profession as a whole is more important than the interests of an individual doctor. Mr Donoghue concluded his submissions by suggesting that the Tribunal may think this is the central issue in this case given the seriousness of the previous findings.

Submissions on behalf of Dr Surdhar

35. On behalf of Dr Surdhar, Mr Mahmood submitted that the Tribunal is deciding whether Dr Surdhar has developed sufficient insight and whether he is fit to practise having regard to all the circumstances and the overarching objective.

36. Mr Mahmood submitted the starting point for the Tribunal is the circumstances of the previous findings. He submitted that there is no dispute on the findings of the 2016 Tribunal and acknowledged that every offence of dishonesty is serious. However, Mr Mahmood submitted that there is a scale of seriousness and that the Tribunal should bear this in mind. Mr Mahmood submitted that there was no suggestion then or since that Dr Surdhar's dishonest conduct was premeditated and reminded the Tribunal that the overall value of the fraud was around £3,460. Mr Mahmood noted that the 2016 Tribunal determined Dr Surdhar did have some degree of insight but that it was not complete. Mr Mahmood reminded the

Tribunal that Dr Surdhar had apologised, shown remorse and admitted in 2016 that he had knowingly acted dishonestly.

37. Mr Mahmood submitted that only public confidence and maintenance of professional standards were engaged in the 2016 Tribunal decision and that there was no finding that suggested irreversible, deep-seated attitudinal concerns. Mr Mahmood submitted that neither the 2016 nor the 2023 Tribunal findings suggested Dr Surdhar's dishonesty was incapable of remediation. Mr Mahmood acknowledged in his submissions that the 2023 restoration application was rejected due to Dr Surdhar acting dishonestly again but noted that the 2023 Tribunal's conclusion was that Dr Surdhar had not deliberately set out to disregard the consequences of his erasure.

38. Mr Mahmood submitted that it is acknowledged that Dr Surdhar did repeat his dishonesty in 2022 but that the case has advanced and changed since. In terms of insight, Mr Mahmood submitted that Dr Surdhar's insight is now complete. Mr Mahmood noted Dr Surdhar has admitted every aspect of his dishonesty in 2016 and 2023. Mr Mahmood referred the Tribunal to Dr Surdhar's witness statement, reflective pieces, Personal Development Plan (PDP) as examples of Dr Surdhar's developed insight. Mr Mahmood submitted that the coaching sessions with Dr C still provided good opportunity to reinforce Dr Surdhar's insight based on one detailed session with shorter follow-up sessions. Mr Mahmood also referred the Tribunal to Dr Surdhar's extensive reflections evidence on these sessions with Dr C.

39. Mr Mahmood submitted the Tribunal is not a court of retributive punishment but should be engaged in looking at the issue of Dr Surdhar's insight as it exists today. Mr Mahmood submitted that Dr Surdhar's full and frank confessions of his previous conduct were enough to demonstrate full and frank insight.

40. On the causes of Dr Surdhar's dishonesty and his reflections on it, Mr Mahmood submitted that Dr Surdhar is trying to understand why he was dishonest twice and what character flaws exist within him, so they can be addressed. Mr Mahmood reminded the Tribunal of Dr Surdhar's oral evidence that between 2011 to 2013 the character flaws were greed, an inflated ego, and impetuous and impulsive behaviour. Mr Mahmood submitted that the 2023 dishonesty arose out of a fear of being judged, coupled with shame and concerns about losing the opportunity for restoration. Mr Mahmood submitted that Dr Surdhar now recognises he prioritised self-preservation and has now tried to instil in himself techniques to avoid this kind of behaviour occurring again. Mr Mahmood submitted it is significant Dr Surdhar recognises these character failings within himself and has sought to address them through various techniques.

41. Mr Mahmood submitted that since 2023 Dr Surdhar has self-reflected, identified practical steps to affect changes through his coaching sessions and developed and adopted a number of techniques to manage his conduct both professionally and in his everyday life. Mr Mahmood reminded the Tribunal of Dr Surdhar's engagement with extensive coaching sessions with Dr C and submitted that Dr C described Dr Surdhar's insight to be at a good level. Mr Mahmood also highlighted in his submissions the Ethics Charter that Dr Surdhar has completed since April 2024 with reviews of how his learning has become more embedded and submitted that this shows Dr Surdhar is doing more than engaging with techniques and discussions to satisfy the Tribunal. Mr Mahmood further submitted that the 42 months of work as a GP Assistant undertaken by Dr Surdhar were completed without any concern or complaint and that this should reassure the Tribunal about any concerns of Dr Surdhar's probity and clinical skills.

42. Mr Mahmood submitted that the voluntary disclosure by Dr Surdhar of an event in 2012 concerning his management of a care home that was then criticised by the CQC should be commended as it demonstrates Dr Surdhar has sufficient learning that honesty does not require just mentioning relevant facts but also demonstrates complete transparency.

43. Mr Mahmood noted that Dr Surdhar has provided a large volume of reflections for the Tribunal that show he has changed his behaviour in a number of material ways. Mr Mahmood submitted that as Dr Surdhar has created a log of all the patients he has seen and was making recommendations at work whilst under supervision, this should satisfy the Tribunal that his clinical skills have been maintained to a high standard. Mr Mahmood submitted that Dr B's evidence regarding a suggestion of supervision related to easing Dr Surdhar back into clinical work after being out of practice for so long and that in any event restoration can only happen in an Approved Practice Setting.

44. On public confidence, Mr Mahmood submitted that an ordinary well-informed member of the public would see that Dr Surdhar has engaged in substantial remediation efforts over the last ten years, acknowledged his dishonesty, undergone targeted mentoring and continued supervision over the last three and a half years. He submitted that Dr Surdhar has developed a Personal Development Plan (PDP) and an Ethics Charter to prevent repetition. He submitted that Dr Surdhar has also engaged in a number of courses and performed as a GP Assistant without incident since 2023. Mr Mahmood submitted that if the Tribunal was concerned about a residual lack of clarity on Dr C's evidence the Tribunal might consider adjourning until they have heard from Dr C, but that in his submission there is no lack of clarity due to the significant number of pages of reflection prepared by Dr Surdhar about those coaching sessions.

45. Mr Mahmood asked how Dr Surdhar could prove a negative when addressing Mr Donoghue's submission that Dr Surdhar has not had an opportunity to prove he has put his learnings into practice in relation to probity, working within the limits of a GP Assistant role. Mr Mahmood submitted that Dr Surdhar has worked in the same organisation for three and a half years without incident, that he has had frequent regular contact with his supervisor and created a log that shows no concerns.

The Tribunal's approach

46. The Tribunal reminded itself that its power to restore a practitioner to the medical register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's legal duty to protect the public.

47. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Surdhar's name to the medical register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Surdhar's name should be restored to the medical register, it can do so only without restrictions on their practice.

48. Throughout its consideration of Dr Surdhar's application for restoration, the Tribunal was guided by the approach laid out in the MPTS '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*' (the Guidance).

49. The Tribunal reminded itself that the onus is on Dr Surdhar to satisfy it that they are fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction.

50. The guidance sets out that the test for the Tribunal to apply when considering restoration, as set out in *GMC v Chandra [2018] EWCA Civ 1898*, is:

> *'Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three parts of public protection?'*

51. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

a. the circumstances that led to disciplinary erasure;

b. whether Dr Surdhar has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour or skills;
c. what Dr Surdhar has done since their name was erased from the register;
d. the steps Dr Surdhar has taken to keep their knowledge and skills up to date; and
e. the lapse of time since erasure.

It should then go on to determine whether restoration will achieve public protection considering any factors relevant to the original erasure and the new information.

The Tribunal's decision

52. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Surdhar is now fit to practise.

The circumstances that led to disciplinary erasure

53. The Tribunal reminded itself of the circumstances that led to Dr Surdhar's erasure and reviewed the 2016 Tribunal's determination as well as the 2023 restoration hearing determination to fully consider the background and specific past concerns. They noted that Dr Surdhar had been convicted of fraud in 2016 and had been erased from the register due to his dishonesty in relation to this conviction and that the 2016 Tribunal determined it was the only proportionate response. The Tribunal further noted that Dr Surdhar had new allegations of dishonesty levelled by the GMC during his first restoration hearing in 2023. The Tribunal noted that both previous Tribunals found Dr Surdhar's level of insight and remediation to be not developed enough.

Whether Dr Surdhar has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

54. The Tribunal had regard of paragraphs B7, B8 and B9 of the guidance on restoration hearings:

> *B7 It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.*

B8 Evidence of the doctor's current level of insight will be a significant factor for the MPT in assessing the risk the doctor may repeat the previous misconduct or poor performance that resulted in them being erased from the medical register.
B9 To assess the doctor's response to the matters that led to erasure, the MPT should consider the evidence available to them to establish if the doctor has:

a. shown insight into their own practice, behaviour and/or impact of a health condition

b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation.

55. The Tribunal noted in Dr Surdhar's evidence that he had said with hindsight he had taken on too much in the period between 2010 and 2013. He said he was doing too many different roles and had come to realise that ego and arrogance had driven him to take on too many roles. The Tribunal further noted that in relation to his restoration application submitted in 2022 Dr Surdhar had said his dishonesty stemmed from being paralyzed by fear of not being restored back to the Medical Register. He now admits he was dishonest, and should have phoned the GMC to seek advice.

56. The Tribunal considered that it was the actions Dr Surdhar had taken since the 2023 Tribunal that were key in determining whether he had now developed sufficient insight in respect of both the 2016 and 2023 Tribunal findings. The Tribunal noted Dr Surdhar's evidence that since November 2023 he has identified his character flaws, what triggers these flaws and has learnt techniques to address his behaviour and that some of these have been used whilst working as a GP Assistant.

57. The Tribunal considered that Dr Surdhar's evidence of reflection and remediation does hold weight. The Tribunal noted that in his evidence Dr Surdhar had said his pride and arrogance were big driving factors in the initial dishonesty. The Tribunal found that Dr Surdhar having to undertake a GP Assistant role would have been a humbling experience for a doctor who states he was driven by pride and arrogance. The Tribunal gave credit to Dr Surdhar for this. The Tribunal took into account Dr B's evidence that Dr Surdhar had demonstrated professionalism, a strong work ethic and was a valuable member of the team and he was making a positive contribution to the care provided to patients.

58. The Tribunal had regard of the *MPTS Guidance for Tribunals (the MPTS Guidance) (MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e))* alongside the specific restoration guidance when considering Dr Surdhar's level of insight and remediation.

59. The Tribunal reminded itself that both previous Tribunals had said, whilst Dr Surdhar's conduct was not irremediable, the insight was still developing. The Tribunal noted that the previous events had tended to occur under pressure. The Tribunal noted that in his evidence Dr Surdhar had said the pressure that led to the 2023 new allegations of dishonesty stemmed from internal fear. The Tribunal found that Dr Surdhar's level of insight was to such a degree that repetition was less likely. The Tribunal considered that Dr Surdhar now recognises what his triggers are, and what triggered this pressure (external in 2016, internal in 2023), and that he is taking steps to address that pressure by carrying out his role as a GP Assistant. He has developed coping strategies to deal with these triggers. The GP Assistant role does not have the same level of responsibility or seniority as a GP. The Tribunal were satisfied by Dr B's evidence that Dr Surdhar has accepted this position and is doing well within it. The Tribunal were satisfied that Dr Surdhar had taken significant steps in his remediation.

What Dr Surdhar has done since his name was erased from the register

60. The Tribunal considered the mentoring and coaching sessions that Dr Surdhar has undertaken with Dr C. These have led to his understanding of his personality traits and their impact on his behaviour, as well as his learning on how to recognise those traits and manage them. The Tribunal attached limited weight to Dr C's evidence given that it was not able to test it further.

61. The Tribunal noted that Dr Surdhar has also completed some courses since 2023 and these related to probity and conflict management issues. In addition, Dr Surdhar has provided documents that set out his reflections on his behaviour over the relevant period, in addition to his learning. The Tribunal noted that Dr Surdhar has taken on a role as GP Assistant since 2023.

The steps Dr Surdhar has taken to keep his knowledge and skills up to date

62. The Tribunal took account of the fact that Dr Surdhar had secured a role in the medical field and was continuing to see patients as a GP Assistant. The Tribunal noted that Dr Surdhar was having discussions with patients, taking histories, performing examinations and making recommendations. The Tribunal acknowledged that both Dr Surdhar and Dr B's evidence made clear that he was not formally taking part in clinical management decisions, he was however involved in discussions regarding what would be the appropriate courses of action to take in relation to patients.

The lapse of time since erasure

63. The Tribunal noted that it has been 10 years since the initial determination to erase Dr Surdhar from the Medical Register. However, because Dr Surdhar was found to be dishonest again in 2023, the Tribunal found that the lapse of time does play a part and that not much weight could be attributed to any insight or remediation Dr Surdhar had said he had developed in the period between the initial finding of dishonesty and the further findings of dishonesty in 2023. The Tribunal only looked at the development of insight since 2023 to account for the relevant timeframe since the last Tribunal's determination.

64. In considering the above factors, the Tribunal determined that Dr Surdhar had demonstrated insight and had remediated as far as he possibly could in the absence of any evidence that his probity had been tested. Dr Surdhar had also demonstrated that he had taken all possible steps, by working as a GP Assistant, to keep his knowledge and skills up to date.

Will restoration achieve public protection?

65. Having made the above findings as to whether Dr Surdhar is fit to practise, the Tribunal balanced its findings about the doctor's fitness to practise against whether restoration will achieve public protection by carefully considering each limb of the overarching objective:

- 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.

<u>To protect, promote and maintain the health, safety and well-being of the public</u>

66. The Tribunal reviewed the evidence presented to them, in particular Dr B's witness evidence on Dr Surdhar's progress as a GP Assistant, and Dr Surdhar's patient log. The Tribunal determined that it was apparent that Dr Surdhar's clinical skills and knowledge had been kept up to date, accordingly patient safety was not an issue.

<u>To promote and maintain public confidence in the profession</u>

67. The Tribunal found that there were no examples from Dr Surdhar of whether he had been challenged with any issues of probity since 2023 and acknowledged that, in a professional environment working as a supervised GP Assistant it was unlikely that any matters would have arisen for this to be tested. The Tribunal considered what the likely view

of an ordinary, well-informed member of the public would be on the case. The Tribunal noted that a member of the public would see that Dr Surdhar has been working in a patient-facing role without issue in a medical practice, albeit in a less responsible role. The Tribunal found that it was more likely than not that the public would give Dr Surdhar credit for his reflections and insight despite the repeated dishonesty, given that no dishonesty had been repeated over the last three and a half years. The Tribunal found that the public would have more confidence due to the steps taken to understand his triggers to better avoid them.

68. The Tribunal placed weight on the evidence of Dr B who when asked directly if there had ever been any probity issues for Dr Surdhar the answer was 'no, never'. The Tribunal found this to be a strong response.

69. The Tribunal reminded themselves that both previous Tribunals determined that Dr Surdhar did not have deep seated attitudinal issues and his conduct was not irremediable.

70. The Tribunal found that it is more likely than not that an ordinary, well-informed member of the public that was aware of the facts of the case would be satisfied by the steps taken by Dr Surdhar and therefore would not have concerns about him returning to practise.

To promote and maintain proper professional standards and conduct for members of the profession.

71. The Tribunal found that much of the reasoning attributable to the public confidence limb of the overarching objective can also be applied when considering the promotion and maintenance of proper professional standards and conduct. The Tribunal found that other medical professionals, looking at Dr Surdhar's conduct since 2023 and the work done as a GP Assistant, would be satisfied that Dr Surdhar could return to practise.

Risk of repetition

72. The Tribunal found that the risk of repetition of Dr Surdhar's misconduct was low but acknowledge that it can never be said there is ever a 'zero' risk of repetition. However, the Tribunal considered that it was important for Dr Surdhar to continue with his reflective practices using his personal Ethics Charter.

73. The Tribunal considered that Dr Surdhar cannot realistically do anything further in terms of demonstrating insight and remediation. The Tribunal acknowledge that dishonesty is one of the hardest forms of misconduct to remediate but consider that Dr Surdhar has done all he can. The Tribunal note that restoration to the Medical Register would result in Dr

Surdhar only being able to work in an Approved Practice Setting which will provide supervision and appraisal. The Tribunal considered that any residual concern from the public about Dr Surdhar returning to practise is balanced by the element of protection that arises from Dr Surdhar working in an Approved Practice Setting. The Tribunal noted paragraph F5 of the guidance relating to an Approved Practice Setting states:

> *F5 Connection to a designated body means the doctor:*
>
> - *is supported with appraisal and revalidation*
> - *is supported with training and continuing professional development (CPD)*
> - *is monitored and supported in delivering quality care*
> - *either has a Responsible Officer or a Suitable Person with both being responsible for making revalidation recommendations to the GMC. While only Responsible Officers have a statutory responsibility to report any fitness to practise concerns to the GMC, a Suitable Person will monitor any concerns which might arise about the doctor's practice. The Suitable Person will also keep records of evaluations of the doctor's fitness to practise, including annual appraisals and any other investigations or assessments.*

74. The Tribunal found that Dr Surdhar recognises that he would only want to work in a group setting where there are checks and balances which goes to his credit in that he wants to work in a more collaborative environment.

75.In conclusion, the Tribunal determined to direct that Dr Surdhar's name be restored to the medical register.

ANNEX A – 16/10/2026

Application to admit further evidence

76. This determination was handed down in public. However, 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.

Submissions

On behalf of Dr Surdhar

77. Mr Mahmood provided a skeleton argument to the Tribunal which he referred to throughout his oral submissions on the application to admit further witness evidence into the proceedings.

78. Mr Mahmood submitted that because of pre-existing overseas professional commitments, Dr C is unable to attend the restoration hearing to give oral evidence which is the reason this application to admit her witness statement into evidence is being made.

79. Mr Mahmood referred to the admissibility test and submitted that the witness statement is clearly relevant as it discusses from a professional witness perspective the issue of coaching, mentoring, insight and remediation. Mr Mahmood noted that the GMC do not challenge the submission that the evidence is relevant.

80. Mr Mahmood referred to relevant points from *Thorneycroft v NMC [2014] EWHC 1565 (Admin)* on the issue of fairness. Mr Mahmood submitted that the admission of the statement of an absent witness should not be regarded as routine and that the Rules require the Tribunal to consider the issue of fairness before admitting the evidence. Mr Mahmood submitted that the absence of the witness can be reflected in the weight to be attached to their evidence. This is a factor to weigh in the balance but would not always be sufficient answer to the objection of admissibility. He submitted this does not apply in this case as the witness evidence is being used to substantiate the issue of insight rather than to prove or disprove an allegation. Mr Mahmood further submitted that the absence of a good reason does not automatically result in the exclusion of the evidence and it is not the case that the witness evidence is sole or decisive for these proceedings.

81. Mr Mahmood stated that Dr C, a professional witness, is unable to attend due to a pre-existing work commitment in XXX without access to the internet during the period that the Tribunal are scheduled to sit. He submitted that in terms of prejudice, Dr C has produced a short statement setting out the coaching sessions with Dr Surdhar and has answered a number of questions raised by the GMC and has clarified her evidence. Mr Mahmood submitted that Dr Surdhar's evidence is available to the Tribunal and he is available for any questions the Tribunal may have regarding the coaching sessions.

82. For these reasons Mr Mahmood submitted that the Tribunal should admit the evidence of Dr C into the proceedings.

On behalf of the GMC

83. Mr Donoghue reminded the Tribunal that he had provided a skeleton response argument to Mr Mahmood's written submissions and made references to this throughout his oral submissions.

84. Mr Donoghue submitted that the GMC maintains a neutral position on the application to admit Dr C's evidence into proceedings but referred to some considerations within his skeleton argument relating to the issue of fairness as set out in *Thorneycroft.* He invited the Tribunal to balance the reason provided for Dr C's non-attendance being an overseas professional commitment, against the fact the hearing was listed some time ago. Mr Donoghue further submitted that the GMC were notified in April 2026 of Dr Surdhar's intention to rely upon Dr C as a witness.

85. Secondly, Mr Donoghue submitted there are potential difficulties that arise from being unable to clarify certain matters with this witness. He stated that the GMC had sought clarification on the format and timing of the ten intensive coaching sessions referred to by Dr C in her report dated 3 August 2026. Mr Donoghue suggested the explanation given seemed to be that there was only one intensive coaching session with a further eight shorter sessions that included both email and telephone discussions. Mr Donoghue submitted there is a residual lack of clarity as to exactly what format these sessions have taken, what was discussed and how they took place. Mr Donoghue acknowledged that Dr Surdhar could assist with those questions when giving his evidence.

86. Mr Donoghue submitted that it has not been possible for the Tribunal to ask any questions of Dr C. He stated that the Tribunal should consider if there are matters that had not been addressed.

The Tribunal's approach

87. In considering the application the Tribunal reminded itself that it should be aware that the provisions of Rule 34(1) of the Rules say that the Tribunal may admit evidence it considers fair and relevant to the case before it, whether or not such evidence would be admissible in a court of law. This includes hearsay evidence.

88. The Tribunal should analyse the weight of evidence when determining whether to admit it into proceedings, and should adopt a careful balancing exercise when considering evidence, especially key evidence for a particular matter. The Tribunal reminded itself of the principles of admissibility and weight of evidence to be considered, as set out in relevant case law, namely:

- *Ogbonna v NMC* [2010] EWCA Civ 1216
- *R. (on application of Bonhoeffer) v GMC* [2011] EWHC 1585 (Admin)
- *Thorneycroft v NMC* [2014] EWHC 1565 (Admin)
- *R (Husband) v General Dental Council* [2019] EWHC 2210 (Admin)
- *El Karout v. Nursing and Midwifery Council (NMC)* [2019] EWHC 28 (Admin)

89. The Tribunal should bear in mind when considering whether to admit evidence that the test is the requirement of fairness which may include factors such as the relevance of the evidence, conflicts of factual evidence and the impact the evidence would have on the doctor's career. The Tribunal noted that the case law sets out that the Tribunal should consider the issue of fairness before admitting the evidence. The absence of a witness can be reflected in the weight attached to the evidence but will not always be a sufficient answer to any objection to admissibility.

90. The Tribunal noted another important factor to consider is the existence or otherwise of a good and cogent reason for non-attendance of the witness. However, the Tribunal noted the absence of a good reason does not automatically exclude the evidence.

91. The Tribunal noted that where the relevant evidence is the sole or decisive evidence, a careful assessment is required by the Tribunal weighing up the competing factors. The Tribunal must be satisfied the evidence is reliable or alternatively there would be some means of testing its reliability.

92. The Tribunal should consider whether Dr C's evidence is sole and decisive in supporting Dr Surdhar's restoration application. The Tribunal noted that hearsay evidence is more likely to be admissible when supported by other pieces of primary evidence. The

Tribunal will consider the nature and extent of the challenge to the contents of the statements put forward by the GMC as set out in Mr Donoghue's submissions.

93. The Tribunal noted it is considering this application as a preliminary matter and has not at this stage been seized of the full facts in the proceedings. The Tribunal reminded itself of the principles in *Ward v Nursing and Midwifery Council* [2014] EWHC 1158 (Admin) that the weight to any hearsay evidence would need to be considered in the light of all the evidence presented. The Tribunal will be provided direction in relation to the consideration of any weight to be given to the evidence of Dr C if admitted at the relevant point of the proceedings. The Tribunal noted that it is for itself to determine whether it is fair to admit the evidence of Dr C.

The Tribunal's decision

94. The Tribunal found that Dr C's evidence is relevant to the proceedings as she gives evidence in relation to the mentoring and coaching she provided to Dr Surdhar to assist him in developing his insight throughout the time of his erasure.

95. The Tribunal considered that it would be fair to admit Dr C's evidence on the basis that it is not the sole or decisive piece of evidence that goes to Dr Surdhar's insight and remediation. The Tribunal noted that it would hear from Dr Surdhar and Dr C on these matters. The Tribunal also noted that the GMC have had an opportunity to question the evidence of Dr C, albeit that this was limited in nature.

96. The Tribunal found that there would not be prejudice to the parties in admitting Dr C's evidence on the basis that the GMC had had the opportunity to ask some questions of Dr C and it would have the opportunity to cross examine Dr Surdhar in respect of the elements of insight and remediation. The Tribunal noted that it has the discretion to consider the weight of Dr C's evidence after hearing the full weight of the evidence of the restoration application.

97. The Tribunal acknowledged that it is at a slight disadvantage to not be able to ask questions of Dr C and noted that it would have been helpful to proceedings to be able to probe her evidence further. The Tribunal recognised this disadvantage but found that they could deal with the weight to be applied to Dr C's evidence in due course.

98. The Tribunal therefore determined to grant Dr Surdhar's application to admit Dr C's evidence into the restoration proceedings.