PUBLIC RECORD

Dates: 29/06/2026 - 08/07/2026

Doctor:	Dr Kiran BUNDHOO
GMC reference number:	6160847
Primary medical qualification:	MB BS 2007 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Miss Samantha Gray
Lay Tribunal Member:	Mr James Riley
Registrant Tribunal Member:	Dr Richard Vautrey

Tribunal Clerk:	Ms Ciara Fogarty

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Andrew Colman, Counsel, instructed by MDDUS
GMC Representative:	Mr Lewis Kennedy, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on the Facts – 06/07/2026

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

Background

2. Dr Bundhoo qualified in 2007. Prior to the events which are the subject of the hearing, Dr Bundhoo practised as a Consultant Gastroenterologist and General Physician at Luton and Dunstable Hospital, Bedfordshire Hospitals NHS Trust. At the time of the events, Dr Bundhoo was practising as a Fellow of the Royal College of Physicians (FRCP) and served as Speciality Trainee Department Lead.

3. The allegations that have led to Dr Bundhoo's hearing relate to his misconduct. It is alleged by the General Medical Council (GMC) that Dr Bundhoo behaved in a manner towards Ms A which caused her to fear for her safety and/or feel intimated, including breaching bail conditions not to contact her. It is alleged that Dr Bundhoo's conduct towards Ms A amounted to harassment.

The Outcome of Applications made during the Facts Stage

4. The Tribunal granted Dr Bundhoo's application, made pursuant to Rule 34(1) of the Rules, for a testimonial bundle to be admitted. The Tribunal's full decision on the application is included at Annex A.

5. The Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the Rules, for the anonymisation of witnesses. The Tribunal's full decision on the application is included at Annex B.

6. The Tribunal granted Dr Bundhoo's application, made pursuant to Rule 34(1) of the Rules, for a drawing from Dr Bundhoo to be admitted. The Tribunal's full decision on the application is included at Annex C.

7. The Tribunal further granted the GMC's application, made pursuant to Rule 34(1) of the Rules, for an email relating to a workplace investigation and disciplinary proceedings in relation to Dr Bundhoo, to be admitted. The Tribunal's full decision on the application is included at Annex D.

The Allegation and the Doctor's Response

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

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

1. On 26 February 2024 you made Ms A fear for her safety and/or feel intimidated in that you, on one or more occasion:

    a. used a light pressure punch to Ms A's face; ***To be determined***

    b. moved your hand in a stabbing motion towards Ms A whilst holding a knife. ***To be determined***

2. Between 5- 28 March 2024, you sent seven WhatsApp messages to Ms A whilst subject to police bail conditions stating you must not contact her. ***Admitted and found proved***

3. On 28 March 2024, whilst subject to police bail conditions stating you must not attend Person A's address, you:

a. parked your vehicle close to Person A's address between approximately 11:30am until 9.30pm; ***Admitted and found proved***

b. went to the front door of Person A's address at around 9.30pm. ***Admitted and found proved***

4. Your conduct as set out at paragraphs 1- 3 above amounted to harassment as defined by the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment. ***Admitted and found proved in relation to paragraphs 2, 3(a) and 3(b). To be determined in relation to paragraph 1.***

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

The Admitted Facts

9. At the outset of these proceedings, through his Counsel, Mr Andrew Colman, Dr Bundhoo 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 Bundhoo's response to the Allegation made against him the Tribunal is required to determine whether Dr Bundhoo on 26 February 2024 made Ms A fear for her safety and/or feel intimidated by using a light pressure punch to Ms A's face and moved his hand in a stabbing motion towards Ms A whilst holding a knife.

Witness Evidence

11. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Ms A, via video link and witness statements dated 21 February 2025 and 9 May 2025.

12. Dr Bundhoo provided his own witness statement and also gave oral evidence at the hearing.

Documentary Evidence

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

- Police bodycam footage
- Police Case Summary
- Police Witness Statement of Ms A dated 27 February 2024
- Text messages to Ms A from the police 28 February 2024
- WhatsApp messages from Ms A and Dr Bundhoo dated 5-28 March 2024
- Transcript of Dr Bundhoo's police interview dated 27 February 2024
- Email from Police confirming the bail conditions imposed and dates dated 23 January 2026
- Dr Bundhoo CV
- CPD Certificates dated various 2024 -2026

The Tribunal's Approach

14. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

15. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

16. The Tribunal was advised to consider the evidence as a whole, including agreed facts, documentary evidence and oral testimony. It was advised to subject the oral evidence to

careful scrutiny against the contemporaneous documents and any agreed evidence before reaching conclusions as to reliability and credibility. The Tribunal was advised that it was a matter for it to determine the weight to attach to the evidence.

17. The Tribunal was advised that Dr Bundhoo's denial of the allegations could not be held against him and that the Tribunal's role was to assess whether those denials were supported or undermined by the evidence. It was advised that witness credibility should not be assessed solely by demeanour, but rather by considering the consistency of the evidence with objective facts and the evidence overall. The Tribunal was reminded that credibility could be divisible and that it was open to accept some parts of a witness's evidence whilst rejecting others.

18. The Tribunal was advised to bear in mind the effect which the passage of time may have had upon witnesses' recollections. It was advised that honest witnesses may be mistaken and that mistakes in one respect did not necessarily render the entirety of a witness's evidence unreliable.

19. The Tribunal was advised that it was entitled to draw reasonable inferences from evidence which it accepted as reliable, but that it must not speculate. It was further advised that fairness required the Tribunal to explain adequately any adverse credibility findings it made against Dr Bundhoo, including reasons why evidence had been rejected where appropriate.

20. The Tribunal was advised to take into account evidence relating to Dr Bundhoo's character, including his cooperation with the investigation and the testimonial evidence provided on his behalf. It was advised that evidence of good character could be relevant in two respects: firstly, as supporting credibility, and secondly, as relevant to propensity. The Tribunal was advised, however, that good character was not a defence to the allegations and that the weight to be attached to such evidence was a matter for the Tribunal. The Tribunal was reminded that it had also been made aware of separate workplace disciplinary findings concerning Dr Bundhoo, which it was entitled to take into account when assessing character evidence.

21. The Tribunal was advised of the case of *Donkin v The Law Society [2007] EWHC 414 (Admin)* and *Wesson v Health Professions Council [2004] EWHC 2880 (Admin),* namely that evidence of good character may properly be considered prior to sanction where credibility is in issue and may be distinguished from matters going solely to mitigation.

22. In relation to the allegation of harassment, the Tribunal was advised regarding the provisions of section 1(1) of the Protection from Harassment Act 1997, namely that a person must not pursue a course of conduct which amounts to harassment of another and which they know, or ought to know, amounts to harassment. The Tribunal was advised that harassment was not exhaustively defined within the legislation but included conduct causing alarm or distress. It was advised that harassment should be understood in its ordinary sense as conduct which is oppressive and unreasonable and which goes beyond mere irritation or upset.

23. The Tribunal was advised that harassment requires a "course of conduct", meaning conduct occurring on at least two occasions, and that the cumulative effect of conduct was important when determining whether the statutory threshold had been met. It was advised that not every course of conduct causing distress would amount to harassment and that a balancing exercise was required.

24. The Tribunal was advised to apply an objective test when assessing harassment, namely whether a reasonable person in Ms A's position would have felt harassed by the conduct alleged and whether a reasonable person in Dr Bundhoo's position would have appreciated that the conduct was unacceptable. The Tribunal was advised that subjective feelings alone were insufficient and that the conduct must be capable of causing alarm or distress to a person of ordinary robustness. The Tribunal was advised of the case of *Hayden v Dickinson [2020] EWHC 3291 (QB),* in which the Court emphasised the importance of considering the cumulative and oppressive nature of the conduct alleged when determining whether harassment had occurred.

The Tribunal's Analysis of the Evidence and Findings

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

26. The Tribunal commenced their deliberations considering the good character evidence contained within the testimonial bundle provided by Dr Bundhoo, together with the email provided by the GMC in relation to a workplace investigation and finding. The Tribunal noted that the testimonials provided a great deal of information relating to Dr Bundhoo's character in a workplace and personal relationship environment. However, the testimonials were not able to expand on Dr Bundhoo's character in the context of XXX. The Tribunal considered that on the basis that these allegations related to XXX, very little weight, if any, could be

attributed to these at this stage of proceedings to assist in determining Dr Bundhoo's credibility or propensity to act in the ways alleged.

Paragraph 1(a)

27. The Tribunal considered the oral and documentary evidence of both Dr Bundhoo and Ms A, together with the police body worn footage. It noted that the police footage was the only independent third-party evidence available in relation to the events of that evening. The Tribunal attached significant weight to the police footage and the contemporaneous account recorded by the attending officers.

28. The Tribunal accepted that, on the evidence of both Ms A and Dr Bundhoo, it appeared that XXX at the time of the incident and that there had been XXX discussions between the parties concerning XXX in the days before. The Tribunal accepted that the household was unhappy. The Tribunal also noted the oral evidence of Ms A who confirmed that prior to the alleged events on 26 February 2024 there was XXX.

29. The Tribunal noted that there appeared to be some consistency between the evidence of Ms A and Dr Bundhoo regarding the chronology of events during the evening on 26 February 2024. XXX

30. The Tribunal noted that in respect of Allegation 1(a), the police officers attending the property on 26 February 2024, after speaking to Ms A regarding the incident noted that there had been no physical contact between Ms A and Dr Bundhoo, although it was alleged that Dr Bundhoo had made punching motions towards Ms A. The Tribunal considered that this evidence was the most contemporaneous account of the events and therefore attached significant weight to the same.

31. The Tribunal noted that Ms A's account in respect of the allegation of punching had developed over time. The Tribunal did not criticise Ms A for this as it appreciated that as matters progress and other agencies become involved, language used to describe events would naturally evolve. However, it did consider it relevant to consider the particular differences in accounts given. The initial verbal account Ms A gave to the police suggested that there was no contact from the alleged punching motion. Her subsequent statement to the police stated that "*Then suddenly Kiran came up to me. His right had was clenched in a fist and he punched me on the left cheek three times. It was very gentle... then punched me*

again three more times with the same amount of gentle force". Thereafter in her first statement to the GMC she describes the incident as follows:

"... Dr Bundhoo came and punched my face 3 times, it was a light pressure punch, he was extremely intimidating and this was certainly not a 'play fight' ... he did not reply but repeated 3 further light-pressure punches on my face, again in a very menacing and frightening manner."

32. The Tribunal considered that the description of light pressure punches sat uneasily with the ordinary meaning of a punch as a forceful hit. The Tribunal considered it difficult to reconcile an allegation of angry punching behaviour with an account of only gentle or light pressure contact.

33. The Tribunal noted that it was Dr Bundhoo's evidence that the allegation regarding a punching motion being made was denied in its entirety. It was his evidence that he was actively involved in attending to XXX. The Tribunal was cognisant of both the evidence of Ms A and Dr Bundhoo where they each described XXX. It was Dr Bundhoo's evidence that as he was taking the lead on XXX. Taking into account the evidence that both Ms A and Dr Bundhoo had given regarding XXX the Tribunal considered that it was highly likely that Dr Bundhoo's full attention at the relevant time was on XXX.

34. The Tribunal had difficulty in reconciling a scenario where Dr Bundhoo's focus was concentrating on XXX, and then as recounted by Ms A "*out of the blue"* proceeded to punch her in a *"very menacing and frightening manner"* where "*nothing had prompted*" such action.

35. The Tribunal considered it plausible that some form of movement or gesture may have occurred during a discussion which Ms A genuinely interpreted as aggressive or threatening. The Tribunal accepted that Ms A may have experienced a heightened sense of distress and animosity on the evening in question because of the conversations they had been having about XXX over the preceding days. However, the Tribunal was unable to conclude on the balance of probabilities that Dr Bundhoo punched Ms A as alleged.

36. The Tribunal found Dr Bundhoo's account that nothing exceptional occurred during the discussion to be the more plausible explanation when considered alongside the contemporaneous police evidence and the absence of any clear evidence of physical violence. The Tribunal also took into account that the police officers recorded no evidence of violence, struggle or injury.

37. Accordingly, the Tribunal determined that paragraph 1(a) was not proved.

Paragraph 1(b)

38. The Tribunal considered paragraph 1(b) of the Allegation, namely whether, on 26 February 2024, Dr Bundhoo moved his hand in a stabbing motion towards Ms A whilst holding a knife, causing her to fear for her safety and/or feel intimidated.

39. The Tribunal accepted that there was a knife present on the XXX floor XXX and noted that both parties agreed as to its presence.

40. The Tribunal took into account the evidence of both Ms A and Dr Bundhoo who each stated that after XXX that evening, they had both entered, exited and re-entered XXX on at least two occasions. It was only when Ms A was XXX was the knife noticed on the floor. The Tribunal noted the evidence of each party as to the positioning of the knife and concluded that it was highly unlikely that the knife was situated on the floor throughout the course of the evening as it was more than likely it would have been spotted by at least one of them earlier. The Tribunal noted that neither party alleged that the knife had deliberately been placed there by the other, but each did acknowledge that it was unlikely that XXX.

41. In the absence of any evidence as to how the knife became situated upon the XXX floor the Tribunal did not wish to speculate or infer how it arrived in XXX. However, it noted that there may be plausible and innocuous explanations as to how the knife became present in the room such as XXX.

42. The Tribunal also took into account the context of the evening. It noted that neither Ms A or Dr Bundhoo had given any evidence to suggest that XXX. The Tribunal did note that in her oral evidence Ms A stated that in the period between XXX and the discovery of the knife on the XXX floor she had called XXX to tell him about the alleged punching incident. However, the Tribunal noted that there was no mention of this in any of Ms A's previous evidence to either the police or the GMC and there was no evidence to corroborate this.

43. The Tribunal carefully considered the differing accounts given by the parties regarding the knife. The Tribunal noted that Dr Bundhoo accepted picking up the knife and moving it and suggested it was dangerous for it be lying on the floor as it could XXX, but denied making any stabbing motion towards Ms A. Dr Bundhoo's evidence was that he turned the blade upwards and removed the knife because he was concerned that XXX. Whereas Ms A's

evidence was that the comment regarding the knife being dangerous if XXX. She also stated that:

"*Dr Bundhoo then changed his grip to hold the knife in a stabbing position. He came towards me holding the knife up in a stabbing posture and motioned his hand in a stabbing stance with an 'uhh' guttural sound...".*

44. In her oral evidence Ms A further stated that the stabbing motion was made to her throat. However, the Tribunal noted that Ms A had not previously stated in her evidence that piece of information.

45. The Tribunal considered that there was a material distinction between waving or moving a knife whilst handling it and deliberately making a stabbing motion towards another person. The Tribunal noted that the contemporaneous police body camera evidence referred to the knife having been waved around, rather than any direct stabbing action. The Tribunal considered that distinction to be significant.

46. The Tribunal accepted that it was apparent from both the evidence of Ms A and Dr Bundhoo that a conversation occurred between them regarding how dangerous the knife being on the XXX floor was at a point in time when Dr Bundhoo had the knife in his hand. It considered that Ms A may have genuinely interpreted Dr Bundhoo's actions as threatening and intimidating. However, the Tribunal considered it reasonably possible that Dr Bundhoo's actions in handling or moving the knife had been misinterpreted in the heightened emotional circumstances of the evening.

47. The Tribunal found Dr Bundhoo's explanation regarding his concern for the safety of XXX and his account of removing the knife from XXX to be plausible. The Tribunal was unable to conclude, on the balance of probabilities, that Dr Bundhoo moved the knife towards Ms A in a stabbing motion as alleged.

48. Accordingly, the Tribunal determined that paragraph 1(b) was not proved.

49. In light of its findings that paragraphs 1(a) and 1(b) were not proved, the Tribunal determined that it was unnecessary to go on to consider paragraph 4 insofar as it related to paragraph 1 of the Allegation. Accordingly, the Tribunal made no finding in relation to paragraph 4 as it related to paragraph 1.

The Tribunal's Overall Determination on the Facts

50. The Tribunal has determined the facts as follows:

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

1. On 26 February 2024 you made Ms A fear for her safety and/or feel intimidated in that you, on one or more occasion:

a. used a light pressure punch to Ms A's face; ***Not proved***

b. moved your hand in a stabbing motion towards Ms A whilst holding a knife. ***Not proved***

2. Between 5- 28 March 2024, you sent seven WhatsApp messages to Ms A whilst subject to police bail conditions stating you must not contact her. ***Admitted and found proved***

3. On 28 March 2024, whilst subject to police bail conditions stating you must not attend Person A's address, you:

c. parked your vehicle close to Person A's address between approximately 11:30am until 9.30pm; ***Admitted and found proved***

d. went to the front door of Person A's address at around 9.30pm. ***Admitted and found proved***

4. Your conduct as set out at paragraphs 1- 3 above amounted to harassment as defined by the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment. ***Admitted and found proved in relation to paragraphs 2, 3(a) and 3(b). Not proved in relation to paragraph 1.***

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

Determination on Impairment – 08/07/2026

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

The Evidence

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

3. Dr Bundhoo provided a stage two bundle enclosing:

- CPD certificate - Reflection in practice dated 18 December 2025
- Kiran Bundhoo DISC Report dated 5 May 2026
- CPD certificate – DISC dated 15 May 2026
- Stalking Harassment Course-V1 dated 23 January 2026
- Stalking Harassment Course Reflection-V1 dated 23 January 2026
- XXX
- XXX

Submissions

4. On behalf of the GMC, Mr Kennedy, Counsel, submitted that the Tribunal should adopt the two-stage approach to impairment, namely first considering whether the facts found proved amounted to misconduct, and secondly whether that misconduct currently impaired Dr Bundhoo's fitness to practise. He submitted that misconduct was not defined in the Medical Act 1983 but referred to the established definition that misconduct involves an act or omission which falls short of what would be proper in the circumstances. He submitted that the relevant issue for the Tribunal was not whether Dr Bundhoo had breached the criminal law per se, but whether the proven conduct, namely breaches of police bail conditions amounting to harassment under the Protection from Harassment Act 1997, required regulatory action.

5. Mr Kennedy submitted that the purpose of the proceedings was the protection of the public, the maintenance of confidence in the profession and proper professional standards. He submitted that the Tribunal should consider whether Dr Bundhoo had brought the profession into disrepute by reason of sufficiently serious misconduct, such that a finding of current impairment was required on public interest grounds.

6. In addressing seriousness, Mr Kennedy referred the Tribunal to the MPTS Guidance on impairment and seriousness. He submitted that Dr Bundhoo had no previous fitness to practise history with the GMC, nor was he subject to any current interim restrictions. He submitted that, when the allegations first arose, workplace measures had been implemented requiring Dr Bundhoo to be fully chaperoned in all aspects of his clinical work, but that Dr Bundhoo remained in full-time practice as a consultant gastroenterologist undertaking ward work, outpatient clinics and endoscopy procedures.

7. Mr Kennedy submitted that the misconduct occurred entirely outside of Dr Bundhoo's professional role. He referred the Tribunal to the Guidance for MPTS Tribunals, published in 2025 ("the Guidance"), which provides that incidents of violent or abusive behaviour limited in nature, occurring outside a doctor's professional role and causing no significant physical, emotional or psychological harm, may fall at the lower end of the spectrum of seriousness. He acknowledged, however, that harassment was likely to have caused emotional harm to Ms A and that conduct amounting to harassment increased seriousness. He submitted that, whilst the conduct should not be regarded as being at the lower end of seriousness, neither did it necessarily fall at the highest end of the spectrum, given that there had been no physical harm, no abusive or threatening messages, and the conduct related to concerns surrounding XXX. He submitted that the case was appropriately categorised within the mid-range of seriousness.

8. Mr Kennedy further submitted that the misconduct involved repeated conduct over a relatively short period of approximately one month, namely seven WhatsApp messages, parking near the address and attending at the property. He accepted that repetition was capable of increasing seriousness and risk. However, he submitted that the behaviour had not continued beyond March 2024 and had not persisted over a prolonged period. He therefore maintained that the overall level of seriousness remained within the mid-range.

9. In relation to context, Mr Kennedy submitted that there was no relevant working environment context, as the conduct occurred wholly outside the clinical setting. He acknowledged there was relevant personal context concerning XXX. He submitted that these stressors were likely to have had some impact on Dr Bundhoo's behaviour. He noted Dr Bundhoo's explanation that he breached the bail conditions out of concern for XXX but submitted that lawful alternatives had been available to him which he should instead have pursued. Mr Kennedy submitted that XXX concerns remained ongoing and therefore there remained some risk that similar behaviour could recur in comparable circumstances.

10. In relation to insight and remediation, Mr Kennedy submitted that the onus rested upon Dr Bundhoo to demonstrate insight into his misconduct and the steps taken to remediate it. He referred the Tribunal to Dr Bundhoo's witness statement dated 21 April, in particular the paragraphs acknowledging the distress caused to Ms A, expressing remorse and apologising for his actions. He submitted that Dr Bundhoo had demonstrated empathy, accepted wrongdoing at an early stage and cooperated with the GMC investigation. He further submitted that Dr Bundhoo had undertaken relevant courses concerning harassment and XXX and that there were no concerns regarding his clinical knowledge or skills.

11. Mr Kennedy reminded the Tribunal that there was no burden or standard of proof at the impairment stage and that impairment was a matter for the Tribunal's own professional judgment. He referred the Tribunal to the approach set out in *Grant* and the questions derived from the Fifth Shipman Report, including consideration of insight, remediation, remorse, risk of repetition and whether public confidence in the profession would be undermined in the absence of a finding of impairment.

12. Mr Kennedy submitted that all three limbs of the overarching objective were engaged. He submitted that the public must be able to maintain confidence that medical professionals would not engage in conduct amounting to harassment. He submitted that Dr Bundhoo's misconduct, involving repeated breaches of police bail conditions and conduct amounting to harassment, seriously undermined public trust and confidence in the profession and demonstrated a failure to maintain proper professional standards and conduct. He submitted that public confidence would be undermined if a doctor who had engaged in such misconduct were found not impaired and permitted to practise without restriction.

13. Accordingly, Mr Kennedy invited the Tribunal to find that Dr Bundhoo's fitness to practise was currently impaired by reason of misconduct.

14. On behalf of Dr Bundhoo, Mr Colman submitted that, just as the Tribunal had determined that Ms A may have interpreted certain actions or movements of Dr Bundhoo in a way in which they were never intended, the same logic should equally apply to the conduct admitted at paragraphs 2 and 3 of the Allegation. He submitted that, whilst Dr Bundhoo accepted that his actions inadvertently amounted to harassment within the meaning of the Protection from Harassment Act 1997, he maintained that he had never intended to harass or intimidate Ms A.

15. Mr Colman submitted that the Tribunal must first determine whether the proved conduct amounted to misconduct, which remained a matter for the Tribunal's own judgment. He submitted that the conduct fell at the lower end of the spectrum of harassment and was far removed from the type of serious XXX involving physicality, intimidation or threats. He noted that Dr Bundhoo had never been charged with any offence of violence.

16. Mr Colman submitted that the WhatsApp messages sent by Dr Bundhoo were anxious expressions of XXX concern following XXX. He referred to the missed video call received from Ms A's mobile telephone late at night and submitted that Dr Bundhoo had no reason to believe this could have been an accidental call XXX and had merely questioned it. He further submitted that Dr Bundhoo parking approximately 50 metres from the property had been ill-considered but was not, of itself, a breach of bail. In relation to the food left at the property, he submitted that this had been intended to XXX, that Dr Bundhoo had made no attempt to enter the house and had not returned thereafter. Nonetheless, Mr Colman acknowledged that Dr Bundhoo accepted that breaching bail conditions by sending the messages and entering the boundaries of the XXX home, thereby unintentionally committing harassment, was conduct capable of amounting to misconduct.

17. In relation to insight and remediation, Mr Colman submitted that, although Dr Bundhoo had been precluded from contacting Ms A directly, he had apologised for the distress caused to her and had demonstrated considerable insight into both the impact of his behaviour upon Ms A and the wider public interest considerations engaged. He submitted that Dr Bundhoo had used his remorse and insight to motivate meaningful learning from the events. He referred the Tribunal to the reflective pieces completed by Dr Bundhoo following relevant CPD courses relating to harassment and XXX, submitting that these demonstrated embedded learning and genuine reflection. In particular, he referred to Dr Bundhoo's written reflection that the courses had "*challenged many of my initial assumptions and thoughts*" and had significantly increased his appreciation of the impact harassment may have upon others, resulting in him becoming "*far more mindful*" of how his actions may be perceived and the possible consequences of his behaviour.

18. Mr Colman further referred the Tribunal to the good character evidence previously submitted on Dr Bundhoo's behalf, together with the DISC personality analysis which categorised Dr Bundhoo primarily as a peacemaker. He submitted that there had been no repetition of the behaviour in the period of more than two years since the events and that there was no likelihood of repetition in the future.

19. In relation to impairment, Mr Colman submitted that there was no basis for a finding of impairment on public protection grounds. He submitted that there had never been any concerns regarding patient safety, clinical competence or clinical risk. On the contrary, he submitted that the Tribunal had received extensive evidence demonstrating Dr Bundhoo's value as a clinician and his contribution to the health, safety and wellbeing of the public.

20. Mr Colman submitted that Dr Bundhoo had undertaken all remediation that could reasonably have been expected of him and that his reflection and learning were also highly relevant to the wider public interest limb of impairment. He submitted that a reasonable and well-informed member of the public, aware both of the circumstances of the allegations and Dr Bundhoo's extensive remediation and insight, would regard these matters as significantly mitigating the need for regulatory intervention.

21. Mr Colman reminded the Tribunal that the courts had repeatedly recognised that public confidence and professional standards may, in an appropriate case, be sufficiently upheld by a finding of misconduct alone without a consequential finding of impairment. He submitted that such an outcome would not leave the Tribunal powerless to mark the seriousness of the conduct.

22. Accordingly, Mr Colman submitted that the public interest did not require a finding that Dr Bundhoo's fitness to practise was currently impaired and invited the Tribunal to conclude that Dr Bundhoo's fitness to practise was not impaired by reason of misconduct.

The relevant legal principles

23. 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.

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

poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

25. To assess whether Dr Bundhoo 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 Bundhoo and/or their working environment, and
- how Dr Bundhoo has responded to the allegations.

The Tribunal's determination on impairment

Misconduct

Is there a legal basis for considering impairment?

26. The Tribunal first considered whether the facts found proved amounted to misconduct and whether there was a legal basis for considering impairment. The Tribunal had regard to the MPTS Guidance for Tribunals in relation to impairment.

27. The Tribunal determined that the admitted and proved allegations engaged the statutory ground of misconduct. The Tribunal was satisfied that Dr Bundhoo's breaches of police bail conditions, which were found proved and amounted to harassment under the Protection from Harassment Act 1997, represented conduct falling short of the standards expected of a registered medical practitioner. The Tribunal considered that compliance with police bail conditions was a basic expectation and that Dr Bundhoo's actions in breaching those conditions constituted serious misconduct.

28. Accordingly, the Tribunal concluded that the facts found proved amounted to misconduct and that there was a legal basis for considering whether Dr Bundhoo's fitness to practise was impaired by reason of that misconduct.

Where on the spectrum of seriousness does the allegation lie?

29. The Tribunal next considered where on the spectrum of seriousness the misconduct lay.

30. The Tribunal considered that Dr Bundhoo's failure to comply with police bail conditions was serious. It noted that Dr Bundhoo was on police bail in the context of XXX and that the proven conduct amounted to harassment. The Tribunal considered that such conduct was capable of undermining public confidence in the profession.

31. However, the Tribunal also took into account that the conduct occurred during a defined and limited period, in particular personal circumstances, and wholly outside Dr Bundhoo's professional role. The Tribunal noted that Dr Bundhoo and Ms A XXX and that the conduct had not been repeated since March 2024.

32. The Tribunal considered the nature of the contact. It noted that the WhatsApp messages did not contain threats, abusive language or overtly intimidating content and indeed, some of these were as a result of receiving a video call from Ms A's phone at a time when he knew XXX. Furthermore, the Tribunal accepted that the leaving of XXX foods on the doorstep was done out of concern for XXX and was not intended to harass. The Tribunal accepted that Dr Bundhoo's contact could be understood as arising from concern for XXX, albeit that his actions were misguided and the direct and indirect contact were a breach of the bail conditions. The Tribunal also accepted that parking his car near the property was not a breach of bail but was ill-judged. The Tribunal determined that Dr Bundhoo did not act maliciously or with an intention to intimidate Ms A.

33. The Tribunal acknowledged that, from Ms A's perspective, the conduct was serious, repeated and had an impact on her wellbeing. However, when considering the incidents objectively, the Tribunal did not find that the conduct caused significant psychological harm. It had set out in its finding on fact that it considered that Ms A's response to incidents had been a result of a heightened sense of distress following XXX. Accordingly, the Tribunal considered that her response to the breach of bail allegations had to be viewed in the context of the difficult circumstances between the parties at the time. For these reasons, the Tribunal considered that the starting point on which to commence its assessment of seriousness was at the low end of the spectrum of seriousness.

34. The Tribunal were cognisant that the seriousness of behaviours should be considered on the basis of a continuous spectrum and therefore reviewed whether there were any features of Dr Bundhoo's conduct which may increase the seriousness of his behaviour. It did not find that Dr Bundhoo's conduct was predatory, malicious or deliberately intimidating. Furthermore, there was no evidence that the conduct was premeditated. The Tribunal also did not consider that the conduct demonstrated reckless disregard for professional standards. It noted that Dr Bundhoo had not sought to conceal his actions, had cooperated

with the GMC investigation, had realised the implications of his behaviour and had not repeated the conduct.

35. Taking all of these matters into account, the Tribunal determined that the misconduct fell at the lower end of the spectrum of seriousness. Its starting point for assessing current and ongoing risk was therefore low.

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

36. The Tribunal determined that there was no relevant working environment context in this case, as the misconduct occurred wholly outside Dr Bundhoo's professional role and there was no evidence that clinical practice, workload or workplace pressures contributed to the conduct.

37. However, the Tribunal accepted that there was significant personal context relevant to the misconduct. XXX. The Tribunal accepted that Dr Bundhoo was experiencing genuine distress and anxiety regarding XXX at the relevant time. In particular, the Tribunal noted Dr Bundhoo's evidence that he was concerned about XXX.

38. The Tribunal considered that this context directly related to, and partially explained, Dr Bundhoo's behaviour at the time. The Tribunal accepted that the misconduct arose from a particular and emotionally charged set of personal circumstances which existed during a limited period between February and March 2024.

39. The Tribunal also took into account that the XXX circumstances had since moved on and that there had been no repetition of the conduct. The Tribunal noted that, following March 2024 and XXX, Dr Bundhoo had not engaged in further inappropriate contact XXX. The Tribunal considered that this was consistent with Dr Bundhoo's evidence that his actions at the time arose from concern for XXX rather than any malicious intent towards Ms A.

40. The Tribunal therefore determined that the personal context in this case was relevant and reduced the level of current and ongoing risk to a limited extent. The Tribunal considered that the misconduct was less likely to be repeated given the specific circumstances in which it arose and the absence of any repetition since March 2024.

How has Dr Bundhoo responded to the allegation?

41. The Tribunal considered the evidence relating to Dr Bundhoo's insight, remediation and the likelihood of repetition. The Tribunal also considered whether Dr Bundhoo had maintained his professional knowledge and skills.

42. The Tribunal determined that Dr Bundhoo had demonstrated genuine insight into his misconduct. It noted that Dr Bundhoo had accepted at an early stage that his actions had been ill-advised and misguided and had acknowledged the impact of his behaviour upon Ms A. The Tribunal was satisfied that Dr Bundhoo had reflected meaningfully upon his actions and the consequences arising from them, both personally and professionally.

43. The Tribunal considered that Dr Bundhoo had undertaken relevant courses relating to XXX and harassment. The Tribunal considered that these courses, together with Dr Bundhoo's written reflections, demonstrated meaningful engagement with the concerns identified in this case. The Tribunal noted that Dr Bundhoo's reflections showed an increased understanding of how behaviour may be perceived by others and the importance of considering the impact of his actions on those around him, including within professional relationships with patients and colleagues.

44. The Tribunal accepted that further courses or learning could potentially have been undertaken. However, the Tribunal considered that Dr Bundhoo had undertaken reasonable and proportionate remediation in response to the misconduct. The Tribunal also considered that Dr Bundhoo had learnt not only from formal remediation but also from the direct experience and consequences of the events themselves.

45. The Tribunal placed significant weight on the fact that the misconduct had not been repeated since March 2024 and prior to and not because of XXX. It considered that Dr Bundhoo had demonstrated changed behaviour over a sustained period. The Tribunal further noted that Dr Bundhoo had cooperated with the GMC investigation, made admissions at an early stage and shown remorse throughout the proceedings.

46. The Tribunal concluded that Dr Bundhoo was well advanced on his journey of insight and remediation and that there was little further that could reasonably be expected of him in the circumstances of this case. The Tribunal therefore determined that Dr Bundhoo's genuine insight, remediation and lack of repetition reduced the level of current and ongoing risk significantly. The Tribunal assessed the remaining risk of repetition as low.

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

47. The Tribunal determined that the risk of repetition in this case was very low. The Tribunal considered that the misconduct arose from a particular set of personal circumstances which no longer existed in the same form, namely XXX. The Tribunal noted that there had been no repetition of the conduct in the more than two years since the incidents occurred.

48. The Tribunal was satisfied that Dr Bundhoo had demonstrated genuine and substantial insight into his misconduct. It accepted that Dr Bundhoo had reflected meaningfully upon the impact of his actions on Ms A and had undertaken appropriate remediation, including relevant educational courses and reflective learning. The Tribunal considered that Dr Bundhoo had done all that could reasonably be expected of him to address the concerns arising in this case.

49. The Tribunal acknowledged that Ms A experienced distress because of the misconduct and accepted that there was evidence of the impact upon her. However, the Tribunal did not consider that Dr Bundhoo currently presented a risk to patients or to patient safety. The misconduct occurred wholly outside the clinical setting and there had never been any concerns raised regarding Dr Bundhoo's clinical competence, professional performance or patient care.

50. The Tribunal recognised the importance of maintaining public confidence in the profession and upholding proper professional standards. It considered carefully whether a finding of impairment was required to mark the seriousness of the misconduct and to maintain confidence in the regulatory process. However, the Tribunal concluded that the misconduct, whilst serious and amounted to a significant departure from expected standards, fell at the lower end of the spectrum of seriousness. The Tribunal further considered that Dr Bundhoo's insight, remediation and the absence of repetition substantially mitigated the level of seriousness and risk of repetition.

51. The Tribunal determined that a reasonable and well-informed member of the public, aware of the full circumstances of the case, including Dr Bundhoo's remediation, insight and subsequent conduct, would not conclude that a finding of impairment remained necessary to maintain confidence in the profession or uphold professional standards.

52. The Tribunal concluded that, considering the particular circumstances of this matter and the significant insight and remediation demonstrated by Dr Bundhoo, he did not pose a current and ongoing risk to public protection requiring restrictive action in response.

53. The Tribunal has therefore determined that Dr Bundhoo's fitness to practise is not impaired by reason of misconduct.

Determination on Warning – 08/07/2026

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. As the Tribunal determined that Dr Bundhoo fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions

3. Mr Kennedy, on behalf of the GMC, submitted that the Tribunal should issue Dr Bundhoo with a warning. He referred the Tribunal to the Section 3, *'Part D: the Warnings section of the Guidance for MPTS Tribunals'*, submitting that a warning is a formal response indicating that a doctor's behaviour represents a significant departure from the professional standards expected and should not be repeated. He submitted that warnings are issued in the interests of maintaining public confidence in the profession and upholding professional standards, highlighting both to the public and the wider profession that certain behaviour is unacceptable and acting as a deterrent.

4. Mr Kennedy submitted that a warning is appropriate where there has been a significant departure from good medical practice which falls just below the threshold for a finding of impairment. He submitted that any warning must be proportionate, transparent and fair, placing the doctor on notice as to the behaviour which must not be repeated and explaining why such behaviour is unacceptable.

5. Mr Kennedy submitted that, where facts have been found proved demonstrating that a doctor's conduct has fallen below the professional standards expected, a warning may be appropriate where the Tribunal determines that the doctor's fitness to practise is not

currently impaired, but that repetition of the same or similar behaviour would be likely to result in a future finding of impairment.

6. Referring to the factors set out in the Guidance, Mr Kennedy submitted that the Tribunal should consider whether the conduct was isolated or repeated, whether there was any relevant fitness to practise history, the likelihood of repetition, and the doctor's level of insight, remorse and remediation. He submitted that the proven conduct comprised nine incidents over a relatively short period of approximately one month. Whilst he accepted that Dr Bundhoo had no previous fitness to practise history, he submitted that XXX and that the Tribunal had previously found that Dr Bundhoo's breaches of police bail conditions, amounting to harassment under the Protection from Harassment Act 1997, fell below the standards expected of a registered medical practitioner.

7. Mr Kennedy submitted that the Tribunal should consider whether its finding of no current impairment clearly demonstrated that no further regulatory action was required, or whether the case was one which fell only just short of a finding of impairment. He submitted that the Tribunal had found the misconduct to be serious, repeated, capable of undermining public confidence in the profession, and to have had an adverse impact on Ms A's wellbeing. He submitted that, were similar conduct to be repeated, it would be likely to result in a finding of impairment. He further submitted that compliance with police bail conditions was a minimum expectation of a registered medical practitioner and that breaches of those conditions affected public confidence in both the profession and the regulatory process.

8. Accordingly, whilst acknowledging the Tribunal's findings regarding Dr Bundhoo's insight, remediation and the low risk of repetition, Mr Kennedy submitted that the case was finely balanced and that the conduct should nevertheless be marked by the imposition of a warning.

9. On behalf of Dr Bundhoo, Mr Colman submitted that a warning was neither necessary nor appropriate in the circumstances of the case. Referring to paragraph 28 of the Guidance, he submitted that each of the relevant factors identified within the Guidance weighed in Dr Bundhoo's favour.

10. Mr Colman submitted that the misconduct was isolated to XXX and had not been repeated. He submitted that the events occurred before XXX had been established and noted that XXX had now been in place for approximately two years. He further submitted that Dr Bundhoo had no relevant fitness to practise history.

11. Mr Colman submitted that the Tribunal had already found the risk of repetition to be very low. He submitted that the testimonial evidence and personality analysis provided further support for the conclusion that the likelihood of repetition was minimal.

12. Mr Colman further submitted that the Tribunal had found that Dr Bundhoo had developed substantial insight, had demonstrated genuine remorse and apologised, and had done all that could reasonably be expected of him to address the concerns arising in the case through remediation.

13. Finally, Mr Colman submitted that the Tribunal had determined that the misconduct fell at the lower end of the spectrum of seriousness. He submitted that the threshold for issuing a warning had therefore not been met and, in all the circumstances, invited the Tribunal to conclude that no warning was required.

The Tribunal's determination on warning

14. The Tribunal has taken account of its earlier conclusions at the facts and impairment stages. It has also taken account of *Part D of Section three: MPT hearings of the Guidance for MPTS Tribunals* as to the purpose of warnings and the factors to be borne in mind when considering whether or not a warning is required.

15. The Tribunal considered whether it was necessary to issue Dr Bundhoo a warning in accordance with Part D of the Guidance. In particular, it took into consideration paragraphs 10, 11, 15 and 28 of The Guidance. The Tribunal bore in mind that a warning may be appropriate where a doctor's conduct represents a significant departure from the standards expected of a doctor, but where the conduct is not so serious as to require restrictions on registration. The Tribunal also took into account the guidance that a warning may be appropriate where the conduct just falls short of impaired fitness to practise, and where it is necessary to mark the conduct in order to maintain public confidence in the profession, and promote and maintain proper professional standards.

16. To decide if a warning is required the Tribunal will first consider if there has been a clear and specific departure from the professional standards. If so, provided the allegation just fell short of the Tribunal finding that the doctor's fitness to practise is impaired, the Tribunal will go on to consider the question that if the behaviour or poor performance was repeated, would it likely result in a finding that the doctor's fitness to practise is impaired? A warning will usually be required if the Tribunal reaches a view that it would.

17. The Tribunal first considered whether there had been a clear and specific departure from the professional standards expected of a registered medical practitioner. The Tribunal determined that there had been such a departure.

18. The Tribunal considered the submissions made by both parties together with the relevant Guidance.

19. The Tribunal had regard to its earlier findings that Dr Bundhoo's misconduct fell at the lower end of the spectrum of seriousness and that the risk of repetition was low, having regard to his insight and remediation. It accepted that the misconduct arose in particular personal circumstances following XXX and that the incidents occurred over a limited period of time.

20. However, the Tribunal considered that the proven misconduct of breaching police bail conditions nevertheless represented a significant departure from the standards expected of a registered medical practitioner. In particular, the Tribunal attached considerable weight to the fact that Dr Bundhoo accepted that he had knowingly breached his police bail conditions. Whilst the Tribunal recognised that Dr Bundhoo may have considered that he had understandable reasons for his actions, he remained subject to those bail conditions and it was a basic expectation that he was required to comply with them.

21. The Tribunal further considered that although the misconduct did not ultimately result in a finding of current impairment, it was satisfied that repetition of the same or similar conduct would be likely to result in a finding of impairment.

22. The Tribunal accepted that Dr Bundhoo's insight, remorse and remediation had substantially reduced the risk of repetition and were the principal factors leading it to conclude that his fitness to practise is not currently impaired. However, those mitigating factors did not negate the seriousness of the underlying misconduct or the significance of the repeated breaches of police bail conditions.

23. The Tribunal concluded that, in order to uphold professional standards and maintain public confidence in the medical profession, the conduct should be marked by a warning. It considered that the proven misconduct constituted a significant departure from professional standards which, whilst falling short of current impairment, required a warning.

Warning

'Dr Kiran Bundhoo

On or around 27 February 2024 Dr Bundhoo was made subject to police bail conditions prohibiting him from contacting a named party either directly or indirectly or attending a specific address ("the Bail Conditions").

Between 5 and 28 March 2024, whilst subject to the Bail Conditions Dr Bundhoo sent seven WhatsApp messages to the individual named in the Bail Conditions. Furthermore, on 28 March 2024, Dr Bundhoo attended the front door of the address cited in the Bail Conditions to leave food items. This conduct amounted to breaches of the Bail Conditions. The impact of these breaches amounted to harassment within the meaning of the Protection from Harassment Act 1997.

This conduct represents a clear and specific departure from the professional standards expected of a doctor. The required standards are set out in Good medical practice and associated guidance.

Whilst this failing in itself is not so serious as to require any restriction on Dr Bundhoo's registration, the circumstances are such that they just fell short of a finding of impaired fitness to practise. If repeated, the conduct would likely result in a conclusion that Dr Bundhoo's fitness to practise is impaired. It risks bringing the profession into disrepute and it must not be repeated. It is necessary in response to issue this formal warning to place Dr Bundhoo on notice about his future conduct.

Dr Bundhoo should at all times adhere to any condition{s) made by any agency; legal, regulatory or otherwise in respect of his conduct with third parties. Any breach of such condition is likely to amount to behaviour representing a clear departure from the professional standards expected of a doctor.

This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.'

24. There is no interim order to revoke.

25. That concludes this case.

ANNEX A – 30/06/2026
Application to admit further evidence

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

2. Following the conclusion of the GMC's witness evidence at the facts stage, Mr Colman, counsel on behalf of Dr Bundhoo, made an application, pursuant to Rule 34(1) of the General Medical Council's (Fitness to Practise) Rules 2004 (the Rules), to admit evidence. This application related to a bundle of testimonials provided on behalf of Dr Bundhoo.

3. The Tribunal was provided a copy of the bundle in order to consider the application and reach its determination.

Submissions

On behalf of Dr Bundhoo

4. Mr Colman submitted that evidence of good character is relevant at stage one in relation to credibility and propensity. He submitted that the Guidance for MPTS Tribunals (2025) ('the Guidance') sets out that:

> *16. Good character is not a defence to the facts alleged. However, the MPT must take good character evidence into account in their assessment of a witness' credibility and propensity, where relevant. The assessment of whether a witness is of good character is made on the balance of probabilities, having considered all available information about the witness' character. The weight to be given to a witness' good character is a matter for the MPT and should be explained in their written determination…*

5. Mr Colman submitted that character evidence is not limited to allegations of dishonesty and that the Guidance is based on well-established authority, as set out in applicable case law. He submitted that apart from the specific allegations of violence, intimidation and aggressive threats to which the character evidence is relevant, Ms A did not shrink from casting aspersions on Dr Bundhoo's character more generally including that he has a tendency to anger XXX. He submitted that she called him dishonest and duplicitous, accused him of a tendency to hold a grudge and said that in the context of work conflicts, he

could really lash out. Mr Colman submitted that the defence must be entitled to produce corrective evidence in the form of the testimonies provided on behalf of Dr Bundhoo.

6. Mr Colman submitted that Dr Bundhoo's work colleagues give particular relevant information, which counters those allegations, talking about how he is measured and always professional, and both friends and work colleagues speak with one voice about his honesty.

On behalf of the GMC

7. Mr Kennedy, counsel, submitted that the GMC opposed the application on the basis that testimonials attesting to a doctor's good character or reputation are generally not admissible at the fact-finding stage, which is necessarily narrow and strictly factual. He submitted that the sole question at this stage is whether the factual allegations occurred, and character references generally are not deemed relevant or admissible at stage one as good character evidence cannot be used as a defence against the allegations. He submitted that the only narrow exception would be if the authors were providing specific direct evidence about any of the factual events in question.

8. Mr Kennedy submitted that in rare cases regarding specific types of allegations, such as dishonesty, testimonials of good character might be considered when assessing a registrant's credibility or propensity, but it would not be a defence to the act itself. He submitted that testimonials are an aspect of good character evidence, and that Dr Bundhoo would presumably attempt to do so in his evidence by alluding to the lack of any previous findings against him, but that this was not quite the same thing as introducing a body of testimonial evidence. He submitted that this evidence may be highly relevant in subsequent stages of the hearing, notably in stage two, the impairment stage, as indicated within the Guidance.

9. Mr Kennedy submitted that under Rule 34(1) the Tribunal may admit any evidence it considers fair and relevant, regardless of whether that evidence would be strictly admissible in traditional courts of law. He submitted that to establish good character can properly be material at the fact-finding stage of deliberations when considering practitioners' credibility and this was not limited to allegations of dishonesty. He submitted that in circumstances in which Dr Bundhoo has not been investigated by the GMC previously, he would ultimately be entitled to a good character direction, but that is not synonymous with the introduction of an extensive body of evidence at this stage and proceedings.

The Tribunal's Decision

10. The Tribunal reminded itself of Rule 34(1) of the Rules which states that:

> *'34(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'*

11. The Tribunal also had regard to the Guidance, which states:

> *16. Good character is not a defence to the facts alleged. However, the MPT must take good character evidence into account in their assessment of a witness' credibility and propensity, where relevant. The assessment of whether a witness is of good character is made on the balance of probabilities, having considered all available information about the witness' character. The weight to be given to a witness' good character is a matter for the MPT and should be explained in their written determination…*

12. The Tribunal also took into account the applicable case law, as referenced by the parties.

13. The Tribunal first considered whether the evidence was relevant. It took into account the submission of Mr Colman that Ms A had given evidence in relation to Dr Bundhoo's character that was not specific to the Allegation and was of the opinion that the testimonial evidence may be relevant in relation to its consideration of these matters and Dr Bundhoo's character in the round.

14. The Tribunal was satisfied that whilst the testimonials did not address the factual allegations of the case in relation to Dr Bundhoo's personal life and XXX, they were potentially relevant in assessing his propensity and credibility.

15. The Tribunal also considered whether it would be fair to admit this evidence, taking into account the Guidance and case law on the issue. The Tribunal noted that the Guidance states that a Tribunal "*must take good character evidence into account in their assessment of a witness' credibility and propensity, where relevant*" and that it was entitled to draw inferences regarding Dr Bundhoo's propensity from it. As stated by Mr Kennedy in his background to the case, *"credibility is key"*.

16. In considering the relevant case law, the Tribunal considered that the cases of *Wisson v Health Professionals Council [2013] EWHC1030 (Admin)*, *Khan v GMC [2021] EWHC374 (Admin)* set out that good character is a positive feature of a defendant which should be taken into account by a Tribunal when considering whether it accepts a defendant's evidence. In *Wisson* it was set out that good character is material at the fact-finding stage when considering the practitioner's credibility.

17. The Tribunal considered that there would be no injustice to the GMC were the evidence to be admitted and that, as per the Guidance: "*The weight to be given to a witness' good character is a matter for the MPT and should be explained in their written determination"*. The Tribunal also concluded that it would potentially be unfair to Dr Bundhoo not to admit the evidence for consideration, especially in light of the statements made by Ms A during her evidence.

18. The Tribunal was therefore satisfied that the evidence was both fair and relevant, and that what if any weight should be attributed to it was a matter for the Tribunal. Accordingly it determined to grant the application.

ANNEX B - 06/07/2026
Application for Anonymity

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

Submissions on behalf of the GMC

2. Mr Kennedy submitted an application made by the GMC for the anonymity of Ms A for the duration of the hearing.

3. Mr Kennedy submitted that the GMC made an application pursuant to Rule 35(4) and Rule 6 of the General Medical Council (Fitness to Practise) Rules 2004 for a witness anonymity order in respect of the complainant, Ms A, XXX. Mr Kennedy submitted that the

GMC considered anonymity to be both desirable and necessary in the circumstances of the case.

4. Mr Kennedy reminded the Tribunal that, at the Case Management Procedure Hearing on 3 June 2026, directions had been made treating Ms A as a vulnerable witness pursuant to Rule 36(1)(f). It had also been directed that she be permitted to give evidence via video link pursuant to Rule 36(3)(a), with Dr Bundhoo positioned out of view of the camera. Mr Kennedy submitted that, whilst the GMC had also sought anonymity at that stage, that aspect of the application had been refused on the basis that the Case Manager had not been satisfied that such an application properly fell to be determined at the pre-hearing stage, nor that sufficient evidence had then been provided demonstrating that the quality of the witness's evidence would be adversely affected in the absence of anonymity.

5. Mr Kennedy submitted that the Case Manager had considered anonymity to be an extension beyond the ordinary remit of Rule 36 special measures and had indicated that cogent evidence, potentially in the form of medical evidence, would ordinarily be required to justify such an order.

6. Mr Kennedy submitted that the witness was vulnerable within the meaning of Rule 36(1)(f), given that the allegations themselves concerned intimidation and harassment and that the witness feared the consequences of identification in connection with the proceedings. He submitted that the GMC's concern was that the quality of Ms A's evidence may be adversely affected if she were required to give evidence without anonymity, as she may become distracted or preoccupied by concerns that information disclosed during the hearing could enter the public domain attached to her name, rather than focusing freely and fully upon answering questions to the best of her ability.

7. Mr Kennedy submitted that the GMC had explored obtaining supporting medical evidence in respect of the witness's anxiety and distress concerning publicity arising from the proceedings. However, such evidence had not ultimately been obtained. He submitted that a formal medical report was not necessarily required in every case to support an anonymity application and that there was material within the evidence bundle, including paragraph 34 of Ms A's supplementary witness statement dated 9 May 2025, evidencing the trauma and distress experienced by her in relation to the proceedings.

8. Mr Kennedy submitted that Ms A understood XXX. However, he submitted that her concern related primarily to wider publication and XXX. Mr Kennedy noted XXX.

9. Mr Kennedy submitted that the witness had not stated that she would refuse to give evidence in the absence of anonymity. However, he submitted that this should not weigh against the application, particularly as the witness was herself a professional person who may not wish to appear uncooperative or vulnerable XXX. He submitted that the GMC's application was made to ensure that the Tribunal did all that it properly could to facilitate the evidence of a critical witness and to make the process as manageable and as painless for her as possible. He further submitted that anonymity was a specific measure requested by the witness herself.

10. Mr Kennedy additionally applied for anonymity protections to extend to XXX. Mr Kennedy also indicated that the GMC proposed that the hearing move into private session where necessary whenever matters relating to XXX.

Submissions on behalf of Dr Bundhoo

11. On behalf of Dr Bundhoo, Mr Colman submitted that he supported both applications for anonymity. XXX

12. Mr Colman submitted that such identification would be undesirable, particularly given XXX. Accordingly, he confirmed that Dr Bundhoo supported both the application for witness anonymity and the application relating to XXX.

The Relevant Legal Principles

13. The Legally Qualified Chair (LQC) drew attention to relevant legal principles, and Rule 35(4) of the Rules which states:

> *'The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public.'*

14. The Tribunal was reminded that, pursuant to Rule 35, the question of whether to grant anonymity is a matter for the Tribunal's discretion. The LQC advised that anonymity constitutes a departure from the principle of open justice, which is a fundamental feature of disciplinary proceedings. There is a general public interest in the identities of those involved in such proceedings being known.

15. The Tribunal was advised that it must consider the relevant Rules, guidance and case law, and exercise its discretion in deciding whether anonymity should be granted.

16. The Tribunal was further advised that applications for anonymity are case-specific and must be determined on a witness-by-witness basis, rather than as a single, collective application.

17. The Tribunal was advised that the Tribunal is required to carry out a balancing exercise, having regard to the principle of open justice and the interests of justice and fairness to Dr Bundhoo.

The Tribunal's determination

18. The Tribunal took into account the written and oral submissions made by Mr Kennedy on behalf of the GMC and the supportive submissions made by Mr Colman on behalf of Dr Bundhoo. The Tribunal also had regard to the previous Case Management directions which had determined that the complainant was a vulnerable witness and had permitted special measures during the giving of her evidence.

19. The Tribunal recognised that anonymity orders are not automatic, even where a witness has been deemed vulnerable. However, the Tribunal considered that the nature of the allegations in this case, concerning allegations arising from XXX, gave rise to legitimate concerns regarding the Ms A's privacy and wellbeing.

20. The Tribunal further considered that there was a real risk of XXX arising from the circumstances of the case, particularly given the references within the proceedings to XXX. The Tribunal accepted that identification of Ms A could XXX.

21. The Tribunal determined that granting anonymity to Ms A and XXX represented a fair and proportionate measure which appropriately balanced the principles of open justice with the welfare and privacy interests engaged in this case. The Tribunal was satisfied that the anonymity orders would not prejudice Dr Bundhoo's right to a fair hearing.

22. Accordingly, the Tribunal granted the GMC's application for anonymity in respect of Ms A and for the matter to be moved into private session when discussing XXX.

ANNEX C – 06/07/2026
Application to admit further evidence

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. Prior to Dr Bundhoo giving evidence at the facts stage, Mr Colman, Counsel on behalf of Dr Bundhoo, made an application pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise) Rules 2004 to admit further evidence. The application related to a hand-drawn sketch prepared by Dr Bundhoo depicting the layout of the relevant room XXX.

3. Mr Colman submitted that the drawing had been produced to assist the Tribunal's understanding of the physical layout of the room and the positions of the individuals referred to during the evidence. He submitted that the sketch was intended purely as an illustrative aid to assist the Tribunal when considering the factual evidence before it.

4. The Tribunal was provided a copy of the drawing in order to consider the application and reach its determination.

5. On behalf of the GMC, Mr Kenndey, did not oppose the application.

The Tribunal's Decision

6. The Tribunal reminded itself of Rule 34(1) of the Rules which states that:

> *'34(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'*

7. The Tribunal determined that the proposed evidence was limited in scope and was intended solely to assist the Tribunal in understanding the physical layout referred to during the oral evidence. The Tribunal was satisfied that admission of the drawing would be fair and reasonable and would assist its consideration of the factual issues without causing prejudice to either party.

8. Accordingly, the Tribunal granted the application and admitted the drawing into evidence.

ANNEX D – 06/07/2026
Application to admit further evidence

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. During Dr Bundhoo's evidence at the facts stage, Mr Kennedy, Counsel on behalf of the GMC, made an application pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise) Rules 2004 to admit further evidence. The application related to a GMC email which set out details of a referral to the GMC relating to a workplace investigation in which Dr Bundhoo had received a written final warning.

3. Mr Kennedy submitted that the document was relevant to proceedings in that the Tribunal had received a bundle comprising various testimonial statements relating to Dr Bunhoo's good character. He stated that it was only appropriate that the Tribunal had before it information that rebutted that evidence.

4. The Tribunal was provided a copy of the email in order to consider the application and reach its determination.

5. On behalf of Dr Bundhoo, Mr Colman, did not oppose the application and confirmed to the Tribunal that whilst a referral as set out in the email was made to the GMC, they had reviewed the same and had since confirmed that it did not intend to take any further action. However, Mr Colman stated that it was only correct that the Tribunal see this document to consider in conjunction with the testimonial evidence.

The Tribunal's Decision

6. The Tribunal reminded itself of Rule 34(1) of the Rules which states that:

'34(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

7. The Tribunal determined that the proposed evidence was relevant to the proceedings and it was fair to admit the same into proceedings in order to consider it in light of the good character testimonials previously admitted.

8. Accordingly, the Tribunal granted the application and admitted the email into evidence.