

PUBLIC RECORD**Date:** 09/10/2026

Doctor: Dr Milind GADGIL

GMC reference number: 8033548

Primary medical qualification: MD 2008 University of Kansas

Type of case	Outcome on impairment
Review – Misconduct	Not impaired
XXX	XXX

Summary of outcome

Conditions, 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Douglas Mackay
Lay Tribunal Member:	Nicola Stephenson
Registrant Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Angela Carney
-----------------	---------------

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, instructed by the Doctors Defence Service
GMC Representative:	Mr Oliver Carr, 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 Impairment - 09/10/2026

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

2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Gadgil's fitness to practise is impaired by reason of misconduct XXX.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal granted Dr Gadgil's application, made pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for parts of the hearing to be heard in private. The Tribunal's full decision on the application is included at Annex A.

Background

4. Dr Gadgil obtained his Doctor of Medicine (MD) qualification in 2008 from the University of Kansas School of Medicine. He completed a residency at the University of Colorado Graduate Medical Education in 2012 and obtained a Fellowship in Child and Adolescent Psychiatry in 2013.

5. Dr Gadgil worked at the Regional West Medical Center [sic] ('RWMC') in Nebraska from around 6 March 2023. It is alleged that on 1 May 2023 he arrived at work smelling of alcohol and behaving in a manner that caused concerns to be raised by a co-worker. He was breath tested at 7.32am and 7:48am with positive results indicating alcohol consumption.
6. On 16 January 2024, the State of Nebraska filed a Petition for Disciplinary Action. Dr Gadgil was legally represented at the disciplinary proceedings on 20 March 2024. The State of Nebraska and Dr Gadgil agreed to a final disciplinary order that reflected an 'Agreed Settlement of the Petition'. The final disciplinary order took the facts set out in the Petition as true and adopted them. Dr Gadgil's Nebraska physician's license was then suspended by the Nebraska Chief Medical Officer for a period of six months from 30 March 2024. Although Dr Gadgil neither admitted nor denied the allegations in the Petition, he signed the Agreed Settlement.
7. Dr Gadgil applied for registration with the GMC on 1 September 2023. This application was closed as Dr Gadgil had applied via an incorrect route. He submitted a further application on 12 October 2023. The application forms required Dr Gadgil to provide details of all the medical regulatory authorities where he had held registration or a licence to practise in the last 5 years. On both the September and October forms, he only provided information in respect of the State of Colorado. He should have done so for the several other states that he was registered in.
8. Dr Gadgil's substantive hearing took place in March and April 2026 (the April 2026 Tribunal).
9. At the outset of the hearing Dr Gadgil admitted and the April 2026 Tribunal found proved that, on or around 1 May 2023, he was dismissed from the Regional West Medical Centre ('RWMC') as a result of unprofessional, dishonourable, or unethical conduct.
10. Dr Gadgil admitted and the April 2026 Tribunal found proved that, on or around 1 September 2023 and on or around 12 October 2023, he had submitted applications to the GMC for registration as a doctor, and in response to the requirement to provide full details he failed to declare that he had a licence to practise in nine states in the United States of America. Dr Gadgil answered "no" to the questions relating to whether any employer had raised concerns about his professional performance, professionalism or behaviour that led to a formal process, and also whether there was any other information about his professional

performance, professionalism or behaviour that might raise a concern about his fitness to practise as a doctor in the UK.

11. The April 2026 Tribunal found proved that Dr Gadgil knew that he had a licence to practise in nine states of the United States when he submitted the applications to the GMC in September 2023 and October 2023. The April 2026 Tribunal determined that Dr Gadgil's actions were dishonest in relation to those applications.

Overseas determination

12. Dr Gadgil admitted and the April 2026 Tribunal found proved that, on 12 March 2024, he had signed an Agreed Settlement ('the Settlement') and that the State of Nebraska Department of Health and Human Services ('the Nebraska Board') determined Dr Gadgil was responsible for misconduct. That misconduct included unprofessional, dishonourable, or unethical conduct, being XXX intoxicated and providing professional services while under the influence of alcohol. Dr Gadgil also admitted that his license to practise medicine had been suspended for six months by the Nebraska Board.

13. Dr Gadgil admitted and the April 2026 Tribunal found proved that, on or around 3 April 2024, the Maryland Board of Physicians also determined that he had committed unprofessional conduct in the practice of medicine in that he was XXX intoxicated and provided professional services while under the influence of alcohol. Dr Gadgil also admitted that the Maryland Board of Physicians had suspended his license until such time as his license was reinstated by the Nebraska Board.

14. Dr Gadgil admitted and the April 2026 Tribunal found proved that, on 31 July 2024 having signed a consent order on 14 June 2024, the Tennessee Department of Health found that he had violated the law due to unprofessional, dishonourable, and/or unethical conduct. They also decided to suspend his license until such time as his license was reinstated by the Nebraska Board.

Birmingham and Solihull Application

15. Dr Gadgil admitted and the April 2026 Tribunal found proved that, on, or around, 26 March 2024 he submitted a job application to Birmingham & Solihull Mental Health NHS Trust. On the application form Dr Gadgil declared that his answers were true to the best of his knowledge and belief. He had answered "no" to the questions concerning whether he had

ever been dismissed for misconduct from any employment, volunteering, office, or other position previously held by him in circumstances which may have bearing on his suitability for the position. He also answered “no” to whether he was subject to any fitness to practise investigation and/or proceedings by a regulatory or licensing body in any country which may have a bearing on his suitability for the position, and whether he had ever been subject to any sanctions being placed on his professional registration by a regulatory or licensing body in any country.

16. The April 2026 Tribunal determined and found proved that when Dr Gadgil answered “no” to the questions on the Birmingham and Solihull application, he knew that he had been dismissed from employment at RWMC and had been subject to an investigation by the Nebraska Board arising from his dismissal, and in doing so his actions were dishonest.

Failure to notify

17. The April 2026 Tribunal determined and found proved that Dr Gadgil failed to disclose the determinations by the Nebraska Board, the Maryland Board of Physicians and the Tennessee Department of Health and also failed to notify the GMC that he had been suspended from practising medicine by the Maine Board of Licensure in Medicine and by the Texas Medical Board.

18. Dr Gadgil admitted that by his continual failure to disclose the determinations by the Nebraska Board, the Maryland Board of Physicians and the Tennessee Department of Health, and the suspensions by the Maine Board of Licensure in Medicine and the Texas Medical Board, the GMC would not have been alerted to the fact he had a license to practise medicine in those states. The April 2026 Tribunal determined that Dr Gadgil’s actions were dishonest.

XXX

19. XXX

20. XXX

21. XXX

Misconduct

22. The April 2026 Tribunal determined that Dr Gadgil's dismissal from his employment by RWMC on the grounds of unprofessional conduct relating to XXX intoxication and providing professional services while under influence of alcohol, fell far short of what was proper in the circumstances and was sufficiently serious to amount to misconduct.

23. The April 2026 Tribunal determined that Dr Gadgil's failures to disclose that he was registered to practise in the nine other states other than Colorado to the GMC when applying for registration deprived it of the ability to investigate his professional and any regulatory history. It was of the view that Dr Gadgil's conduct in this regard was sufficiently serious so as to amount to misconduct.

24. The April 2026 Tribunal determined that Dr Gadgil had an obligation to provide the complete and accurate information when applying to Birmingham & Solihull Mental Health NHS Trust. Dr Gadgil had chosen not to do so. It was of the view that matters were more serious because by this time Dr Gadgil knew that he would be suspended by the Nebraska Board from 30 March 2024 as he had been made subject to the Agreed Settlement order on 20 March 2024. The Tribunal determined that Dr Gadgil's actions in this regard were sufficiently serious so as to amount to misconduct.

25. In relation to Dr Gadgil's failure to disclose the determinations and to notify the GMC of his suspensions, the April 2026 Tribunal was again of the view that he had a duty to declare this information to the GMC. He had failed to do so, and the April 2026 Tribunal found this to be dishonest. Further, the April 2026 Tribunal determined that the regulator's access to such information was important. It determined that Dr Gadgil's conduct and dishonesty in this regard was sufficiently serious to amount to misconduct.

26. The April 2026 Tribunal accepted that a finding of unprofessional conduct relating to XXX intoxication and providing professional services while under influence of alcohol was potentially very serious. It was concerned as to the level of comprehension which Dr Gadgil had about himself when he behaved in the manner which led to his dismissal, XXX.

27. The April 2026 Tribunal considered that the evidence suggested that this behaviour coincided with a period when Dr Gadgil was XXX. However, it concluded that it was overwhelmingly likely that, had it not been for Dr Gadgil's XXX, this serious dishonest behaviour would not have arisen. The April 2026 Tribunal reached the view that XXX and that it was this that led to the conduct for which he was dismissed by RWMC.

28. The April 2026 Tribunal determined that Dr Gadgil's XXX contributed to his misconduct. It was of the view that his XXX posed a current and ongoing risk to patient safety and public confidence in the profession. The April 2026 Tribunal therefore determined that XXX.

29. The April 2026 Tribunal determined that Dr Gadgil's fitness to practise was also impaired by reason of his dishonest conduct in relation to the Birmingham and Solihull application, and his failure to disclose the determinations by the State of Nebraska Department of Health and Human Services, the Maryland Board of Physicians and the Tennessee Department of Health. It also found Dr Gadgil's fitness to practise was impaired by reason of his dishonest conduct in relation to his failures to disclose the determinations and to notify of his suspensions.

30. The April 2026 Tribunal determined that, given the nature of the facts found proved, there were no exceptional circumstances which would warrant taking no action. The Tribunal concluded that taking no action would not be sufficient, proportionate, or in the public interest, and that some action was required for the purpose of public protection.

31. The April 2026 Tribunal considered that the imposition of conditions may have been appropriate in addressing the XXX in this case. It noted that Dr Gadgil had insight into XXX and had taken steps to manage XXX. Dr Gadgil was also willing to remediate his behaviour, and it was satisfied that he would comply with conditions. However, it noted that all three limbs of public protection were engaged and that Dr Gadgil's misconduct was at the mid-range on the spectrum of seriousness. The April 2026 Tribunal determined that conditional registration, at that point, would not be appropriate in addressing Dr Gadgil's misconduct, and the need to uphold public protection required a more proportionate sanction.

32. The April 2026 Tribunal found that it was unlikely that Dr Gadgil would have acted dishonestly were it not for XXX. It had no evidence that Dr Gadgil was an inherently dishonest person. XXX. Dr Gadgil was functioning at a level at which he made a conscious decision to be dishonest. They nevertheless found that had he not been XXX, it is less likely that he would have been dishonest.

33. The April 2026 Tribunal was of the view that the need to uphold public protection could be met by the imposition of an order of suspension for five months. It determined that this was the appropriate and proportionate response to Dr Gadgil's misconduct. It was of the

view that this was a sufficient response to send a message to Dr Gadgil, the profession, and the wider public that this dishonest conduct was unacceptable. Such a sanction would also be consistent with Dr Gadgil's plans to return to practice.

34. The April 2026 Tribunal directed a review hearing and considered it may assist the reviewing Tribunal if Dr Gadgil demonstrated how he has kept his knowledge and skills up to date. It suggested that Dr Gadgil could also provide:

- XXX
- Evidence that he is successfully XXX in such a way as to avoid any repetition of his behaviour.

The Evidence

35. The Tribunal has taken into account all the evidence received, both oral and documentary.

36. Dr Gadgil provided his own statements of reflection on XXX and probity dated 20 July 2026 and 9 October 2026. The Tribunal noted that Dr Gadgil was willing to give oral evidence at the hearing. However, parties and the Tribunal indicated that, in light of the material that he submitted, they would have no questions for Dr Gadgil so he was not called to give oral evidence.

37. The Tribunal received the following documentary evidence, which included but was not limited to:

- Record of Determinations April 2026
- Correspondence between the GMC and Dr Gadgil
- XXX
- Reports from Dr J, Professor and Head of Department of Psychiatry, Mumbai, dated 17 July 2026 and 7 October 2026. Dr J provided evidence of Dr Gadgil's observership within the department
- XXX
- XXX
- XXX
- Evidence of Dr Gadgil's Continuing Professional Development (CPD), including reflections on Probity and Ethics, Good Medical Practice, the April 2026 Tribunal's

findings, his vulnerability, the role of regulation, and reducing the risk of reoccurrence.

- XXX
- Dr Gadgil's Case Logs from his observership in May 2026, June 2026 and July 2026
- XXX
- XXX
- XXX
- XXX
- XXX
- Dr J's confirmation of a meeting with Dr Gadgil on 5 October 2026

Submissions

38. On behalf of the GMC, Mr Oliver Carr, Counsel, provided the background to the case. He referred the Tribunal to Section 3 of the MPTS guidance. Mr Carr submitted that XXX.

39. In relation to misconduct, Mr Carr submitted that the GMC's position is that there is an inherent link between the misconduct and the XXX which led to the initial fitness to practise proceedings. He submitted that the nature of the seriousness of the misconduct must also be borne in mind. He reminded the Tribunal that the misconduct was only found to have been proven in April 2026, and the misconduct was extremely serious and had dishonesty at its heart. He submitted that the misconduct goes to all three limbs of public protection.

40. Mr Carr submitted that the Tribunal may also consider the fact that many of the allegations were contested at the original fitness practise hearing and were found proven. He submitted that if the XXX, it would increase the risk of the misconduct arising again based on previous events. He submitted that the GMC's position is that the risk of repetition remains medium on the basis of the link between misconduct XXX. Mr Carr acknowledged that the dishonesty occurred two years ago and accepted that the Tribunal is perfectly entitled to have regard to the time elapsed between the actual misconduct and this hearing. He stated that if the misconduct was to be set aside and there were only the XXX to consider, then the risk would be low.

41. On behalf of Dr Gadgil, Mr Lee Gledhill referred the Tribunal to April 2026 Tribunal's sanction determination at paragraph 32 which states that it had already found that it was unlikely that Dr Gadgil would have acted dishonestly were it not for XXX. He also referred to

paragraph 47 in relation to misconduct and impairment, where that Tribunal determined that Dr Gadgil's conduct and dishonesty was sufficiently serious to amount to misconduct. He stated that at paragraph 38 in relation to the length of suspension, that Tribunal bore in mind the indicative sanction banding guidance and also considered the context of this case, that Dr Gadgil's misconduct was closely associated with XXX.

42. Mr Gledhil stated that Dr Gadgil recognises the GMC's concerns but submitted that the work that Dr Gadgil has undertaken is indicative that he has performed very significant remediation, such that it now negates the need to find ongoing impairment of fitness to practise in relation to conduct.

43. XXX

44. Mr Gledhill submitted that the GMC could still bring proceedings in the very unlikely event of future dishonesty. He submitted that a finding of impairment in relation to the conduct matters is not required.

The Relevant Legal Principles

45. The Tribunal had regard to the Guidance for MPTS Tribunals. Section three: MPT Hearings – review hearings (22 June 2026).

46. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the April 2026 Tribunal had set out additional information that a future Tribunal may be assisted by. It noted that it was for the doctor to satisfy it that he would be safe to return to unrestricted practise.

47. This Tribunal must determine whether Dr Gadgil's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

48. Throughout the decision-making process, the Tribunal will bear in mind the overarching objective to protect, promote and maintain the health, safety and well-being of the public ('patient safety'); promote and maintains public confidence in the medical profession ('public confidence'); and promote and maintains proper professional standards and conduct for members of that profession ('uphold professional standards').

The Tribunal's Determination on Impairment

49. The Tribunal considered whether Dr Gadgil's fitness to practise is currently impaired by reason of his misconduct XXX. The Tribunal followed step 1a of the guidance, which states:

Step 1a: consider what has happened since the previous MPT's decision

- *What was the previous MPT's assessment of risk and reasons given for it?*
- *What new evidence has been received since the previous MPT's assessment of risk and what impact does it have?*
- *What evidence is there of insight and is the doctor's insight genuine?*
- *What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?*
- *Has the doctor kept their knowledge and skills up to date?*
- *Has the risk to public protection that previously required restrictive action in response changed and if so, how?*

50. The Tribunal has to decide whether, on the basis of the information before it, the doctor's fitness to practise is impaired by reason of misconduct XXX.

The Tribunal's approach

51. To assess whether the doctor 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 the doctor and/or their working environment, and
- how the doctor has responded to the allegations.

Misconduct

What was the previous MPT's assessment of risk and reasons given for it?

52. The Tribunal noted that the April 2026 Tribunal considered that Dr Gadgil had significantly reduced the risk to public protection in respect of the misconduct by reason of the measures which he had taken. This was provided he XXX. It was satisfied that any

repetition of this conduct was unlikely. Further, the April 2026 Tribunal found that Dr Gadgil's misconduct and XXX and as such there was a medium risk of repetition.

What new evidence has been received since the previous MPT's assessment of risk and what impact does it have?

53. The Tribunal noted Dr Gadgil's statements of reflection dated 20 July 2026 and today. The Tribunal considered it was relevant to take account of the reflective note dated today and all the new material provided to the Tribunal. Dr Gadgil wrote today,

'I continue to accept the findings of the Tribunal and the seriousness of the conduct identified in its determination. I have reflected extensively on the circumstances that led to the proceedings, including the ways in which [XXX] affected my judgment, insight, and ability to assess my own circumstances, while recognising that this does not remove my professional responsibility for my actions. I remain committed to the principles of honesty, openness, transparency, and professional accountability set out in Good Medical Practice.

I also remain deeply sorry for the impact of my conduct and the potential effect it may have had on patients, colleagues, employers, regulators, and public confidence in the medical profession. I have addressed these matters in greater detail in my previous reflections, and my understanding and acceptance of that responsibility has not changed. My focus now is on demonstrating through my [XXX], remediation, reflection, and future conduct that I have learned from this experience and have taken meaningful steps to reduce the risk of similar events recurring.

[XXX]...'

54. The Tribunal considered that in this statement Dr Gadgil acknowledges that he knew his dishonesty was wrong regardless of XXX. The Tribunal considered that this demonstrates good insight into both his misconduct and XXX. The Tribunal also noted Dr Gadgil's extensive reflections dated July 2026 in which he reflected on dishonesty and probity and where recognises the connection between XX and misconduct. The Tribunal considered that Dr Gadgil now has a greater understanding of his misconduct and why it occurred. Given Dr Gadgil's extensive reflections on his dishonesty the Tribunal considered that the risk he poses has reduced from medium to low.

What evidence is there of insight and is the doctor's insight genuine?

What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?

55. The Tribunal considered that Dr Gadgil has demonstrated significant insight into his misconduct as evidenced by his extensive reflections. The Tribunal noted the April 2026 Tribunal's determination that Dr Gadgil's misconduct was XXX. Dr Gadgil acknowledged and demonstrated the importance of honesty and probity. The Tribunal considered that Dr Gadgil has a greater understanding of his misconduct and how this XXX. The Tribunal was satisfied that Dr Gadgil has demonstrated insight into his misconduct and that his insight is genuine, as evidenced by his statements of reflection.

56. Whilst the Tribunal recognises that dishonesty can be difficult to remediate it accepted that Dr Gadgil's misconduct was XXX. The Tribunal considered the steps Dr Gadgil has taken to address XXX and the support and safeguards he now has in place XXX. The Tribunal was also satisfied that Dr Gadgil has remediated his misconduct as evidenced by the statements that reflected on Good Medical Practice, the findings of the April 2026 Tribunal, the lessons he has learned, the need for public trust, the role of the regulator, thought patterns during periods of illness, professional vulnerability, and XXX.

Has the doctor kept their knowledge and skills up to date?

57. The Tribunal noted that Dr Gadgil undertook a clinical observership with Dr J in a hospital in India, and he provided case logs recording his learning in May, June and July 2026. The Tribunal also noted that Dr Gadgil acknowledged that if he can apply for a position, it will not be at consultant level. It considered that this also demonstrates good insight. The Tribunal was satisfied that Dr Gadgil has kept his skills and knowledge up to date during the suspension period but that he would still need support were he to return to work. This took account of the fact that Dr Gadgil had not practised psychiatry for two years.

Has the risk to public protection that previously required restrictive action in response changed and if so, how?

58. The Tribunal noted that Dr Gadgil's misconduct occurred two years ago and there has been no repetition. It noted that the April 2026 Tribunal found that Dr Gadgil was not inherently a dishonest person. The April 2026 Tribunal noted that, in cases involving

dishonesty, the indicative sanction for a medium level of risk to public protection is suspension for 3 to 9 months. That Tribunal determined that a suspension for a period of five months was the appropriate and proportionate response to Dr Gadgil's misconduct and was of the view that five months was a sufficient response to send a message to Dr Gadgil, the profession, and the wider public that his conduct was unacceptable. The Tribunal was of the opinion that the five-month suspension which has almost been served has served its purpose.

59. Given Dr Gadgil's insight into XXX to his misconduct and the reflection and remediation he has undertaken the Tribunal determined that his fitness to practise is not currently impaired by reason of misconduct.

XXX