PUBLIC RECORD

Dates: 30/03/2026 - 14/04/2026

Doctor:	Dr Milind GADGIL
GMC reference number:	8033548
Primary medical qualification:	MD 2008 University of Kansas

Type of case	Outcome on facts	Outcome on impairment
New – Misconduct	Facts relevant to impairment found proved	Impaired
New – Determination by other regulator	Facts relevant to impairment found proved	Not Impaired
XXX	XXX	XXX

Summary of outcome

Suspension, 5 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Angus Macpherson
Lay Tribunal Member:	Ms Sally Allbeury
Registrant Tribunal Member:	Dr Bryn Davies

Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Doctor:	Present, represented

Doctor's Representative:	Mr Lee Gledhill, Counsel, directly instructed
GMC Representative:	Mr Ian Brook, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 08/04/2026

1. At the outset of this hearing, the Tribunal announced confidential matters would be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004. Where there are matters which relate to Dr Gadgil's alleged misconduct, a public redacted version of this determination will be produced at the conclusion of these proceedings.

Background

2. 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.

3. The allegations upon which it this case is based can be summarised as follows:

Misconduct

4. Dr Gadgil worked at the Regional West Medical Center ('RWMC') in Nebraska from around 6 March 2023. It is alleged that on 1 May 2023 he arrived at work smelling of alcohol. Concerns were raised by a co-worker. He was breath tested at 7.32 am with a positive reading of .222, and again at 7:48 am, with a positive reading of .259. It is alleged that he was dismissed from employment by the RWMC at that time.

5. On 16 January 2024, the State of Nebraska filed a Petition for Disciplinary Action. At the disciplinary proceedings on 20 March 2024, Dr Gadgil was legally represented and the parties, that is the State of Nebraska and Dr Gadgil, agreed to the entry of a final disciplinary order on the basis of an Agreed Settlement of the Petition which was reached on 12 March 2024. The final disciplinary order took the facts set out in the Petition as true and adopted them. In the Agreed Settlement, it is recited that both parties consented to the entry of a final disciplinary order by the Nebraska Chief Medical Officer "which finds the allegation in the Petition true", ten days after he signed the order. Dr Gadgil's Nebraska physician's license was therefore suspended by the Nebraska Chief Medical Officer for a period of six months from 30 March 2024. The Petition alleged amongst other things that:

> *At all times relevant herein,* [Dr Gadgil] *was employed at R.W.M.C.*
> *In April 2023,* [Dr Gadgil] *began displaying concerning behaviour at R.W.M.C., including regularly arriving late for work,* [XXX]*. Coworkers reported* [Dr Gadgil] *smelled like alcohol at times.*
> *ON May 1, 2023, R.W.M.C scheduled* [Dr Gadgil] *for a for-cause* [XXX] *screen. Upon his arrival at work,* [Dr Gadgil's] *coworkers reported he smelled of alcohol.* [Dr Gadgil*] was taken for breathalyzer testing.* [Dr Gadgil's] *first alcohol breathalyzer test at 07.32 a.m. yielded a positive blood alcohol content of .222.* [Dr Gadgil's] *second alcohol breathalyzer test at 07.48 a.m. yielded a blood alcohol content of .259.*
> [Dr Gadgil] *was terminated from his employment at R.W.M.C due to the positive alcohol screen.*

6. Although Dr Gadgil neither admitted nor denied the allegations in the Petition, he signed the Agreed Settlement.

7. Dr Gadgil made an application 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 forms, he only provided that information in respect of the State of Colorado. It is alleged however that Dr Gadgil was also registered in Nebraska; Maine; Maryland; Texas; Tennessee; Utah; Wisconsin; Alabama; and Minnesota. It is alleged that Dr Gadgil knew that this information was incorrect and that he completed the relevant entries on the application forms dishonestly.

8. Further, it is alleged that when Dr Gadgil answered *'no'* on both forms to the questions:

> *"Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?"; Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?";* and
>
> *"Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?".*

He knew that he had been dismissed from his employment at RWMC following an investigation into his conduct for the reasons set out in Schedule 1. It is therefore alleged that when Dr Gadgil submitted this erroneous information on the applications forms to the GMC, he was dishonest.

9. Following the determination of the State of Nebraska Department of Health and Human Services, it is alleged that on or around 3 April 2024, the Maryland Board of Physicians determined that Dr Gadgil had committed unprofessional conduct in the practice of medicine as described in Schedule 2, and to suspend his license until such time as his license was reinstated by the Nebraska Board. It is further alleged that on 31 July 2024, pursuant to Dr Gadgil having signed a consent order on 14 June 2024, the Tennessee Department of Health determined that Dr Gadgil had violated the law as described in Schedule 3, and suspended his license until such time as his license was reinstated by the Nebraska Board.

10. On or around 27 February 2024, Dr Gadgil was interviewed for the post of NHS Locum Consultant in CAMHS at Birmingham and Solihull Mental Health NHS Trust ('the Trust'). On 29 February 2024, he was offered the position subject to pre-employment checks. These were

set out in a Model Declaration Form A ("MDFA") which he completed on 26 March 2024. He answered the following questions in the negative:

> *"Have you ever been dismissed for misconduct from any employment, volunteering, office, or other position previously held by you, in circumstances which may have bearing on your suitability for this position?";*
>
> *"Are you currently 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 your suitability for this position?";* and
>
> "Have you ever been subject to any sanctions being placed on your *professional registration, by a regulatory or licensing body in any country?".*

and he declared that the information provided therein was true to the best of his knowledge and belief.

11. It is alleged that when Dr Gadgil answered '*no'* to the questions on the MDFA, he knew he had been dismissed from employment at RWMC following an investigation into his conduct as set out in paragraph 1 of the Allegation and Schedule 1; and that he had been subject to an investigation, considered by the Nebraska Board, arising out of his dismissal by RWMC. Further, that when Dr Gadgil answered '*no'* to those questions he knew that on 12 March 2024 he had signed the Settlement, and the Nebraska Board had determined to suspend his license to practise medicine for six months. It is alleged that these actions were dishonest.

12. Dr Gadgil commenced his employment at the Trust on 17 June 2024. On 14 August 2024 information came to light at the Trust that Dr Gadgil had been suspended by a Medical Board in America. The Trust undertook enquiries and, through a search on Google, discovered that he had been suspended by the state boards of physicians in Nebraska, Maryland and Texas. To investigate the matter further, the Trust met with Dr Gadgil that day. It was recorded that Dr Gadgil told the Trust that he was not aware of the suspension *at the time he was applying for the position*. It is recorded that when Dr Gadgil was asked when he became aware of the suspension, he became vague. At the conclusion of the meeting with the Trust Dr Gadgil was advised to refer himself to the GMC, which he did but not in a manner which reflected the instructions he was given. Following the Trust investigation Dr Gadgil was dismissed on 2 December 2024.

13. It is further alleged that Dr Gadgil failed to disclose the determinations made by Nebraska on 12 March 2024, Maryland on or around 3 April 2024, and Tennessee on 31 July 2024, to the GMC. It is also alleged that Dr Gadgil failed to notify the GMC that he had been suspended by the Maine Board of Licensure in Medicine on 10 April 2024 and the Texas Medical Board on 16 April 2024.

14. It is also alleged that Dr Gadgil knew that the Boards of Nebraska and Maryland had determined that he had committed misconduct, and that the Tennessee Health Department had determined that he had violated the law. Further, that all three had suspended his licence to practise; that he had been suspended from practising medicine in Maine and Texas; and that he knew that by his continuing not to disclose those overseas determinations, the GMC would not have been alerted to the fact that he had held a licence to practise medicine in those States, and that he had been dismissed from his employment at RWMC. Given the allegation that Dr Gadgil knew these factors, it is alleged that his failure to disclose them was dishonest.

XXX

15. XXX

16. XXX

17. XXX

The Outcome of Applications made during the Facts Stage

18. At the outset of the hearing, Mr Brook made an application to amend paragraphs 2aviii and ix, 2bii and iii, 3aviii and ix, 3bii and iii, 4ai, 4bi, 14bii, 14e and 14ei, pursuant to Rule 17(6) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). Dr Gadgil made no objection to the proposed amendments. The Tribunal was satisfied that the proposed amendments could be made without causing any injustice. It determined to grant the application.

19. On day 1 of the hearing Mr Brook made an application for confidential matters to be heard in private. Dr Gadgil made a counter application for the entirety of the hearing to be heard in private. The Tribunal refused Dr Gadgil's application and granted the application of Mr Brook. The Tribunal's full written decision can be found at Annex A.

The Allegation and the Doctor's Response

20. The Allegation made against Dr Gadgil is as follows:

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

1. On or around 1 May 2023, you were dismissed from employment at Regional West Medical Centre ('RWMC') as a result of your conduct as described at Schedule 1. **Admitted and found proved**

2. On or around 1 September 2023, you submitted an application to the General Medical Council ('GMC') for registration as a doctor and:

   a. in response to the requirement to "provide details of all the medical regulatory authorities where you have held registration or a licence to practise in the last five years", you failed to declare that you had a licence to practise in the United States, in the state of:

      i. Nebraska; **Admitted and found proved**
      ii. Maine; **Admitted and found proved**
      iii. Maryland; **Admitted and found proved**
      iv. Texas; **Admitted and found proved**
      v. Tennessee; **Admitted and found proved**
      vi. Utah; **Admitted and found proved**
      vii. Wisconsin; **Admitted and found proved**
      viii. Alabama; **Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved**
      ix. Minnesota; **Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved**

   b. you answered "no" to the following questions:

      i. "Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?"; **Admitted and found proved**

~~ii. "Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?";~~ Withdrawn pursuant to Rule 17(6) of the Rules

~~iii.~~ii. "Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?". Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

3. On or around 12 October 2023, you submitted an application to the GMC for registration as a doctor and:

a. in response to the requirement to "list below details of all the medical regulatory authorities where you have held registration or a licence in the last five years as a doctor", you failed to declare that you had a licence to practise in the United States, in the state of:

i. Nebraska; Admitted and found proved
ii. Maine; Admitted and found proved
iii. Maryland; Admitted and found proved
iv. Texas; Admitted and found proved
v. Tennessee; Admitted and found proved
vi. Utah; Admitted and found proved
vii. Wisconsin; Admitted and found proved
viii. Alabama; Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved
ix. Minnesota; Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

b. you answered "no" to the following questions:

i. "Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?"; Admitted and found proved

~~ii. "Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?";~~ Withdrawn pursuant to Rule 17(6) of the Rules

~~iii.~~ii. "Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?". Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

4. When you submitted the application referred to in:

a. paragraph 2 above, you knew that you:

i. ~~were~~ held a licen~~s~~c~~e~~d~~d~~ to practi~~s~~c~~e~~ in the last five years in the locations referred to in paragraph 2.a.i-2.a.ix~~vii~~; Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

ii. had been dismissed from employment at RWMC following an investigation into your conduct as described at paragraph 1 and Schedule 1; To be determined

b. paragraph 3 above, you knew that you:

i. ~~were~~ held a licen~~s~~c~~e~~d~~d~~ to practi~~s~~c~~e~~ in the last five years in the locations referred to in paragraph 3.a.i-3.a.ix~~vii~~; Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

ii. had been dismissed from employment at RWMC following an investigation into your conduct as described at Schedule 1. To be determined

5. Your actions as described in:

   a. paragraph 2.a were dishonest by reason of paragraph 4.a.i;
   To be determined
   b. paragraph 2.b were dishonest by reason of paragraph 4.a.ii;
   To be determined
   c. paragraph 3.a were dishonest by reason of paragraph 4.b.i;
   To be determined
   d. paragraph 3.b were dishonest by reason of paragraph 4.b.ii.
   To be determined

Overseas determination

6. On 12 March 2024, pursuant to you having signed an Agreed Settlement ('the Settlement'), the State of Nebraska Department of Health and Human Services ('the Nebraska Board') determined:

   a. that you had committed misconduct at RWMC as described at paragraph 1 and Schedule 1; Admitted and found proved

   b. to suspend your license to practise medicine for six months.
   Admitted and found proved

7. On or around 3 April 2024, the Maryland Board of Physicians determined:

   a. that you had committed unprofessional conduct in the practice of medicine as described in Schedule 2;
   Admitted and found proved

   b. to suspend your license until such time as your license is reinstated by the Nebraska Board. Admitted and found proved

8. On 31 July 2024, pursuant to you having signed a consent order on 14 June 2024, the Tennessee Department of Health determined:

   a. that you had violated the law as described in Schedule 3;
   Admitted and found proved

b. to suspend your license until such time as your license is reinstated by the Nebraska Board. **Admitted and found proved**

Birmingham and Solihull Application

9. On, or around, 26 March 2024 you submitted a job application to Birmingham & Solihull Mental Health NHS Trust and answered "no" to the following questions, which you declared therein to be true to the best of your knowledge and belief:

   a. "Have you ever been dismissed for misconduct from any employment, volunteering, office, or other position previously held by you, in circumstances which may have bearing on your suitability for this position?"; **Admitted and found proved**

   b. "Are you currently 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 your suitability for this position?"; **Admitted and found proved**

   c. "Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?". **Admitted and found proved**

10. When you answered "no" to the questions referred to in paragraph 9, you knew that:

   a. you had been dismissed from employment at RWMC following an investigation into your conduct as described at paragraph 1 and Schedule 1; **To be determined**

   b. you had been subject to an investigation, considered by the Nebraska Board, arising out of your dismissal by RWMC (as referred to in paragraph 6); **To be determined**

   c. on 12 March 2024:

i. you signed the Settlement; Admitted and found proved
ii. the Nebraska Board had determined to suspend your license to practise medicine for six months. Admitted and found proved

11. Your actions as described in paragraph 9 were dishonest by reason of paragraph 10. To be determined

Failure to notify

12. You failed to disclose the determinations referred to in paragraphs 6-8 to the GMC. Admitted and found proved

13. You failed to notify the GMC that you had been suspended from practising medicine by the:

i. Maine Board of Licensure in Medicine on 10 April 2024;
Admitted and found proved

ii. Texas Medical Board on 16 April 2024.
Admitted and found proved

14. You knew that:

a. the Nebraska Board had determined:

i. that you had committed misconduct at RWMC as described in paragraph 1 and Schedule 1; Admitted and found proved

ii. to suspend your license to practise medicine for six months;
Admitted and found proved

b. the Maryland Board of Physicians had determined:

i. that you had committed the misconduct as described at Schedule 2; Admitted and found proved

ii. to suspend your license to practise~~ces~~ until such time it is reinstated by the Nebraska Board;
Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

c. the Tennessee Department of Health determined:

i. that you had violated the law as described in Schedule 3;
Admitted and found proved

ii. to suspend your license until such time as your license is reinstated by the Nebraska Board; Admitted and found proved

d. you had been suspended from practising medicine in the states listed in paragraph 13; Admitted and found proved

e. by your continual failing ~~failing~~ to disclose the overseas determinations listed at paragraphs 6-8 and the suspensions listed at paragraph 13, the GMC would not have been alerted to:
Amended pursuant to Rule 17(6) of the Rules

i. the fact you had a license to practise medicine in the United States, in the states referred to in paragraphs 6-8, and 13;
Admitted and found proved

ii. your dismissal from employment at RWMC, as described at paragraph 1. Admitted and found proved

15. Your actions as described at paragraph 12 were dishonest by reasons of paragraphs 14a-14c and 14e. To be determined

16. Your actions as described at paragraph 13 were dishonest by reasons of paragraphs 14d and 14e. To be determined

XXX

XXX

XXX

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

a. misconduct in respect of paragraphs 1- 5 and 9-16;
To be determined
b. overseas determinations in respect of paragraphs 6-8;
To be determined

XXX

The Admitted Facts

21. At the outset of these proceedings Dr Gadgil made admissions to some paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

Witness Evidence

22. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from:

- Ms C, International Liaison and Illegal Practice ('ILIP') Manager at the GMC, dated 24 January 2025. Ms C also provided supplementary statements dated 9 April 2025 and 9 October 2025. Ms C was called to provide oral evidence but there were no questions for her;
- Ms D, Senior People Partner for Medical Workforce at Birmingham and Solihull Mental Health NHS Foundation Trust, dated 15 October 2025. Ms D also provided oral evidence during the hearing;
- Dr E, Clinical Director - Secure Care & Offender Health, Associate Medical Director for Mental Health Legislation, Caldicott Guardian and Consultant Forensic Psychiatrist for Birmingham and Solihull Mental Health NHS Foundation Trust, dated 20 October 2025. Dr E was not called to provide oral evidence.

XXX

23. XXX

Documentary Evidence

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

On behalf of the GMC

- XXX;
- Correspondence between the GMC and Nebraska Board, dated 28 March 2025, enclosing: Agreed Settlement state of Nebraska, dated 12 March 2024 and Nebraska State public record of Determination, dated 20 March 2024;
- Email from Tennessee Board of Health to GMC with dates of contact with Dr Gadgil, dated 7 May 2025;
- Email correspondence between Maine Medical Board of Health and GMC, dated 16 May 2025, enclosing: Maine notice of suspension, dated 10 April 2024, Copy of Maryland Board determination, dated 3 April 2024;
- Tennessee Disciplinary Action Report, dated August 2024;
- Tennessee Suspension Consent Order, dated 31 July 2024;
- Email chain between GMC and Birmingham & Solihull NHS Trust regarding registration concerns, dated 20 December 2024, enclosing: unverified timeline and a snapshot of a declaration form, undated;
- Bundle of documents for GMC investigation, including: timeline, dated 22 August 2024; Texas Medial Board Notice of Action, dated 16 April 2024; Nebraska license status, dated 20 March 2024; Nebraska Agreed Settlement and determination; Self-referral; GMC application; Colorado License status; Utah License status; Practitioner profile; Email correspondence from Dr Gadgil to GMC; registrations and BMA, dated 13 September 2024;
- GMC Guidance on questions 4, 5 and 7 of the GMC application form;
- Dr Gadgil's second application form, dated 1 September 2023;
- Birmingham and Solihull NHS job application documents, including; Cover letter from Trust to the GMC Investigation Officer, dated 5 March 2025; Dr Gadgil's CV, June 2023; GMC registration status, dated 26 March 2024; Employment references; Police check (Colorado), dated 25 March 2024; NHS Declaration form, dated 26 March 2024;

- Trust email chain with link to Maryland Board of Physicians disciplinary website, dated August 2024;
- Trust investigation meeting notes with Dr Gadgil, dated 14 August 2024;
- Letter to Dr Gadgil from Birmingham and Solihull Mental Health Trust with outcome of disciplinary hearing, dated 2 December 2024;
- Birmingham and Solihull Mental Health Trust Investigation Report, dated 10 September 2024, including appendices: Terms of Reference; Declaration form; Interview notes, Maryland suspension determination, XXX;

On behalf of Dr Gadgil

- Dr Gadgil's Rule 7 response statement, dated 21 May 2025;
- XXX;
- XXX;
- XXX;
- Continuous professional developments certificates, various;
- Email from Dr Gadgil to the GMC regarding licenses in Alabama and Minnesota, dated 20 February 2026;
- Dr Gadgil response to each of the allegations, 4 March 2026;
- Character references;
- Dr Gadgil's CV;
- Dr Gadgil's reflective statement, undated;
- Dr Gadgil's comments on the GMC bundle, undated.

25. Dr Gadgil provided a witness statement, dated 5 March 2026. He also read out a prepared statement under affirmation, dated 1 April 2026, and gave oral evidence during the hearing.

The Tribunal's Approach

26. 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.

27. In respect of the allegations of dishonesty, the Tribunal considered the relevant legal test as set out in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67, which states:*

> *"74. When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."*

28. Therefore, the Tribunal had to ascertain (subjectively) the actual state of Dr Gadgil's knowledge or genuinely held belief as to the facts at the material time. If this is established, the Tribunal would have to decide whether this was dishonest by (objective) standards of ordinary decent people. If this is not established, then the Allegation would not be proved.

The Tribunal's Analysis of the Evidence and Findings

29. The Tribunal noted that Dr Gadgil had XXX at the time of the events under consideration. It noted that XXX which may have affected Dr Gadgil's judgement in making his decisions.

Paragraph 4aii and 4bii of the Allegation

> 4. When you submitted the application referred to in:
>
> a. paragraph 2 above, you knew that you:
>
> ii. had been dismissed from employment at RWMC following an investigation into your conduct as described at paragraph 1 and Schedule 1;
>
> b. paragraph 3 above, you knew that you:

ii. had been dismissed from employment at RWMC following an investigation into your conduct as described at Schedule 1.

30. The Tribunal considered paragraphs 4aii and 4bii together as they both reflect the same alleged knowledge when Dr Gadgil submitted his two applications for registration with the GMC on 1 September 2023 and 12 October 2023.

31. Dr Gadgil admitted paragraph 1 of the Allegation that he was dismissed from employment at RWMC as a result of his conduct as described at Schedule 1. However, he denied that he knew he had been dismissed when submitting the application forms for GMC registration. His evidence was that, on 1 May 2023, he resigned his position at RWMC following his having been made subject to a urine test; specifically that he had in fact submitted his resignation to the agency which placed him at RWMC sometime before the incident with a period of notice, that he told a member of the human resources team at RWMC on 1 May 2023 that he was resigning that day and later telephoned the agency to resign with immediate effect.

32. Further, Dr Gadgil disputed that he was on duty on 1 May 2023. He maintained that he had been called to attend a meeting that morning in respect of what he believed at the time to be a patient care issue, but which was not in fact scheduled. In effect, he alleged that he was tricked into coming into work. The Tribunal did not accept Dr Gadgil's evidence in this regard. It noted the State of Nebraska Petition for Disciplinary Action set out the following:

> *"7. On May 1, 2023, R.W.M. C. scheduled the Defendant for a for-cause* [XXX] *screen. Upon his arrival at work, the Defendant's coworkers reported he smelled of alcohol. The Defendant was taken for breathalyzer testing. The Defendant's first alcohol breathalyzer test at 07:32 a.m. yielded a positive blood alcohol content of .222. The Defendant's second alcohol breathalyzer test at 07:48 a.m. yielded a positive blood alcohol content of .259.*
>
> *8. The Defendant was terminated from his employment at R.W.M.C due to the positive alcohol screen…"*

33. The State of Nebraska Department of Health and Human Resources accepted these matters as true and adopted them.

34. The Tribunal concluded that whilst a XXX screen may have been scheduled on account of Dr Gadgil's behaviour in the weeks preceding 1 May 2023, due to his presentation on 1

May 2023 which included a co-worker reporting that he smelled of alcohol, he was breathalysed. The Tribunal rejected Dr Gadgil's evidence that he was not scheduled to attend work that day and concluded that he attended to work an early shift, not that he was being called specifically when he was not supposed to be at work. The scheduled XXX test appeared to have become less of a primary focus once the concerns regarding his presentation on duty whilst smelling of alcohol became apparent.

35. The Tribunal concluded that Dr Gadgil demonstrated sufficient recall of events on the day in question that he should have known that he was breathalysed. It noted, moreover, that Dr Gadgil appeared to underplay the seriousness of attending work for a shift whilst under the influence of alcohol. The evidence before it suggested XXX.

36. XXX

37. XXX

38. The Tribunal reflected that, if XXX on 1 May 2023, he may well have not known that he had been dismissed from employment at RWMC following an investigation into his conduct when he submitted his applications for registration to the GMC.

39. The Tribunal noted that there was no evidence from RWMC to support the contention that Dr Gadgil had been dismissed and / or that he was aware that he had been dismissed. Nor was there any evidence that Dr Gadgil was sent any written communication confirming that he had been dismissed at that time from the State of Nebraska. In these circumstances, the Tribunal concluded that the GMC had not been able to adduce sufficient evidence to establish that Dr Gadgil knew he was dismissed before the time he filled in the two applications forms for registration with the GMC.

40. The Tribunal considered that in the light of the likelihood that Dr Gadgil XXX, he may not have known that he was dismissed from RWMC, when he completed the GMC application forms on 1 September 2023 and 10 October 2023. In these circumstances, it concluded that the GMC has not adduced sufficient evidence to discharge the burden of proof.

41. The Tribunal therefore found paragraphs 4aii and 4bii of the Allegation not proved.

Paragraphs 5a and c of the Allegation

5. Your actions as described in:

a. paragraph 2.a were dishonest by reason of paragraph 4.a.i;

c. paragraph 3.a were dishonest by reason of paragraph 4.b.i;

42. In Dr Gadgil's application form to the GMC, dated 1 September 2023, the form states: *"You must provide details of all the medical regulatory authorities where you have held registration or a licence to practise in the last five years…".* Dr Gadgil only provided details of his registration with the Colorado Board of Medical Examiners.

43. In Dr Gadgil's application form to the GMC, dated 12 October 2023; under the question requesting the doctor to list "*all the medical regulatory authorities where you have held registration or a licence in the last five years as a doctor. (if you need more space, please use the supplementary information sheet at the end of this form)",* he only provided the details on his registration with the Colorado Department of Health.

44. In both application forms there was no mention of his registration with Nebraska; Maine; Maryland; Texas; Tennessee; Utah; Wisconsin; Alabama; or Minnesota. Dr Gadgil admitted that he knew he was registered or had a licence to practise in those States but said that XXX.

45. The Tribunal considered that the relevant question in each of the forms was clear. Further it noted that Dr Gadgil was able to answer other questions in the forms comprehensively, especially the questions relating to "*Your recent professional experience*" / "*Details of your experience for the last five years".* In respect of these sections of the form, it was noticeable that Dr Gadgil omitted any reference to his work experience in Nebraska at RWMC, although he appears to have included everything else. The Tribunal concluded that these omissions were not accidental. Dr Gadgil must have understood that something went wrong with his employment at RWMC, even if he did not know that he was dismissed, and deliberately chose to omit any reference to this short period of his career. It concluded this was not simply a case of inaccuracy, but rather an omission of relevant information.

46. The Tribunal also noted the argument that were Dr Gadgil to list those nine States, he would have to obtain a Certificate of Good Standing from each, which may have delayed the application process.

47. The Tribunal found that his actions would be considered dishonest by the standard of ordinary decent people.

48. The Tribunal therefore found paragraph 5a and 5c of the Allegation proved.

Paragraphs 5b and d of the Allegation

> 5. Your actions as described in:
>
> b. paragraph 2.b were dishonest by reason of paragraph 4.a.ii;
>
> d. paragraph 3.b were dishonest by reason of paragraph 4.b.ii.

49. Given the Tribunal's findings at paragraphs 4aii and 4bii, paragraphs 5b and 5d of the Allegations fall and are therefore not proved.

Paragraph 10a of the Allegation

> 10. When you answered "*no*" to the questions referred to in paragraph 9, you knew that:
>
> a. you had been dismissed from employment at RWMC following an investigation into your conduct as described at paragraph 1 and Schedule 1;

50. In the Agreed Settlement of the State of Nebraska's Petition against him, which he signed on 12 March 2024, Dr Gadgil acknowledged service of the Petition for Disciplinary Action. This stated that Dr Gadgil's employment was terminated from RWMC due to the positive alcohol screen. Nevertheless, Dr Gadgil subsequently signed the MDFA on 26 March 2024 for a job application to Birmingham & Solihull Mental Health NHS Trust in which he answered '*no*' to the following questions, and declared the answers therein to be true to the best of his knowledge and belief:

> *a. "Have you ever been dismissed for misconduct from any employment, volunteering, office, or other position previously held by you, in circumstances which may have bearing on your suitability for this position?";*
>
> *b. "Are you currently 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 your suitability for this position?";

c. "Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?".

51. Dr Gadgil admitted that he answered '*no'* to these questions but denied dishonesty. The Tribunal considered that even though Dr Gadgil XXX, he had interviewed successfully for the position on 27 February 2024 and was only completing the pre-employment checks in the MDFA on 26 March 2024.

52. The Tribunal noted his admission to paragraph 1 of the Allegation, namely that he was dismissed from employment from RWMC. Although he maintained that at the time he completed the MDFA he did not believe that to be the case, there was no new information which he had to hand enabling him to change his view. It was all to be found in the Agreed Settlement dated 12 March 2024, the Petition filed on 16 January 2024 and the order dated 20 March 2024. When Dr Gadgil signed the Agreed Settlement in the presence of a notary on 12 March 2024, he had legal representation. He should therefore have understood its significance, what it meant, and what the consequences of it were.

53. The Tribunal was therefore satisfied that, when he answered the question set out in paragraph 9(a) of the Allegation, Dr Gadgil did have sufficient knowledge, at the time he completed the MDFA on 26 March 2024, that he had been dismissed for misconduct from his employment with RWMC following an investigation in to his conduct as described in paragraph 1 and Schedule 1 of the Allegation.

54. The Tribunal was satisfied that Dr Gadgil's conduct in this regard would be considered dishonest by the standards of ordinary decent people.

55. The Tribunal therefore found paragraph 10a of the Allegation proved.

Paragraph 10b of the Allegation

10. When you answered "*no*" to the questions referred to in paragraph 9, you knew that:

b. You had been subject to an investigation, considered by the Nebraska Board, arising out of your dismissal by RWMC (as referred to in paragraph 6);

56. In oral evidence, in answer to questions from the Tribunal, Dr Gadgil stated that after 1 May 2023 there was no further legal input on his behalf, that he had resigned and that was the end of his appointment in Nebraska with RWMC. He also confirmed that it was not until

about 10 months later that he started getting information concerning that termination. He said that an investigator from DHHS (State of Nebraska Department of Health and Human Services) contacted him, that he thought it was regarding a patient in social services care. He said that he did not realise that it was a person who was investigating him at that time. He said that nothing came out of that for some time and given XXX, he felt as though the issue had been resolved, or there had been a mistake or something like that. He said that when they did send him documentation in 2024, he did not think that that would lead to anything. He confirmed that he did however instruct a lawyer but that this was an impulsive decision because he had no idea what to do as he had not been in such a situation before.

57. The Tribunal was therefore satisfied that, when Dr Gadgil answered '*no*' on the MDFA on 26 March 2024 to the question:

> *"Are you currently 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 your suitability for this position?"*

he was aware that he was subject to an investigation by the Nebraska Board arising out if his dismissal by RWMC by reason of the contact which he had with the person from the DHHS, and the subsequent proceedings in the State of Nebraska Department of Health and Human Services,

58. The Tribunal was satisfied that Dr Gadgil's conduct in this regard would be considered dishonest by the standards of ordinary decent people.

59. The Tribunal therefore found paragraph 10b of the Allegation proved.

Paragraph 11 of the Allegation

> 11. Your actions as described in paragraph 9 were dishonest by reason of paragraph 10.

60. Dr Gadgil attributed his inaccurate answering of the three questions in the MDFA, to XXX. The Tribunal acknowledged that the questions were answered at a time when Dr Gadgil had secured the position of Locum Consultant Psychiatrist at CAMHS in the Birmingham and Solihull NHS Trust subject to pre-employment checks in the MDFA. The Tribunal accepted that XXX when completing the form.

61. XXX

62. The Tribunal was satisfied that when Dr Gadgil answered those questions at paragraph 9 inaccurately, he did so deliberately in the full knowledge that declaring otherwise would likely impact his suitability for employment at the Trust. The Tribunal did not consider that XXX at the time of completing the form affected his ability to be honest.

63. The Tribunal was satisfied that by the standards of ordinary decent people, Dr Gadgil's conduct in this regard would be considered as dishonest.

64. The Tribunal therefore found paragraph 11 of the Allegation proved.

Paragraph 15 of the Allegation

> 15. Your actions as described at paragraph 12 were dishonest by reasons of paragraphs 14a-14c and 14e.

65. The Tribunal noted that Dr Gadgil had an obligation to disclose the determinations by the Nebraska Board, the Maryland board of Physicians and the Tennessee Department of Health, under Good Medical Practice (2024) ('GMP'):

> *"99 You must tell us without delay if, anywhere in the world:*
>
> *…*
>
> *e another professional body has made a finding against your registration as a result of fitness to practise process."*

66. The Tribunal noted that he was an overseas doctor and may not have been fully aware of GMC regulatory requirements and may not have known his duty to disclose. The Tribunal considered however that as a registered medical practitioner with the GMC, Dr Gadgil should have made himself aware of GMP.

67. When the concerns about Dr Gadgil's previous regulatory findings came to light, the Trust undertook an investigation and interviewed Dr Gadgil on 14 August 2024. Dr I, the Deputy Medical Director, and Ms D, Senior People Partner of Medical Workforce, undertook that meeting. It is recorded:

> "Dr I *Do you have a licence in the states?*
>
> *MG Yes, I think in Colorado.*
>
> Dr I *Are you aware of any action in other states?*

MG *In Maryland, I didn't see any patients. In Texas, I had a patient there.*

Dr I *Are you in an appeals process?*

MG *You have to go through the Secretary of State.*

Dr I *Is this happening?*

MG *It is unclear, it depends who wins the election.*

Dr I *The presidential election?*

MG *Yes*

Dr I *From our position, Nebraska has suspended you. It is a state body suspending a doctor. As an employer we should be informed of this and the GMC will want to know as well.*

MG *It's part of my research, but I can't have ideas for 3 months. It's linked to cultural diversity, identity related. I can't talk about it. I can't tell you because it will ruin the project.*

Dr I *The GMC will be want to know about it regardless of a research project, What is current situation?*

…

Dr I *We are asking you about it and you are giving very vague information. Nebraska have suspended your licence and other states have acted upon that.*

MG *It started in Nebraska*

…

"MG *I believe it is resolved in nearly all of them.*

Dr I *We are advising you to inform the GMC.*

…

"We advise that you tell the GMC that Nebraska has suspended your licence. Tell them the date you became aware of this. Let them know that you have met with us. Please copy us into the referral if you can. You can tell the GMC that you dispute it.

Going forward, we need to understand how this impacts on your employment.

We need to understand how you came to be suspended and why it wasn't shared.

We have duty to protect you and patients and we have to ensure all doctors we are employing have been checked.

We looked at your application today and there was no declaration of these suspensions. That may be because you didn't know.

…

We are not re-investigating what happened in Nebraska or what they did. Our concern is about what you knew when, and why it wasn't declared."

68. The Tribunal considered that even if Dr Gadgil did not know of his obligation when he registered with the GMC, he knew of his obligation to report/disclose by 14 August 2024 as Dr I told him directly that he should self-report to the GMC.

69. However, when Dr Gadgil self-reported, he did not mention that he had been suspended by the Nebraska Board, the Maryland board of Physicians and the Tennessee Department of Health. In his referral he stated:

"Someone reported something to my employer and therefore the NHS had to contact me regarding it and told me to report it."

And

"My employer told me a coworker claimed things about me and to contact the GMC; I am happy to answer any questions.

Per my knowledge there has not been a local investigation.

[XXX]*"*

70. The Tribunal was satisfied that by the time of the conclusion of the meeting with Dr I and Ms D, on 14 August 2024, Dr Gadgil knew of his obligation to disclose these overseas determinations to the GMC and did not do so.

71. The Tribunal was satisfied that by the standards of ordinary decent people, Dr Gadgil's conduct in this regard would be considered as dishonest.

72. The Tribunal therefore found paragraph 15 of the Allegation proved.

Paragraph 16 of the Allegation

16. Your actions as described at paragraph 13 were dishonest by reasons of paragraphs 14d and 14e.

73. Dr Gadgil sent an email to the GMC, dated 20 February 2026, in which he stated:

"I understand that you have spoken with [Mr Gledhill]. Further to my recent review of my licensure history, I would like to formally notify the GMC of two additional U.S. states in which I was previously licensed that were not included in my earlier disclosures.

I would be grateful if these matters could be included within the March 30 MPTS hearing, consistent with the recent joinder for Tennessee and Maryland. The Minnesota voluntary surrender relates solely to the Nebraska matter and does not involve separate underlying concerns. The Alabama licence expired without further action.

` *The details are as follows:*

*1. **Alabama** – Licensed 27/06/2022 to 31/12/2022. Status: Expired (eligible to reapply).*

*2. **Minnesota** – Licensed 17/03/2022 to 31/08/2023. Status: Expired, later voluntarily surrendered on 09/11/2024 in connection with the Nebraska matter (eligible to reapply).*

*For completeness, I also note that my **Colorado** license, originally listed as active from 23/06/2008 to present, was voluntarily surrendered on 28/01/2025 in connection with the Nebraska matter. The GMC may already be aware of this, but I wanted to ensure clarity."*

74. The Tribunal considered that this disclosure was around 18 months after Dr Gadgil was directly told by Dr I to disclose the overseas determinations to the GMC in accordance with his mandatory obligations. The Tribunal considered that his disclosure to the GMC and to the Trust should have been in relation to all States in which he was registered or had a licence to practise.

75. The Tribunal was satisfied that from the 14 August 2024 Dr Gadgil was sufficiently aware of his obligation to disclose this information, but failed to do so.

76. For the same reasons as set out in respect of paragraph 15, the Tribunal was satisfied that by the standards of ordinary decent people, Dr Gadgil's conduct in this regard would be considered as dishonest.

77. The Tribunal therefore found paragraph 16 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

78. The Tribunal has determined the facts as follows:

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

1. On or around 1 May 2023, you were dismissed from employment at Regional West Medical Centre ('RWMC') as a result of your conduct as described at Schedule 1. **Admitted and found proved**

2. On or around 1 September 2023, you submitted an application to the General Medical Council ('GMC') for registration as a doctor and:

   a. in response to the requirement to "provide details of all the medical regulatory authorities where you have held registration or a licence to practise in the last five years", you failed to declare that you had a licence to practise in the United States, in the state of:

      i. Nebraska; **Admitted and found proved**
      ii. Maine; **Admitted and found proved**
      iii. Maryland; **Admitted and found proved**
      iv. Texas; **Admitted and found proved**
      v. Tennessee; **Admitted and found proved**
      vi. Utah; **Admitted and found proved**
      vii. Wisconsin; **Admitted and found proved**
      viii. Alabama; **Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved**
      ix. Minnesota; **Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved**

   b. you answered "no" to the following questions:

i. "Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?"; **Admitted and found proved**

~~ii. "Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?";~~ **Withdrawn pursuant to Rule 17(6) of the Rules**

~~iii.~~ii. "Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?".
Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

3. On or around 12 October 2023, you submitted an application to the GMC for registration as a doctor and:

a. in response to the requirement to "list below details of all the medical regulatory authorities where you have held registration or a licence in the last five years as a doctor", you failed to declare that you had a licence to practise in the United States, in the state of:

i. Nebraska; **Admitted and found proved**
ii. Maine; **Admitted and found proved**
iii. Maryland; **Admitted and found proved**
iv. Texas; **Admitted and found proved**
v. Tennessee; **Admitted and found proved**
vi. Utah; **Admitted and found proved**
vii. Wisconsin; **Admitted and found proved**
viii. Alabama; **Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved**
ix. Minnesota; **Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved**

b. you answered "no" to the following questions:

i. "Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?"; Admitted and found proved

~~ii. "Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?";~~ Withdrawn pursuant to Rule 17(6) of the Rules

~~iii.~~ii. "Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?".
Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

4. When you submitted the application referred to in:

a. paragraph 2 above, you knew that you:

i. ~~were~~ held a licen~~s~~ce~~d~~ to practi~~s~~e in the last five years in the locations referred to in paragraph 2.a.i-2.a.ix~~vii~~;
Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

ii. had been dismissed from employment at RWMC following an investigation into your conduct as described at paragraph 1 and Schedule 1; Determined and found not proved

b. paragraph 3 above, you knew that you:

i. ~~were~~ held a licen~~s~~ce~~d~~ to practi~~s~~e in the last five years in the locations referred to in paragraph 3.a.i-3.a.ix~~vii~~;
Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

ii. had been dismissed from employment at RWMC following an investigation into your conduct as described at Schedule 1.
Determined and found not proved

5. Your actions as described in:

   a. paragraph 2.a were dishonest by reason of paragraph 4.a.i;
   Determined and found proved
   b. paragraph 2.b were dishonest by reason of paragraph 4.a.ii;
   Determined and found not proved
   c. paragraph 3.a were dishonest by reason of paragraph 4.b.i;
   Determined and found proved
   d. paragraph 3.b were dishonest by reason of paragraph 4.b.ii.
   Determined and found not proved

Overseas determination

6. On 12 March 2024, pursuant to you having signed an Agreed Settlement ('the Settlement'), the State of Nebraska Department of Health and Human Services ('the Nebraska Board') determined:

   a. that you had committed misconduct at RWMC as described at paragraph 1 and Schedule 1; Admitted and found proved

   b. to suspend your license to practise medicine for six months.
   Admitted and found proved

7. On or around 3 April 2024, the Maryland Board of Physicians determined:

   a. that you had committed unprofessional conduct in the practice of medicine as described in Schedule 2;
   Admitted and found proved

   b. to suspend your license until such time as your license is reinstated by the Nebraska Board. Admitted and found proved

8. On 31 July 2024, pursuant to you having signed a consent order on 14 June 2024, the Tennessee Department of Health determined:

   a. that you had violated the law as described in Schedule 3;

Admitted and found proved

b. to suspend your license until such time as your license is reinstated by the Nebraska Board. Admitted and found proved

Birmingham and Solihull Application

9. On, or around, 26 March 2024 you submitted a job application to Birmingham & Solihull Mental Health NHS Trust and answered "no" to the following questions, which you declared therein to be true to the best of your knowledge and belief:

a. "Have you ever been dismissed for misconduct from any employment, volunteering, office, or other position previously held by you, in circumstances which may have bearing on your suitability for this position?"; Admitted and found proved

b. "Are you currently 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 your suitability for this position?"; Admitted and found proved

c. "Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?". Admitted and found proved

10. When you answered "no" to the questions referred to in paragraph 9, you knew that:

a. you had been dismissed from employment at RWMC following an investigation into your conduct as described at paragraph 1 and Schedule 1; Determined and found proved

b. you had been subject to an investigation, considered by the Nebraska Board, arising out of your dismissal by RWMC (as referred to in paragraph 6); Determined and found proved

c. on 12 March 2024:

i. you signed the Settlement; **Admitted and found proved**

ii. the Nebraska Board had determined to suspend your license to practise medicine for six months. **Admitted and found proved**

11. Your actions as described in paragraph 9 were dishonest by reason of paragraph 10. **Determined and found proved**

Failure to notify

12. You failed to disclose the determinations referred to in paragraphs 6-8 to the GMC. **Admitted and found proved**

13. You failed to notify the GMC that you had been suspended from practising medicine by the:

i. Maine Board of Licensure in Medicine on 10 April 2024;
Admitted and found proved

ii. Texas Medical Board on 16 April 2024.
Admitted and found proved

14. You knew that:

a. the Nebraska Board had determined:

i. that you had committed misconduct at RWMC as described in paragraph 1 and Schedule 1; **Admitted and found proved**

ii. to suspend your license to practise medicine for six months;
Admitted and found proved

b. the Maryland Board of Physicians had determined:

i. that you had committed the misconduct as described at Schedule 2; **Admitted and found proved**

ii. to suspend your license to practise~~ces~~ until such time it is reinstated by the Nebraska Board;
Amended pursuant to Rule 17(6) of the Rules. Admitted and found proved

c. the Tennessee Department of Health determined:

i. that you had violated the law as described in Schedule 3; **Admitted and found proved**

ii. to suspend your license until such time as your license is reinstated by the Nebraska Board; **Admitted and found proved**

d. you had been suspended from practising medicine in the states listed in paragraph 13; **Admitted and found proved**

e. by your continual failing ~~failing~~ to disclose the overseas determinations listed at paragraphs 6-8 and the suspensions listed at paragraph 13, the GMC would not have been alerted to: **Amended pursuant to Rule 17(6) of the Rules**

i. the fact you had a license to practise medicine in the United States, in the states referred to in paragraphs 6-8, and 13; **Admitted and found proved**

ii. your dismissal from employment at RWMC, as described at paragraph 1. **Admitted and found proved**

15. Your actions as described at paragraph 12 were dishonest by reasons of paragraphs 14a-14c and 14e. **Determined and found proved**

16. Your actions as described at paragraph 13 were dishonest by reasons of paragraphs 14d and 14e. **Determined and found proved**

XXX

XXX

XXX

Determination on Impairment - 13/04/2026

1. This decision will be handed down in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as it relates to confidential matters. Where matters which relate to Dr Gadgil's alleged misconduct, a public redacted version of this determination will be produced at the conclusion of these proceedings.

2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Gadgil's fitness to practise is impaired by reason of misconduct and/or overseas determinations XXX.

The Evidence

3. The Tribunal has reviewed all the evidence heard in relation to the fact-finding stage of this inquiry. For this the second stage, Dr Gadgil submitted XXX and a 'return to work plan', XXX undated and unsigned, and an unsigned Stage 2 statement, dated 9 April 2026. He also gave oral evidence.

Summary of Dr Gadgil's oral evidence

4. Mr Lee Gledhill, counsel, directly instructed, represented Dr Gadgil from this stage in proceedings.

5. XXX

6. XXX

7. Mr Gledhill asked Dr Gadgil how he would manage in the future with probity matters. Dr Gadgil said that he understood and accepted the Tribunal's findings and the seriousness of

these matters. He said that he has undertaken probity and ethics courses to further educate himself around professionalism in the UK; he would like some time to continue to do that going forward and to build on what he has learned. Dr Gadgil said that he was very aware of the impact his conduct had, not only on himself, but also on patient trust, confidence in the profession, on colleagues and trust in the GMC. Dr Gadgil accepted that by withholding information from the Trust and the GMC he misled them and that, had they had this information earlier, they would have been better able to XXX in order to achieve safety for his patients. He said that not disclosing that information would have been misleading to the GMC in terms of clinical governance.

8. In respect of the importance of adherence to rules, Dr Gadgil said that he now understood, especially with what has happened, the importance of being transparent, honest and the need to fully disclose any and all regulatory issues in a proactive way. He said he also recognised that, if he were unsure, he would seek guidance as to whether or not something needed to be reported and would not make that judgement himself.

9. With regard to returning to work, Dr Gadgil said that he would initially need supervision to ensure that he was working within the rules of the system and in reviewing documentation such as clinical notes to verify they are correct and accurate. He said that he would also follow relevant regulatory guidelines around professionalism at work including staying up to date with continuing education. In respect of form filling such as, for example, GMC and employment application forms, Dr Gadgil said that he would ensure they were completed honestly, fully and transparently and not leaving things out.

10. In response to Tribunal questions, Dr Gadgil confirmed that he has not worked as a psychiatrist since working for the Birmingham and Solihull Trust in the summer of 2024. He said that he was not registered to practise in India where he is currently residing, and that he was XXX and taking some time to do coursework. He said that his goal was to return to the UK to undertake a clinical attachment or something of that kind in order to enable him to be able to return to work in a supervised way. He said that he had not yet done so given these regulatory proceedings.

11. XXX

Submissions on behalf of the GMC

12. Mr Brook submitted that Dr Gadgil has been found to have obtained both GMC Registration and employment by dishonest failures to answer pertinent questions truthfully, by omission of pertinent matters and thereafter, dishonestly failing to draw them to the attention of the GMC as required by Good Medical Practice. Throughout his submission Mr Brook referred the Tribunal to the relevant paragraphs of the *Guidance for MPTS Tribunals (24 November 2025)* ('the Guidance'). He submitted that there were several legal bases for considering Dr Gadgil's fitness to practise in this case.

13. XXX Mr Brook submitted that in respect of the misconduct and overseas determinations, the Guidance indicated that these allegations would fall at the higher end of the spectrum of seriousness.

14. Mr Brook referred the Tribunal to the relevant paragraphs in the Guidance as to factors increasing the seriousness (2b of the Guidance). In respect of XXX and relevant fitness to practise history, Mr Brook said that these included decisions made by other regulatory bodies. He reminded the Tribunal that the overseas determinations resulted in suspension orders. He submitted that the GMC did not attach much weight to this as there was no evidence of repetition of the index behaviour behind the overseas determination. He said that the Guidance sets out that where allegations usually fall at the lower end of seriousness, the absence of features that may increase seriousness will mean the allegation is likely to stay at the lower end. He said this means that in certain categories of case, relevant context and Dr Gadgil's response may have more impact or carry more weight.

15. In respect of the misconduct/overseas determinations, Mr Brook submitted that there were several factors increasing the level of seriousness. Firstly, there was Dr Gadgil's persistent and / or repeated dishonesty in concealing his overseas determinations / full licence history from the GMC as regulator and employer. He said Dr Gadgil had submitted an inaccurate employment history when he applied for GMC registration on two separate occasions, the second of which was successful. Mr Brook submitted that Dr Gadgil concealed his full licence history to avoid the GMC and the Birmingham and Solihull Trust being alerted to his dismissal by RWMC. He submitted that Dr Gadgil's continued failure to notify the GMC of the several overseas determinations was done in order to avoid alerting the GMC to the suspensions. This, he submitted, undermined the system designed to protect the public. Mr Brook submitted that this increased the overall seriousness of the misconduct and overseas determination allegations, and that they remain at the higher end of seriousness.

16. In respect of current and ongoing risk (2c of the Guidance) and any relevant context about the doctor and/or workplace, Mr Brook submitted that there was no workplace context to consider. He reminded the Tribunal of paragraph 64 of the Guidance: *"failure to meet the professional standards expected is not acceptable simply because a doctor is newly qualified"*, or as in this case, *"new to UK practice*". Mr Brook submitted that, on the contrary, Dr Gadgil had experience working in numerous States in the USA. He would therefore have an understanding of the need to comply with the requirements of multiple regulators. Mr Brook reminded the Tribunal that Dr Gadgil worked in adult and child psychiatry. XXX. He invited the Tribunal to consider that Dr Gadgil should have been able to recognise right and wrong, XXX.

17. XXX

18. Mr Brook noted that it was Dr Gadgil's case that his misconduct, the overseas determinations and his continuing failure to declare them, were directly linked to XXX at the time. He submitted that when assessing this submission, the Tribunal should be concerned to see whether there is indeed any direct link to XXX. In this regard, he said that the Tribunal should consider XXX. He acknowledged that the evidence concerning XXX may mean that XXX was at the lower end of the spectrum; it may, moreover, reduce the risk of repetition in terms of misconduct and the overseas determinations, but he submitted that it did not completely extinguish ongoing risk, particularly as there had been repetitive concealments.

19. In respect of current and ongoing risk (2d of the Guidance), Mr Brook submitted that XXX will generally be easier to remediate than the misconduct and overseas determination allegations. He submitted that in respect of XXX. He said that, as Dr Gadgil is currently overseas, it would be useful to know XXX and how this may ensure his safe return to practise in the UK. XXX

20. In respect of the dishonesty allegations, Mr Brook acknowledged that Dr Gadgil was entitled to deny them and that, moreover, he had shown some evidence of insight without fully admitting the circumstances of the allegation. He said that less weight could be given to insight here as the behaviour behind these allegations was more difficult to remediate XXX. He submitted that objective evidence of remediation would carry more weight than a personal statement. He reminded the Tribunal that Dr Gadgil has provided some relevant continuous professional development ('CPD') certificates and a detailed reflective statement. He said that it did appear from the reflective statement that Dr Gadgil has expressed genuine

remorse about the allegations and that he has accepted the Tribunal's findings. Mr Brook acknowledged that Dr Gadgil has sought to comply with the duty of candour and that he has identified how he would act differently in the future.

21. Mr Brook invited the Tribunal to ensure that a low risk of repetition was carefully distinguished from no risk of repetition as this would have an impact of the spectrum of seriousness. He said that the starting point for assessing current and ongoing risk to public protection is high. Mr Brook submitted that a conclusion that the allegation is highly unlikely to be repeated will have the impact of decreasing the level of current and ongoing risk to public protection posed by Dr Gadgil. He said however, that where the allegation falls at the higher end of the spectrum of seriousness, and the starting point for assessing current and ongoing risk to public protection is high, a conclusion that an allegation is highly unlikely to be repeated is not appropriate.

22. Mr Brook submitted that Dr Gadgil has not provided any information that he has kept his skills and knowledge up to date, although this may carry less weight in terms of its relevance given the types of allegations before the Tribunal. Mr Brook acknowledged that Dr Gadgil's response to the allegations was to the effect that the current and ongoing risk to public protection was reduced in respect of all allegations. He submitted, however, that this did not completely extinguish the risk of repetition, XXX. Mr Brook submitted that the risk to public protection may be XXX, but that was not necessarily the case in respect of the misconduct and overseas determinations.

23. XXX In respect of the risk in relation to misconduct and the overseas determinations, Mr Brook submitted that the starting point was at the high level. He acknowledged that relevant context, albeit carrying less weight in these circumstances, may decrease the level of risk, but not enough to bring the level down to medium level. In conclusion, Mr Brook submitted that all three elements of public protection were engaged. He submitted that it was important that XXX to protect the public and findings of impairment should be made in respect of the dishonesty and overseas determinations to promote and maintain public confidence and professional standards.

Submissions on behalf of Dr Gadgil

24. Mr Gledhill referred the Tribunal to Dr Gadgil's stage 2 statement. He submitted that it was drafted prior to having seen Mr Brook's submissions but that it was broadly in accordance with the analysis of the GMC. He said that Dr Gadgil did not seek to water down the submission of the GMC; Dr Gadgil accepted the seriousness of the conduct and accepted

that he has committed serious professional misconduct. Mr Gledhill submitted that Dr Gadgil also accepted XXX. He submitted that Dr Gadgil accepted that his fitness to practise is currently impaired XXX by reason of misconduct.

25. XXX

26. Mr Gledhill referred the Tribunal to Dr Gadgil's XXX and his return to work plan. He said that Dr Gadgil was content to be open with any future employer XXX. He said that it was Dr Gadgil's desire to establish himself as a permanent member of a team in the long term, rather than to undertake locum work, so that he has the full support of the NHS behind him. Mr Gledhill suggested it may be that Dr Gadgil could return to work under conditions, later with undertakings, possibly for the rest of his career, in light of the seriousness of what has happened. He said that Dr Gadgil was not resistant to this and recognised that, in the initial phases of a return to work, conditions would be helpful, including an element of supervision. Mr Gledhill submitted that this demonstrated Dr Gadgil's insight into XXX, maintaining standards and ensuring the public are protected.

27. XXX. He said that he did not seek to go behind the Tribunal's findings of fact but said that Dr Gadgil would have been unlikely to have acted in the way that he did, and to have been dishonest, had it not been for XXX. Mr Gledhill said that the Tribunal's decision was not challenged in any way but he emphasised the mitigating aspect of XXX and how it would have had an impact on him. He acknowledged that Dr Gadgil needed to ensure XXX, nor cause him to act in a way that would be unprofessional. He said that Dr Gadgil was working to ensure that there is no repetition.

28. Mr Gledhill submitted that Dr Gadgil accepted that the conduct, as found proved by the Tribunal in respect of dishonesty and misconduct, constituted serious professional misconduct leading to a proper finding of impairment. He submitted that Dr Gadgil has been on courses, presented evidence and has clearly been on a journey. He said that whilst it may be at an early stage, there was evidence of emerging insight and a desire to make things right in the longer term by ensuring no repetition and XXX. Mr Gledhill submitted that the risk of repetition was low in light of the history of events and the emerging insight but accepted that Dr Gadgil would need to work at evidencing this over the coming months. Mr Gledhill said that whilst the sanction stage had not been reached, he would be inviting the Tribunal to consider the imposition of a period of suspension so that Dr Gadgil could provide further evidence in relation to his emerging insight relating to his misconduct XXX. Mr Gledhill submitted that Dr Gadgil was very keen to put things right but recognised that demonstrating

learning in relation to probity and dishonesty was not easy. He said that Dr Gadgil recognised this was not a simple matter, but given the passage of time, he would be capable of presenting evidence that would reassure a reviewing Tribunal. Mr Gledhill submitted that the conduct was therefore remediable, albeit with some difficulties, noting the contributing underlying impact in respect of XXX.

29. Mr Gledhill submitted that there were redeeming qualities in Dr Gadgil's conduct and the steps he has taken to overcome past misconduct. XXX He said that Dr Gadgil has indicated that when he returns to the UK, he will XXX

30. Mr Gledhill submitted that Dr Gadgil has expressed regret and sincerely apologised for his conduct. He said that Dr Gadgil would not have wanted to let the profession down, or the public down. In conclusion he said, as previously submitted, that Dr Gadgil accepted that his fitness to practise is currently impaired XXX by reason of the findings of misconduct.

The relevant legal principles

31. The Tribunal reminded itself that there is no burden or standard of proof at this stage of the proceedings and the decision on 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.

32. In approaching the decision, the Tribunal was mindful that there was a first stage to be adopted in relation to the allegations of impairment by reason of misconduct, namely, whether the facts as found proved amount to misconduct (the nature of which was serious). Having made that decision, the Tribunal will then go on to consider whether, by reason of its findings on misconduct (if any), the overseas determinations XXX, there is a current and ongoing risk to public protection (in each or any of its parts) requiring restrictive action thereby leading to a finding of impairment.

33. In determining whether or not Dr Gadgil's conduct amounted to misconduct, the Tribunal was guided by the definition of misconduct as set out by Lord Clyde in the case of *Roylance v GMC [2000] AC 311:*

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

34. The Tribunal was also guided by the definition of misconduct set out by Elias J. as he then was, in the case of *Remedy v GMC [2010] EWHC 1245 (Admin):*

> *"Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession."*

35. To assess whether Dr Gadgil poses any current and ongoing risk to public protection which may require restrictive action, the Tribunal will consider where on the spectrum of seriousness the allegation lies, based on the facts it has already found proved, the impact of any relevant context known about Dr Gadgil and his working environment and how Dr Gadgil has responded to the allegations.

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

37. The Tribunal bore in mind throughout its deliberations the need to uphold all the three limbs of public protection, Namely:

- to protect, promote and maintain the health, safety and wellbeing 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.

38. Throughout its decision making, the Tribunal had regard to all the evidence it has received documentary and oral, the submissions of Mr Brook and Mr Gledhill, and the Guidance.

The Tribunal's determination on impairment

Misconduct

Allegations 1-5

39. Dr Gadgil's was dismissed from RWMC on or around 1 May 2023 as a result of findings of unprofessional conduct relating to XXX intoxication and providing professional services while under influence of alcohol (paragraph 1 of the Allegation). The Tribunal determined that Dr Gadgil's dismissal from his employment by RWMC on those grounds fell far short of what was proper in the circumstances and was sufficiently serious to amount to misconduct.

40. Dr Gadgil submitted applications for registration with the GMC on 1 September 2023 (paragraph 2 of the Allegation) and on 12 October 2023 (paragraph 3 of the Allegation), in which he declared that he was registered to practise in Colorado, but failed to declare he had a licence to practise in Nebraska; Maine; Maryland; Texas; Tennessee; Utah; Wisconsin; Alabama; and Minnesota. He also answered '*no*' on both application forms to the following questions:

> "*Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?"; Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?";* and
>
> "*Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?".*

41. Dr Gadgil knew that he was licenced to practise in those other locations.

42. The Tribunal was of the view that, by his failures to disclose that he was registered to practise in the states other than Colorado to the regulator, namely the GMC, to which he was applying for registration, Dr Gadgil deprived the GMC of the ability to investigate his professional and any regulatory history. The Tribunal was of the view that Dr Gadgil's conduct in this regard was sufficiently serious so as to amount to misconduct.

43. The Tribunal has found that in Dr Gadgil's failure to disclose to the GMC the several States where he was registered to practise when he submitted his applications to the GMC, was dishonest (paragraphs 5(a) and (c) of the Allegation). Dr Gadgil had a duty to disclose this information and chose not to. The Tribunal determined that Dr Gadgil's conduct in this regard was sufficiently serious to amount to misconduct.

Allegations 9-11

44. Dr Gadgil submitted an application form to Birmingham & Solihull Mental Health NHS Trust on or around 26 March 2024. He answered no to the following questions in the MDFA:

> *"Have you ever been dismissed for misconduct from any employment, volunteering, office, or other position previously held by you, in circumstances which may have bearing on your suitability for this position?";*
>
> *"Are you currently 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 your suitability for this position?"; and*
>
> *"Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?".*

declaring that the information provided therein was true to the best of his knowledge and belief (paragraph 9 of the Allegation). In contrast to the position in the autumn of 2023 when he applied for registration with the GMC, he did so in the knowledge that he had been dismissed from RWMC, and that he had been subject to an investigation by the Nebraska Board. He also knew at that time (26 March 2024) that on 12 March 2024 he had signed the Agreed Settlement, and the Nebraska Board had determined to suspend his licence to practise for six months (paragraphs 10a-c of the Allegation). The Tribunal found Dr Gadgil's actions in this regard to have been dishonest (paragraph 11 of the Allegation).

45. The Tribunal was again satisfied that Dr Gadgil had an obligation to provide the correct and accurate information but chose not to do so. It was of the view that in respect of this (the Trust) application the matters were all the more serious because he knew by this time that he would be suspended by the Nebraska Board on 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 (paragraphs 9-16 of the Allegation) were sufficiently serious so as to amount to misconduct.

Allegations 12-16

46. Dr Gadgil failed to disclose the determinations of the Nebraska Board on 12 March 2024, the Maryland Board of Physicians on or around 3 April 2024 and the Tennessee Department of Health on 14 June 2024 to the GMC (paragraph 12 of the Allegation). He also failed to notify the GMC that he had been suspended from practising medicine by the Maine Board of Licensure in Medicine on 10 April 2024 and the Texas Medical Board on 16 April 2024 (paragraph 13 of the Allegation); when he knew that he had been suspended by all five of these States (paragraph 14 of the Allegation). The Tribunal was again of the view that Dr Gadgil had a duty under GMP to declare this information to the GMC but failed to do so. Whilst it may have been the case that Dr Gadgil may not have been aware of the duty to notify as set out in GMP, nevertheless, all doctors registered with the GMC are required to make themselves aware of the rules and regulations of the regulator. The Tribunal noted, however, in respect of this set of allegations, that it was made clear to Dr Gadgil on 14 August 2024 by Dr I that he should report himself to the GMC. He did self-report, albeit in vague terms, but failed to notify the GMC about the overseas determinations. The Tribunal found this to be dishonest (paragraphs 15 and 16 of the Allegation).

47. Dr Gadgil had an obligation to notify the GMC of the overseas determinations, he chose not to and failed to adhere to the requirements as set out in GMP. The Tribunal considered that the regulator's access to such information was important. The Tribunal determined that Dr Gadgil's conduct and dishonesty in this regard was sufficiently serious to amount to misconduct.

Impairment by reason of misconduct

Allegation 1

2b: decide where on the spectrum of seriousness the allegation lies

48. The Tribunal had regard to the Guidance which stated:

"Decide where on the spectrum of seriousness the allegation lies

- *Identify the starting point for assessing seriousness*
- *Identify any features that increase seriousness*
- *Confirm where on the spectrum of seriousness the allegation is (lower end,*
  mid-range, higher end) and therefore what the starting point for assessing risk is (low, medium, high)

49. The 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.

50. The Tribunal had regard to the Guidance which set out features which may increase the seriousness of an allegation including:

"*The behaviour or poor performance was persistent or repeated*

"A reckless disregard for patient safety or professional standards

51. The Tribunal was of the view that these paragraphs are engaged in respect of Allegation 1. However, the Tribunal noted the guidance in respect of:

"Reckless disregard for patient safety or professional standards"

Further guidance, qualifies this aspect of seriousness, as follows:

"*…where a doctor knew, or ought to have known…".*

52. The Tribunal was concerned as to the level of comprehension which Dr Gadgil had about himself when he behaved in the manner set out in Schedule 1 of the Allegation and which led to his dismissal, given XXX

53. The evidence suggested that this behaviour coincided with a period when XXX However, the Tribunal concluded that it was overwhelmingly likely that, had it not been for XXX, this serious behaviour would not have arisen. It reached the view that XXX and that it was this that led to the conduct for which he was dismissed by RWMC as set out in Allegation 1.

54. The Tribunal was therefore satisfied that, but for the impact of XXX, Dr Gadgil's conduct would be at the mid to high range on the spectrum of seriousness.

2c: consider the impact of any relevant context

55. The Tribunal was of the view that the relevant context at the time was XXX, and that this had a significant impact on his behaviour.

2d: consider how the doctor has responded to the Allegation(s)

56. The Tribunal has accepted that Dr Gadgil's conduct at Allegation 1 was due to XXX He has made admissions to the Allegation and expressed genuine regret and apologised for his behaviour.

2e: on the basis of the conclusions reached in steps 2b-d decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment

57. The Tribunal was satisfied that by reason of the measures which Dr Gadgil has taken as set out above, Dr Gadgil has significantly reduced any risk to public protection in respect of the misconduct identified in Allegation 1. Provided XXX, the Tribunal was satisfied that any repetition of this conduct was unlikely.

58. The Tribunal was satisfied that given XXX, public confidence in the profession and standards for members of the profession would not be undermined were the Tribunal to determine that Dr Gadgil's fitness to practise is not currently impaired in respect of Allegation 1.

59. The Tribunal therefore determined that Dr Gadgil's fitness to practise is not currently impaired in respect of Allegation 1.

Allegations 2-5

2b: decide where on the spectrum of seriousness the Allegation lies

60. In respect of Allegations 2-5, the Tribunal had regard to the Guidance which sets out:

> *"28. Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*
>
> *…*
>
> *an incident of dishonest behaviour which is limited in nature and had limited impact, such as where it occurred outside of the doctor's professional role and the value of any financial or other benefit derived was low"*

and

> *"31. Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> *…*
>
> *where a doctor has deliberately misled patients or others about their licensing status…"*

61. The Tribunal considered that the level of seriousness of Dr Gadgil's conduct in this regard sat somewhere within these two paragraphs.

62. The Tribunal also had regard to the Guidance which sets out features which may increase the seriousness of an Allegation:

> *"Undermining a system designed to protect the public*
>
> *Where a doctor does not provide accurate information to one of these organisations, their regulator or another body who they're employed by, or registered with, to provide healthcare services, the ability of those organisations to protect the public or deliver safe care to patients can be undermined. This also applies where a doctor is seeking employment or registration.*

Behaviour or poor performance that undermines the integrity of a system designed to protect the public can only arise in a doctor's working life."

63. The Tribunal was satisfied that this paragraph of the Guidance is engaged in respect of Allegations 2-5.

64. The Tribunal considered that Dr Gadgil's dishonest failure to disclose his registration with Nebraska was likely to be occasioned by the fact that he did not wish the GMC to discover that something had gone wrong with his employment with RWMC in that state. This was prior to the subsequent investigation by the Nebraska Board. It was satisfied that the omissions on the application forms fell at the mid-level of seriousness.

2c: consider the impact of any relevant context

65. In the context of the Tribunal's findings in relation to Allegation 1, the Tribunal accepted that Dr Gadgil was likely not to have had XXX in relation to the significance of his decision not to disclose any medical regulatory authorities where he had held registration or a licence to practise in the preceding five years. Nevertheless, the Tribunal found that he deliberately chose not to disclose them. The Tribunal concluded that had it not been for XXX, these matters would not have arisen.

2d: consider how the doctor has responded to the Allegation(s)

66. The Tribunal accepted that Dr Gadgil has taken appropriate steps to XXX He has made admissions to the Allegation and expressed genuine regret and apologised for his behaviour.

2e: on the basis of the conclusions reached in steps 2b-d decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment

67. The Tribunal was satisfied that given the context of XXX and its impact on his actions, and XXX that there was low risk to patient safety arising from his misconduct in relation to paragraphs 2-5 of the Allegation. It was of the view that that public confidence in the profession and standards for members of the profession would not be undermined were the Tribunal to determine that Dr Gadgil's fitness to practise was not currently impaired in respect of Allegations 2-5.

68. The Tribunal therefore determined that Dr Gadgil's fitness to practise is not currently impaired in respect of Allegations 2-5.

Allegations 9-11

2b: decide where on the spectrum of seriousness the Allegation lies

69. In respect of Dr Gadgil's misconduct in the way he completed his application to the Trust on 26 March 2024, the Tribunal noted that he completed the MDFA shortly after he had had regulatory engagement with the State of Nebraska Department of Health and Human Resources and by consent had been made subject to the Order on Agreed Settlement. The matters which were the subject of the questions which he denied dishonestly in the MDFA were therefore current and known to him.

70. The Tribunal had regard to the Guidance which sets out features which may increase the seriousness of an Allegation. It was of the view that the paragraph relating to "*Undermining a system designed to protect the public"* as has been set out above, was engaged in this regard.

71. The Tribunal determined that Dr Gadgil's misconduct and dishonesty was at the higher end of the spectrum of seriousness.

2c: consider the impact of any relevant context

72. The Tribunal considered that while Dr Gadgil did XXX, he made a conscious decision to have been dishonest in completing the application forms. Whilst he XXX, he was also aware of the regulatory process in respect of the RWMC. He was legally represented at those proceedings and signed the Agreed Settlement. The best which may be observed about the connection between XXX and his dishonesty at that time is that he did not attach importance to the Nebraska Board's determination and the matters which led to it. He had moved on. The Tribunal noted that the proceedings brought in the State of Nebraska were some eight months after the incident to which they related and by that time he had ceased to practise in Nebraska.

2d: consider how the doctor has responded to the Allegation(s)

73. The Tribunal notes its earlier reasoning in respect of how Dr Gadgil has responded to the Allegation in relation to Allegations 2-5 and XXX.

2e: on the basis of the conclusions reached in steps 2b-d decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment

74. The Tribunal reached the conclusion that Dr Gadgil's perception at the time that the proceedings in Nebraska and the matters to which they related were irrelevant do not detract from the seriousness of his conduct. It was satisfied that Dr Gadgil's actions in respect of his misconduct regarding paragraphs 9-11 had the potential to impact public safety, and undermined not only public confidence in the profession, but also proper professional standards and conduct for members of the profession.

75. The Tribunal therefore determined that Dr Gadgil's fitness to practise is currently impaired in respect of Allegation 11.

Allegations 12 - 16

2b: decide where on the spectrum of seriousness the Allegation lies

76. The Tribunal reminded itself of its determination that upon registration, Dr Gadgil had an obligation to disclose the overseas determinations to the GMC and that his failure to do so was dishonest following his interview with Dr I on 14 August 2024.

77. The Tribunal had regard to the Guidance which sets out features which may increase the seriousness of an Allegation. It was of the view that the paragraph relating to "*Undermining a system designed to protect the public"* set out above, was engaged in this regard.

78. The Tribunal determined therefore that Dr Gadgil's misconduct and dishonesty in this regard lay at the higher end of the spectrum of seriousness.

2c: consider the impact of any relevant context

79. The Tribunal again considered XXX. He had commenced working with the Trust and, in his own perception, was doing so successfully. He was not anticipating being interviewed about determinations relating to his overseas registrations in the United States on 14 August 2024. He had, as mentioned above, consigned them to the past. He had embarked upon a medical career in the UK. In the light of his ability to perform his role as a Consultant Psychiatrist at that time, XXX. This serves as an explanation as to why he did not then or at any time thereafter discharge his professional obligation and report the overseas determinations appropriately to the GMC. Nevertheless, the Tribunal has found that his ongoing failure to do so was dishonest.

2d: consider how the doctor has responded to the Allegation(s)

80. The Tribunal notes its earlier reasoning in respect of how Dr Gadgil has responded to the Allegation and XXX, in respect of Allegations 2-5.

2e: on the basis of the conclusions reached in steps 2b-d decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment

81. The Tribunal recognised that it was not for Dr Gadgil to choose whether or not to disclose the overseas determinations to the GMC; it was his professional obligation to do so. Dr Gadgil should have understood that following his interview with Dr I.

82. Nevertheless, on account of the Tribunal's finding that the behaviour which led to his dismissal by RWMC was occasioned XXX, and because the regulatory findings against him were directly (in the case of the state of Nebraska) and indirectly (in the case of the other state regulators) a consequence of that behaviour, it does not consider that a finding of impairment on public protection grounds is warranted.

83. The Tribunal finds, however, that Dr Gadgil's fitness to practise is impaired on the wider public interest grounds in relation to his misconduct in failing to notify the GMC of the overseas determinations. That failure, particularly because it was dishonest, damages the reputation of the medical profession and represents something considerably below what is expected of members of that profession.

84. The Tribunal considered that an ordinary member of the public who was aware of all the details of this case would be dismayed if the Tribunal were not to find Dr Gadgil's fitness to practise impaired on the wider public interest grounds, notwithstanding XXX.

85. The Tribunal therefore determined that Dr Gadgil's fitness to practise is currently impaired in respect of Allegation 16.

Impairment: The overseas determinations – paragraphs 6-8

86. This section of the determination addresses the issues as to whether Dr Gadgil's fitness to practise is impaired by the fact of the overseas determinations, as opposed to his dishonest failure to report them to the GMC.

2b: decide where on the spectrum of seriousness the Allegation lies

87. The Tribunal found that being made the subject of a determination from an overseas regulatory authority was serious. In Dr Gadgil's case there were multiple such overseas determinations. The determinations were suspensions for minimum periods of 6 months, subject to reinstatement by the state of Nebraska.

2c: consider the impact of any relevant context

88. All the determinations save that from the State of Nebraska were consequent upon that state's determination. Proceedings in the State of Nebraska were commenced some 8 months after Dr Gadgil was dismissed by RWMC in the State of Nebraska. XXX. The Tribunal has noted that Dr Gadgil did not attach importance to the Nebraska Board's determination and the matters which led to it, nor to the suspensions consequent upon the determination by the State of Nebraska. Nevertheless, from the public's point of view, such determinations have much importance. If there was a challenge to the propriety of any such determinations, that should be addressed in court proceedings. As they were not, the determinations remained of significance, and raised questions about Dr Gadgil's professionalism and integrity.

2d: consider how the doctor has responded to the Allegation(s)

89. In the long term, but not in a timely manner, Dr Gadgil has addressed the determinations. He has addressed the underlying cause of them – XXX. The determinations

are now before this Tribunal, and this Tribunal therefore has the opportunity to consider whether Dr Gadgil's fitness to practise is currently impaired thereby.

2e: on the basis of the conclusions reached in steps 2b-d decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment

90. The Tribunal considered that the overseas determinations and Dr Gadgil's original behaviour leading to his dismissal by RWMC are now of less significance given that the explanation for his behaviour has now been understood and because the determinations have been eclipsed by his dishonesty in not disclosing them to the Trust nor to the GMC. It considers that a finding of impairment on public protection grounds with regard to the overseas determinations is not warranted. Further, it finds Dr Gadgil's fitness to practise not impaired on the wider public interest grounds. Whilst recognising the importance of protecting the reputation of the profession and the need to declare and uphold standards of conduct for members of that profession, it considers that such a finding is no longer relevant taking into account the reason why the determinations were made in the first place. The more important matter is XXX.

XXX

91. XXX

92. XXX

93. XXX

94. XXX

95. XXX

96. XXX

XXX

97. XXX

98. XXX

XXX

99. XXX

XXX

100. XXX

XXX

101. XXX

102. XXX

103. XXX

104. XXX

Overall findings of impairment

105. The Tribunal has therefore found that Dr Gadgil's fitness to practise is impaired by reason of:

a. his misconduct in relation to paragraph 11 of the Allegation;
b. his misconduct in relation to paragraph 12 of the Allegation;
c. his misconduct in relation to paragraphs 15 and 16 of the Allegation;
XXX

Determination on Sanction - 14/04/2026

1. This decision will be handed down in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as it relates to confidential matters. Where matters relate to Dr Gadgil's alleged misconduct, a public redacted version of this determination will be produced at the conclusion of these proceedings.

The Evidence

2. The Tribunal has reviewed all the documentary and oral evidence it has received at the earlier stages in this hearing. It also had regard to its facts and impairment determinations in reaching a decision on sanction. In addition, XXX on behalf of Dr Gadgil; and a CPD certificate *'Rebuilding Trust of Patients, Public, and Healthcare Regulator'*, dated 11 April 2026. Although submissions were made on his behalf by Mr Gledhill, Dr Gadgil added a few oral observations of his own at the close of those submissions.

Submissions on behalf of the GMC

3. Mr Brook said that all three elements of public protection were engaged. He noted the spectrum of seriousness XXX. Mr Brook referred the Tribunal to the relevant paragraphs of the Guidance throughout his submission. In respect of the sanction banding in the Guidance, Mr Brook invited the Tribunal to find a high level of risk to public protection. He submitted that there were no exceptional circumstances to justify the Tribunal taking no action.

4. Mr Brook submitted that the Tribunal should resist imposing conditions on Dr Gadgil's registration at this time. He said that conditions may become relevant later, but that they are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fell at the higher end of the spectrum of seriousness. Further, he submitted that conditions would not address the specific findings about the current and ongoing risk to public protection in respect of misconduct.

5. Mr Brook submitted that the Guidance sets out that suspension is appropriate for cases where the doctor's behaviour XXX affect their ability to practise safely and effectively. He submitted that Dr Gadgil's behaviour and XXX mean that permitting his return to practice with unrestricted registration is incompatible with the overarching objective. He acknowledged that Dr Gadgil will be capable of returning to unrestricted practice at some point in the future, but he submitted that a suspension order is now required to maintain public confidence in the profession. Mr Brook submitted that, in light of the fact that Dr Gadgil concealed his suspensions as a doctor elsewhere and managed to obtain employment in the United Kingdom, a suspension is necessary to address the level of current and ongoing risk to public protection. He said a suspension would also send a signal to the profession and to Dr Gadgil that his behaviour was not acceptable.

6. Mr Brook submitted that the level of current and ongoing risk to public protection is such that it could not be safely managed with conditions. He submitted that suspension is necessary to prevent Dr Gadgil from working and putting patients at risk whilst he gains further insight, remediates his misconduct and XXX. He submitted that suspension is warranted to maintain public confidence in the profession and to maintain professional standards. In terms of the length of a suspension, Mr Brook said that a longer suspension would be proportionate to reflect the seriousness of the dishonesty allegations. He said that it would also provide Dr Gadgil with time to remediate further, XXX and prepare for a review hearing where he would then have the opportunity to demonstrate that he is safe to return to unrestricted practice with suitable conditions imposed. Mr Brook submitted that a suspension for a period of nine months upwards would be appropriate.

7. XXX

Submissions on behalf of Dr Gadgil

8. Mr Gledhill submitted that a shorter period of suspension would be appropriate to meet the regulatory requirements of this case, but also to enable Dr Gadgil the opportunity to plan a return to clinical practice. Mr Gledhill said that it was important that Dr Gadgil return to clinical practice and not to be stale when he returns. He said that Dr Gadgil would obviously have to keep up to date during the time that he is not working but would gain the best experience on the frontline. Mr Gledhill submitted that Dr Gadgil was content to have a period of supervision when he returns to clinical practice and anticipated that conditions would be put in place at some point in the future. XXX. Mr Gledhill submitted that a long period of suspension was not needed now to demonstrate XXX.

9. Mr Gledhill invited the Tribunal to consider the evidence before it XXX He said that he did not require a lengthy period of suspension. He acknowledged that the findings in relation to misconduct were serious departures from GMP and that there was a need to mark that. He submitted, however, that Dr Gadgil had embarked on a journey, presented some evidence in relation to his learning about probity and that it was Dr Gadgil's intention to study it more. He submitted that, at a future review hearing, Dr Gadgil could be invited to provide evidence of his enhanced understanding of probity matters and how he would put that into practice moving forward. Mr Gledhill said that Dr Gadgil wanted to build on what he has already achieved and present that at a future review hearing.

10. Mr Gledhill submitted that taking XXX probity into account, these matters fall comfortably within a medium period of suspension to mark the departure from GMP. Mr Gledhill said that Dr Gadgil has set out his intentions in his 'Return to Work Plan'; he said that Dr Gadgil recognised that he will need to be supported by conditions to help him achieve that return, either locally or if he were to return to the UK. Mr Gledhill referred the Tribunal to Dr Gadgil's XXX, the CPD certificate '*Rebuilding Trust of Patients, Public, and Healthcare Regulator'*, dated 11 April 2026, XXX. He said that Dr Gadgil has apologised for being in front of this Tribunal and that he recognises his responsibility to remain well and act with probity. He said that the Tribunal has made a number of very positive findings and identified redeeming aspects of Dr Gadgil's conduct and lessons that he has taken on board.

11. Dr Gadgil said that he personally wanted to say that he was very sorry and that he would continue to work at XXX and that he would follow through on the matters to which Mr Gledhill had referred. Mr Gledhill submitted that erasure was a step too far and would be disproportionate.

The Tribunal's Approach

12. The Tribunal reminded itself that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly. The Tribunal was mindful not to double count.

13. The Tribunal had regard to the relevant sections of the Guidance and reminded itself that if it departed from the Guidance, it should explain why it had done so.

14. The Tribunal was mindful that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect on a doctor.

15. The Tribunal reminded itself that, in determining whether to impose a sanction and if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option and impose a sanction that is no more restrictive than necessary for public protection.

16. Throughout its deliberations, the Tribunal had regard to the three limbs of the overarching objective to protect the public set out in section 1 of the Medical Act 1983, and mirrored by the definition of public protection in the Guidance:

a. to protect, promote and maintain the health, safety, and wellbeing of the public

b. to maintain public confidence in the profession

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

17. In determining the appropriate sanction, the Tribunal reviewed its findings on facts and impairment and considered the level of current and ongoing risk posed by the doctor to public protection. It also had regard to the sanction bandings set out in Part C of the Guidance for MPTS hearings.

18. The 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. XXX.

19. The Tribunal reminded itself that the sanctions bandings are intended to provide a guide, and that there may be evidence relevant to the individual circumstances of the case that indicates a sanction which is more or less restrictive than that suggested in the banding.

The Tribunal's Determination on Sanction

No action

20. The Tribunal first considered whether to conclude Dr Gadgil's case by taking no action. It considered paragraph 13 the MPTS Tribunal's Guidance which states:

> *"Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare."*

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

Conditions

22. The Tribunal had regard to the following paragraphs of the MPTS Tribunal's Guidance in relation to sanction:

> *"17. Conditions are suitable for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period of time, with the aim they should be able to safely return to unrestricted practice in the future"*
>
> *"23. Conditions are likely to be workable where:*
>
> > *a. the doctor has shown insight*
> > *b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
> > *c. the doctor is willing to remediate, and*
> > *d. the MPT is satisfied the doctor will comply with them."*

23. The Tribunal considered that the imposition of conditions may be XXX. Dr Gadgil is also willing to remediate his behaviour, and the Tribunal is satisfied that Dr Gadgil would comply with conditions.

24. The Tribunal reminded itself, however, that it has found all three limbs of public protection to be engaged and that Dr Gadgil's misconduct was at the mid-range on the spectrum of seriousness. It is determined that conditional registration, at this point, would not be appropriate or proportionate in addressing Dr Gadgil's misconduct, or in the need to uphold public protection.

Suspension

25. The Tribunal then went on to consider whether imposing a period of suspension on Dr Gadgil's registration would be appropriate and proportionate. The Tribunal acknowledged that suspension has a deterrent effect and bore in mind the sanctions banding tables.

26. The Tribunal noted paragraphs 44 and 45 of the relevant section of the MPTS Guidance, which provide:

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

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

a conditions are not appropriate, measurable and/or workable

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

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

27. The Tribunal again noted that the sanctions banding in the Guidance recommended a 3 to 9 month suspension for medium level of risk to public protection.

28. The Tribunal reminded itself of how the matters which it has been considering sit in the context of Dr Gadgil's professional career. It noted the following passage from his C.V:

"PROFESSIONAL OVERVIEW

Consultant psychiatrist trained in general psychiatry and child and adolescent psychiatry with approximately ten years of clinical practice following completion of residency and fellowship training. My clinical work has included inpatient, outpatient, community, and telepsychiatry settings, as well as leadership and supervisory roles within multidisciplinary mental health teams. During the COVID-19 pandemic and the rapid expansion of telepsychiatry services in the United States, my work included a combination of clinical leadership, telehealth practice, and service development roles across several organisations. Prior to the events giving rise to the current proceedings, I practised psychiatry for approximately ten years without regulatory concerns and

held a number of leadership positions, including medical director roles responsible for clinical supervision, policy development, and service oversight."

29. There was no suggestion that this was an inaccurate representation.

30. The Tribunal reminded itself that Dr Gadgil achieved his Fellowship in Child and Adolescent Psychiatry in 2013, and had been working at a high level in various roles up until 2023.

31. XXX

32. The Tribunal has already found that it was unlikely that Dr Gadgil would have acted dishonestly were it not for XXX. The Tribunal had no evidence before it that Dr Gadgil was an inherently dishonest person. XXX

33. The Tribunal was of the view that the need to uphold public protection could be met by the imposition of a period of suspension.

Erasure

34. Before determining whether suspension was the appropriate and proportionate sanction in this case, the Tribunal considered whether this case could be met with erasure.

35. The Tribunal considered that erasure was outwith the sanction banding set out in the Guidance given the medium level of risk to public protection and the indication that a period of suspension was the appropriate sanction. The Tribunal also considered that Dr Gadgil's misconduct was not incompatible with continued registration.

36. The Tribunal therefore determined that erasure would be a disproportionate response in the circumstances of this case.

37. The Tribunal was therefore satisfied that a period of suspension was the appropriate sanction in this case.

Length of suspension

38. The Tribunal bore in mind the indicative sanction banding in the Guidance. It also considered the context of this case and that Dr Gadgil's misconduct was closely associated with XXX

39. The Tribunal determined that a suspension for a period of five months 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 his conduct was unacceptable. That suspension order would also be consistent with Dr Gadgil's plan to return to practice.

40. The Tribunal considered that a suspension for five months would also meet the need to uphold all three limbs of public protection, namely the need to protect, promote and maintain the health, safety, and wellbeing of the public, to maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

Review Hearing

41. The Tribunal determined that as the suspension order is being imposed to address Dr Gadgil's misconduct XXX, there should be a review in order for Dr Gadgil to provide the reviewing Tribunal with up-to-date information in relation to his understanding and learning concerning probity XXX.

42. A review hearing will therefore convene shortly before the conclusion of the period of suspension. The Tribunal wishes to clarify that, at the review hearing, the onus will be on Dr Gadgil to demonstrate:

- How he has kept his knowledge and skills up to date.
- XXX
- XXX

Determination on Immediate Order - 14/04/2026

1. Having determined to suspend Dr Gadgil's registration for 5 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Gadgil's registration should be subject to an immediate order.

Submissions

2. Mr Brook submitted that an immediate order is necessary to protect the public, but that it might also be in the best interests of the doctor. He referred the Tribunal to the relevant paragraphs of the Guidance. He said that there was not a realistic pressure upon Dr Gadgil by any patients as he is not going to be working in the next 28 days. He submitted that an immediate order would allow Dr Gadgil to focus on XXX. He submitted that given the nature of the allegations and the ongoing risk to public protection, an immediate order is required to maintain public confidence in the medical profession.

3. Dr Gadgil submitted that an immediate order sounded understandable and reasonable and that he was not planning to appeal the decision of the Tribunal.

The Tribunal's Determination

4. The Tribunal considered that it may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest. The decision whether to impose an immediate order is at the discretion of the Tribunal, based on the facts of the case.

5. The Tribunal had regard to paragraphs 83 and 84 of the Guidance which provide:

> *"83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a the doctor poses a risk to patient safety*

b the risk to one or more parts of public protection is high, and/or

c immediate action is needed to maintain public confidence in the medical profession."

6. The Tribunal considered that, in light of its previous determinations regarding the seriousness of Dr Gadgil's conduct and its assessment of the level of his current and ongoing risk to public protection, an immediate order of suspension is necessary in this case. It determined that it is necessary to protect members of the public, and is otherwise in the public interest.

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

8. The interim order currently in place on Dr Gadgil's registration is hereby revoked.

9. That concludes this case.

ANNEX A – 08/04/2026

Application for proceedings to be heard in private

1. At the outset of these proceedings, Mr Ian Brook, counsel on behalf of the GMC, made an application for matters which were confidential to be held in private. He explained that the confidential matters related to XXX. But he acknowledged that they may be relevant to the alleged misconduct in the case.

2. Dr Gadgil submitted that he would like matters to be kept as private as possible, especially anything relating to XXX

3. XXX

4. XXX

5. XXX

Further submissions

6. Mr Brook provided written submissions. Therein he stated that Dr Gadgil's application was opposed as it is neither legally justified nor proportionate and would represent an unwarranted departure from the principle of open justice. However, he said that the GMC supported the established and orthodox position that evidence and submissions relating specifically to the XXX should be heard in private session, in order to protect confidential XXX information.

7. XXX

8. XXX

9. XXX

10. XXX

11. XXX

12. XXX

13. XXX

14. XXX

15. In response to Mr Brook's further submissions, Dr Gadgil did not oppose the approach which Mr Brook set out.

The Tribunal's Decision

16. The Tribunal had regard to Rule 41(2) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), which states:

> *"(2) The Committee or Medial Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public."*

17. The Tribunal reminded itself that the starting point for any hearing is that it should be held in public in order to declare open justice, save for confidential matters such as XXX.

18. XXX

19. XXX

20. XXX

21. XXX

22. XXX

23. XXX

24. XXX

25. XXX

26. The Tribunal determined that Dr Gadgil's response to the allegations in respect of alleged misconduct could be heard in public, and XXX, heard in private.

Schedule 1

Findings of unprofessional conduct relating to [XXX] intoxication and providing professional services while under influence of alcohol.

Schedule 2

"Based on the foregoing Findings of Fact, based on the Nebraska Order, and Health Occ. §14-3A-01 Section 19(a) and (c), the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. §14-404(a)(3)(ii), is [XXX] intoxicated, in violation of Health Occ. §14-404(a)(7); and provided professional services while under the influence of alcohol, in violation of Health Oc. §14-404(a)(9)(i)."

Schedule 3

"Respondent had violated the following law for which the Act, TENN. CODE Ann §63-6-101 *et seq.* authorises disciplinary action before and by the Board:

1. TENN. CODE ANN §63-6-214(b)(1): Unprofessional, dishono[u]rable, or unethical conduct.
2. TENN. CODE ANN. §63-6-214(b)(20): Disciplinary action against a person licensed to practice medicine by another state or territory of the United States for any acts of omissions that would constitute grounds for discipline of a person licensed in this state. A certified copy of the initial or final order or other equivalent document memorialising the disciplinary action from the disciplining state or territory shall constitute prima facie evidence of violation of this section and be sufficient grounds upon which to deny, restrict or condition licensure or renewal and/or discipline a person licensed in this state.
3. TENN. CODE ANN. §63-6-402(c): If disciplinary action is taken against a physician by a member board not in the state of principle license, any other member board may deem the action conclusive as to matter of law and fact decided, and:
    a. Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state; or
    b. Pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in the other member states."