

PUBLIC RECORD

Dates: 20/04/2026 - 28/04/2026

Doctor: Dr Naleen Kumar THOTA
 GMC reference number: 6042855
 Primary medical qualification: MB BS 1995 University of Health Sciences

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

Summary of outcome

Suspension, 12 months.
 Review hearing directed
 Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Bushra Tabbasum
Lay Tribunal Member:	Mr Amir Ghaleel
Registrant Tribunal Member:	Dr Julian Williams
Tribunal Clerk:	Ms Hinna Safdar

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Peter Lownds, Counsel, instructed by MDDUS
GMC Representative:	Ms Georgina Goring, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts - 23/04/2026

Overarching Objective

1. 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.

Background

2. Dr Thota qualified in 1995 from the University of Health Sciences. At the time of the events which are the subject of this hearing, Dr Thota was working at Morriston Hospital (‘the hospital’) as an Associate Specialist in the Intensive Therapy Unit (‘ITU’) and anaesthetics.

3. The allegations that have led to this hearing can be summarised as that, between 2018 and 2019, Dr Thota acted in a sexually motivated way towards Ms A. It is further alleged that Dr Thota’s actions constituted sexual harassment and were an abuse of his more senior position.

4. It is further alleged that on 20 March 2025, at Swansea Crown Court, Swansea, Dr Thota was convicted of two counts of Sexual Assault and subsequently sentenced to a suspended sentence of 21 months imprisonment, a Rehabilitation Activity Order, 300 hours of unpaid work and a Restraining Order for ten years. It is also alleged that Dr Thota was made subject to a notification requirement under the Sexual Offences Act 2003 for ten years.

The Allegation and the Doctor’s Response

5. The Allegation made against Dr Thota is as follows:

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

1. Between 2018 and 2019, while working at Morriston Hospital, on one or more occasion you:
 - a. hugged Ms A; **Admitted and found proved**
 - b. squeezed Ms A's right hip tightly; **To de determined**
 - c. said 'ooh' or words to that effect when you squeezed Ms A's right hip. **To de determined**
2. Your actions as described at paragraph 1:
 - a. were sexually motivated; **To de determined**
 - b. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; **To de determined**
 - c. were an abuse of your more senior position. **To de determined**
3. On 20 March 2025, at Swansea Crown Court, you were convicted of two counts of Sexual Assault, contrary to Section 3 Sexual Offences Act 2003.
4. On 8 April 2025, at Swansea Crown Court, you were sentenced to:
 - a. a Suspended Sentence Order, namely 21 months imprisonment, suspended for two years with requirements to:
 - i. complete 300 hours unpaid work; **Admitted and found proved**
 - ii. comply with a Rehabilitation Activity Order requiring you to comply with any instructions of the responsible officer, to attend appointments with the responsible officer, or to participate in any activity as required by the responsible officer up to a maximum of 20 days. **Admitted and found proved**
 - b. a Restraining Order for ten years. **Admitted and found proved**
5. As a consequence of the conviction and sentence imposed, you were made subject to the notification requirement under the Sexual Offences Act 2003 for ten years. **Admitted and found proved**

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

of your conviction and misconduct. **To be determined**

The Admitted Facts

6. At the outset of these proceedings, through his counsel, Mr Peter Lownds, Dr Thota made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Evidence

Witness Evidence

7. The Tribunal received evidence on behalf of the GMC from Ms A, in person. Ms A also provided a written statement, dated 25 July 2024.

8. Dr Thota provided his own witness statement, dated 10 March 2026. He also gave oral evidence at the hearing.

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

- Signed Witness Statement of Ms A, dated 25/07/2024;
- Signed Witness Statement of Dr Naleen Thota, dated 10/03/2026;
- Safeguarding Referral, dated 16/10/2023;
- South Wales Police file including: record of interview with Dr Thota and the complainants;
- Swansea Crown Court documents including: Judges summing up and Certificate of Conviction, dated 08/05/2025;
- Notice of Requirement to Register with the Police, dated 08/05/2025.

The Tribunal's Approach

10. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Thota does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

11. The Tribunal was given legal advice from the Legally Qualified Chair (LQC) who advised that it must consider all the evidence before it, before making findings as to the credibility of any witness. The Tribunal bore in mind that when assessing a witness's credibility, it should not rely exclusively on a witness's demeanour when giving evidence as per the principles from the cases of *Dutta v GMC (2020) EWHC 1974 (Admin)* and *Khan v GMC [2021] EWHC 374 (Admin)*.

12. The Tribunal was advised that in a case such as this, where the allegations relate to sexual misconduct, it should be cautious not to apply stereotypes as to how an alleged victim or alleged perpetrator ought to have behaved at the time, or how they ought to have appeared when giving evidence. Instead, the Tribunal needs to judge the evidence on its intrinsic merits and without prejudice.

13. The Tribunal was advised that it should carefully evaluate consistency and any discrepancies in the evidence, avoiding undue assumptions about truthfulness, in line with the case of *Kamran Ali vs GMC [2023] EWHC 2984 (Admin)*.

Sexual motivation

14. The Tribunal was advised that, when considering whether Dr Thota's actions were sexually motivated, it should have regard to the definition of the term 'sexually motivated as defined in the case of *Basson v GMC [2018] EWHC 505* which states:

"A sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship".

15. The Tribunal was advised that sexually motivated contact is not the same as carelessness, recklessness or negligence. The Tribunal must consider if there is a plausible alternative explanation before determining if the conduct was sexually motivated.

Sexual harassment

16. In regard to the allegation of sexual harassment this is defined in Section 26 (2) of the Equality Act 2010, as particularised at paragraph 5(c) of the Allegation, the Tribunal had regard to the law which states that:

'A person (A) harasses another person (B) if—

- (a) A engages in unwanted conduct of a sexual nature, and*
- (b) the conduct has the purpose or effect referred to in subsection (1)(b).*
- (1)(b):*
 - (i) violating B's dignity, or*
 - (ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for B.*
- (4) In deciding whether conduct has the effect referred to in (1)(b), each of the following must be taken into account*
 - (a) the perception of B;*
 - (b) the other circumstances of the case;*
 - (c) whether it is reasonable for the conduct to have that effect'*

17. The Tribunal had regard to cases of harassment brought under the Equality Act and noted a single incident of unwanted conduct can be sufficient to amount to harassment.

Cross admissibility

18. The Tribunal had regard to the two primary grounds on which evidence may be cross-admissible. The two grounds are:

- (a) where it may establish propensity to commit that kind of conduct and/or*
- (b) where it may rebut coincidence (Freeman [2008] EWCA Crim 1863 at [14] and [15]).*

19. The Tribunal had regard to whether the evidence in question is similar and connected enough to allow cross-admission. The Tribunal was advised only where there is a real and meaningful similarity between them, as required in the case of Chopra [2006] EWCA Crim 2133, can the evidence be treated as mutually supportive.

20. The Tribunal reminded itself that it must identify the specific ground or grounds on which cross-admissibility is sought and then direct itself accordingly, tailoring its approach to the circumstances in which the issue arises, as emphasised in Brennan [2023] EWCA Crim 1384.

21. The GMC confirmed the basis upon which they were seeking cross-admissibility was Ground A, namely propensity.

22. The Tribunal should not find an allegation made in respect of a different complainant to be proved solely or mainly on the basis of propensity. A reliance on one complainant's evidence for an earlier finding alone cannot amount to determinate proof of another allegation without other evidence.

23. The Tribunal had regard to where the evidence is cross-admitted to prove propensity, before attaching weight to the evidence, the Tribunal must first be satisfied to the required standard that the first allegation took place before relying on evidence in respect of the first allegation to deduce propensity from the second allegation, as required in *Adams [2019] EWCA Crim 1363* at [14] and *R v Mitchell [2016] UKSC 55* at [43]. The Tribunal was advised in this case, the first allegation consists of a criminal conviction following a contested trial, which the Tribunal is entitled to treat as proved.

24. The Tribunal had regard to avoiding stereotypical assumptions about how a complainant should behave. The Tribunal reminded itself of the case of *R v D [2008] EWCA Crim 2557*, which highlighted reactions to sexual trauma vary widely, and delay, continued contact or calm demeanour are not reliable indicators of truthfulness. The Tribunal had regard to *Roy v GMC [2023] EWHC 2659 (Admin)*, *Miller [2010] EWCA Crim 1578* and *R v Breeze [2009] EWCA Crim 255* which all emphasise that shame, shock and personal or cultural pressures may explain delayed or hesitant complaints. The Tribunal must therefore assess the evidence on its intrinsic merits, free from myths or assumptions.

25. The Tribunal also reminded itself of the guidance given at chapter 20-1 of the Crown Court compendium in relation to sexual offences and in particular of the dangers of making assumptions and the risk of applying stereotypes when considering reactions to non-consensual sexual contact.

26. The Tribunal had regard to where there has been a substantial delay between the alleged events and the proceedings, the Tribunal must treat the evidence with particular care, recognising that the passage of time can distort memories, affect recall of dates, sequences and details, and potentially reduce the reliability of any account. The Tribunal should recognise the disadvantage to a registrant, who may be unable to recall matters that could assist their defence, challenge the allegations by tracing witnesses, or obtain documents that no longer exist. These factors must all be weighed carefully when determining whether the allegations are proved to the required standard.

27. The Tribunal had regard, in relation to the conviction, a certified copy of the memorandum of conviction is sufficient proof of the conviction and of the facts upon which it is based.

The Tribunal’s Analysis of the Evidence and Findings

Paragraph 1 of the Allegation

Context of the hug

28. The Tribunal noted that Paragraph 1(a) of the Allegation was admitted however sought to work through the context of the incident prior to making any findings.

29. The Tribunal heard evidence from both Ms A and Dr Thota that there was a culture of people hugging in their workplace and it was not unusual for colleagues to hug each other. Mr Lownds submitted that this was not regular practise in Dr Thota’s professional background whilst previously working as a doctor in India, and he was not used to hugging people at work, but he had wanted to fit in and assimilated to this culture within his workplace.

30. The Tribunal noted that Dr Thota had been in the UK for 20 years at the point of the events set out in the Allegation, having worked at this hospital since 2003. If he felt uncomfortable with the workplace’s hugging culture, the Tribunal considered he could have avoided hugging others and adopted a more restrained approach rather than being more forthcoming.

31. The Tribunal noted that in the Swansea Crown Court documents, Dr J a colleague of Dr Thota’s, as part of Dr Thota’s defence said,

“I’m not in possession of the relevant information to form an opinion in relation to hugging amongst staff. It’s not necessarily common, but certainly not unheard of for clinical staff to hug each other during the course of work. Intensive care can be a stressful and emotive environment. Any member of staff may feel upset or overwhelmed during common situations, such as breaking particularly difficult news to a patient or family. The death of a patient or when something could have gone better, especially when this is in addition to an individual’s personal challenges.”

32. The Tribunal accepted that stressful or traumatic events, such as losing a patient, may have triggered a hug between staff members, however thought it would be far less common for staff to engage in a hug with no context.

Cross-admissibility

33. The Tribunal went on to deal with the issue of cross-admissibility.

34. The Tribunal noted that, in most cases involving cross-admissibility, it is first necessary to determine whether the first allegation is proved to the required standard. In this case, the matter relied upon was a conviction, which the Tribunal was entitled to consider as proved.

35. The Tribunal established that this was a case in which it was looking at propensity and whether Dr Thota's conviction and the behaviour he was convicted of show a propensity for him to behave in the way alleged.

36. In doing this, the Tribunal was assisted by Ms Goring's submissions on behalf of the GMC. Ms Goring set out a list of six reasons why the GMC submitted the alleged events in this case were similar to those Dr Thota was convicted for in March 2025:

- 1- All the behaviour was toward female colleagues in the workplace.
- 2- All the female colleagues were professionally junior to him.
- 3- All the instances occurred when no other people were present.
- 4- All the instances began with small talk.
- 5- Dr Thota initiated the interaction by drawing the female colleagues into a hug.
- 6- The hug then progressed to Dr Thota making inappropriate physical contact with the female colleagues.

37. The Tribunal compared this list to what was alleged in this case:

1. Ms A was a female colleague.
2. Ms A was a XXX on the unit where both she and Dr Thota worked.
3. No other people were present while the alleged incident between Ms A and Dr Thota took place.
4. Ms A said that there was a brief discussion between herself and Dr Thota, although she conceded that she did not remember what it was about, saying it was "just general small talk".
5. Dr Thota hugged Ms A.
6. Ms A claims that Dr Thota squeezed her right hip while he hugged her.

38. Mr Lownds in his submissions to the Tribunal said that this case was not similar enough to the conviction as there was an element of premeditation in the other two events

whereas this alleged incident had no such premeditation. The Tribunal was not convinced with this argument because whether it was premeditated or not, it did not detract from the strikingly similar circumstances of all three incidents. Further, Mr Lownds submitted that, unlike the breast or bottom, contact with a person’s hip is not inherently sexual and could plausibly have occurred inadvertently. The Tribunal accepted that touching any part of someone’s body could occur inadvertently; however, if found proved, deliberately squeezing a person’s hip would not be inadvertent and could amount to sexual touching.

39. The Tribunal considered the similarities highlighted by Ms Goring and, having undertaken a comparison, concluded that the six reasons identified by Ms Goring were equally present in this case. The Tribunal found that there were real and meaningful similarities between the conviction and the alleged incident, and that the matters were sufficiently similar and connected to allow cross-admission to deduce propensity. Nonetheless, the Tribunal recognised that the weight to be attached to the conviction for the purpose of deducing propensity for the alleged incident was a separate matter to be assessed in its overall determination.

Paragraph 1(b)

40. The Tribunal considered Ms A’s safeguarding referral, her oral evidence and her statement made to the GMC.

41. Ms A was a XXX working in the XXX at the hospital in Swansea, and this is a role that she has held since XXX. Ms A explained that she first met Dr Thota in XXX, shortly after she started working at the XXX of the hospital and overall, Dr Thota was generally helpful and friendly towards her.

42. In her witness statement, Ms A explained the encounter with Dr Thota which forms the basis of Allegation 1 and 2. She set out,

“[XXX] I was leaving the clinical area at the hospital and walking through the reception of the general [XXX] unit Dr Thota was also passing through the reception. Dr Thota and I had brief conversation which lasted a couple of minutes, I do not remember what this conversation was about however I recall that it was just general small talk... Directly after the conversation Dr Thota leaned in to hug me, this was unusual as there was no context or prior reasoning for this to occur. As Dr Thota hugged me, he squeezed my right hip very tightly which took me by surprise, and I felt this was highly inappropriate and this made me feel very uncomfortable.”

43. In her oral evidence, Ms A told the Tribunal that Dr Thota leaned in to hug her and, in doing so, squeezed her right hip. The Tribunal noted that she was consistent in her account; she maintained in her safeguarding referral, witness statement to the GMC and oral evidence that it was the right side of her hip, and that he squeezed tightly. The Tribunal considered this consistency to be significant when assessing the reliability of Ms A's evidence.

44. In her oral evidence, Ms A told the Tribunal that, at the time of the events, she was "[XXX]", and she described feeling as though he was "squeezing her fat". The Tribunal found that the way Ms A explained how this made her feel was consistent with her written statement. This, to the Tribunal, appeared to be a genuine recollection of her feelings at the time.

45. Further, in her oral evidence, Ms A made concessions. She accepted that she could not remember the date the incident had occurred, although recalled it taking place pre-covid, nor could she remember the conversation she and Dr Thota were having at the time. The Tribunal noted that she was open to the limits of her recollection. The Tribunal considered these concessions, enhanced the overall credibility of her evidence.

46. The Tribunal addressed the issue of delay and the passage of time. It noted that the memories of both Ms A and Dr Thota may have been affected by the time that has elapsed since the alleged incident. The Tribunal found that Ms A was willing to acknowledge, in her oral evidence, that she could not remember the entire incident because of the passage of time. However, she remained very clear and consistent in stating that her right hip had been squeezed by Dr Thota, and in describing how this had made her feel. The Tribunal found that her openness about the limits of her memory, together with her consistent clarity on the key aspects she did recall, supported the reliability of her account.

47. In her oral evidence when asked why she did not report the incident at the time, Ms A explained that she initially thought she might be "overreacting" and "did not want to make a fuss". Ms A explained that she continued working alongside Dr Thota and relied on him for assistance with XXX, which made her reluctant to raise concerns at the time. She told the Tribunal that she only reported the incident after a colleague disclosed a similar experience, which prompted her to come forward.

48. The Tribunal did not consider that the delay in her reporting the incident undermined her credibility. The Tribunal avoided making any assumptions or speculating about how a

person ought to react in such a situation. It did not consider that the delay in her reporting the incident had any impact on her credibility.

49. The Tribunal addressed Mr Lownds' submission on hindsight bias. The Tribunal took account of Mr Lownds' argument however concluded, it would seem unlikely that she would choose to embellish an incident that appeared less serious than the matters for which Dr Thota was later convicted. This was not to diminish the seriousness of Ms A's allegation; unwanted physical contact in the workplace can be inappropriate regardless of the body part involved. However, an allegation that is less overtly intimate is, in the Tribunal's view, more consistent with an attempt to recount events as they occurred.

50. Mr Lownds' also submitted that Ms A has gone on to expand on the incident in her statement of July 2024 and suggested that she has developed her evidence. In regard to her consistency of what she said in terms of squeezing her hip, the Tribunal noted that this was in her initial safeguarding referral, dated 16 October 2023, in which it is set out,

"[Ms A] made me aware in June of this year (2023) of an incident that happened months ago with Naleen Thota and her on a [XXX] whilst working in [XXX], Morriston Hospital. [Ms A] is unable to remember the exact date.

On a [XXX], Naleen was speaking with [Ms A] at the reception desk in [XXX], having a general conversation. No other staff were around. Unexpectedly Naleen went to hug [Ms A] and placed his hand on the right side of her waist and squeezed tightly. [Ms A] placed her elbow between his hand and her waist and gently pushed Naleen away. [Ms A] walked away from the situation.

[Ms A] did not escalate it at the time as she felt she had dealt with the situation and it did not happen again.

Previous to this, Naleen had hugged [Ms A] inappropriately whilst in the clinical area. At that time [Ms A] felt he had invaded her personal space and his behaviour was intrusive. On this occasion he had not touched her anywhere she felt was inappropriate."

51. The Tribunal noted Ms A was also consistent in her safeguarding referral, GMC witness statement and oral evidence in that she pushed her elbow down to move Dr Thota's hand away. The Tribunal also noted that by the time she gave her oral evidence at this hearing, she had already provided the same account on two previous occasions with regard to this description of the squeeze to the right side of her hip, the way she pushed her elbow down to move Dr Thota's hand away and had remained consistent throughout.

52. Whilst the Tribunal accepted that there were some discrepancies in Ms A's account for example, the safeguarding referral suggesting the incident occurred months earlier rather than years, and the absence of the word 'ooh' allegedly said by Dr Thota when her hip was squeezed. The Tribunal considered these points in the context of the safeguarding report, which was not written by Ms A but by her colleague, Ms C, XXX. The Tribunal also noted that it had no information about the purpose of the safeguarding report or how that safeguarding investigation was carried out nor the process followed when Ms A's referral was examined. It further concluded that Ms A should not be disadvantaged by the way in which the information she disclosed was recorded or handled once she had made the report.

53. The Tribunal compared Ms A's evidence to that of Dr Thota. Dr Thota denied that this incident occurred. In his witness statement, he said,

"There was never any occasion when I made physical contact with [Ms] A's hip. I deny that at any time I deliberately squeezed it."

54. Dr Thota's position in his oral evidence was that he accepted that he had worked with Ms A between 2018 and 2019, although he could not be sure which specific shifts they worked together due to the passage of time. The Tribunal considered it reasonable that, given the passage of time, he was unable to recall all of the details of the shifts.

55. In his oral evidence, during cross-examination, it was put to him that he did squeeze Ms A's right hip tightly, and he denied this, saying *"it never happened."*

56. The Tribunal was of the view that Dr Thota's evidence was limited to denial and a lack of recollection, and it did not find his response sufficient to displace Ms A's evidence. In addition, Dr Thota's evidence was inconsistent in relation to who initiated hugging. In his written statement he accepted *"that he may have hugged [Ms] A between 2018 and 2019"*. Conversely, in his oral evidence, stated that, *"whenever a hug happens it is mutual, it is not initiated by me"*. He also said, *"it is not always me initiating the hug"*.

57. The Tribunal considered that this was a similar response to the response he had to the events he was convicted for. In the Judges summing up, set out in the Swansea Crown Court documents, Dr Thota said, *"It was a spontaneous mutual friendly hug. I didn't force her. There was no cupping of her breast"*.

58. In considering cross-admissibility, the Tribunal was satisfied that this incident bore similarities to Dr Thota's previous conviction and therefore attached some weight to it.

However, the Tribunal also noted that even if no conviction existed, it would have reached the same conclusion on this point based solely on the evidence before it.

59. The Tribunal was of the view whilst the conviction supported a finding of propensity, the Tribunal also considered Ms A to be a credible witness, and her account was corroborated by the documentary evidence available. Ms A did not alter her account when giving oral evidence. The Tribunal compared her earlier account with her oral evidence and found her to be a truthful witness. In assessing her evidence, the Tribunal noted she made concessions about aspects of the incident she could not recall rather than attempting to speculate, further enhancing her credibility. Additionally, where there were inconsistencies, Ms A provided explanations which the Tribunal found reasonable. In the circumstances, and taking the evidence as a whole, it accepted Ms A's account on the balance of probabilities.

60. In all the circumstances, the Tribunal preferred the evidence of Ms A in relation to the allegation. Accordingly, the Tribunal found Paragraph 1(b) of the Allegation proved.

Paragraph 1(c)

61. The Tribunal again first considered Ms A's oral evidence and her statement made to the GMC.

62. In her witness statement, Ms A said,

"As he grabbed my hip, he made a noise which sounded like 'ooh' to indicate that he was enjoying the encounter, this made me feel even more uncomfortable and at this stage I dug my right elbow between my hip and Dr Thota's hand, and I left the area as quickly as possible. As I left the area, I did not say anything and neither did Dr Thota. This hug with Dr Thota lasted approximately 5 or 6 seconds before I ended the encounter and left the area. There was nobody else present in the reception at this time. I do not remember the date that this encounter took place however I believe this was prior to 2020."

63. The Tribunal noted that this was not in the safeguarding referral statement however Ms A made concessions within her oral evidence and accepted that this should have been included. Ms A in her oral evidence conceded she had not properly checked the contents of the referral properly as she was at work, caring for a patient and did not understand the significance of giving the statement. She explained that she had stood behind Ms C, who had typed up the referral, glanced at the screen and simply confirmed she was content for it to be

submitted. She also told the Tribunal that although she later noticed the referral recorded the incident as occurring “months” rather than years earlier, she did not think she could change it at that stage. The Tribunal accepted this evidence.

64. The Tribunal was of the view that Ms A was open in her oral evidence and explained why she did not check the statement thoroughly as well as the discrepancy between the months and what Dr Thota had said when squeezing her hip. The Tribunal found Ms A’s explanation to be genuine.

65. The Tribunal noted that Ms A was not the author of the statement and that it had no information about the usual safeguarding referral process within the Trust. It considered that the purpose of the statement was to raise a safeguarding concern in the workplace and to alert others that Dr Thota might pose a risk. The Tribunal also observed that Ms A had not been sent the report to review at a time when she was free from clinical duties, and that it had been submitted without her signature. It accepted her evidence that she believed she was simply flagging the incident and had been reluctant to make the statement at all as she explained that she “*didn’t want to make a fuss,*” that the incident had occurred several years earlier, and that the referral arose only after other nurses began to report their concerns.

66. In her oral evidence, when Ms A was asked why the safeguarding referral made no reference to the ‘ooh’ comment made by Dr Thota, she replied that she had numerous conversations with Ms C about the incident and said, “*I don’t know why she [Ms C] chose not to include it*”. The Tribunal accepted Ms A’s explanation because she was not the author of the referral, she had left it to her colleague’s judgement as to what information needed to be included and she did not understand the significance of its omission within that document.

67. Ms A’s oral evidence was, “*I can only describe it as if he was feeling some sort of enjoyment. It was very crude and had a level of intensity. It was right in my ear and made me feel uncomfortable. It felt disgusting.*”

68. The Tribunal did not consider that this was Ms A exaggerating or embellishing but seemed she was reliving the moment when she was relaying it which made her emotional. Ms A said in her statement that it made her feel uncomfortable and this was apparent during her oral evidence.

69. The Tribunal considered Dr Thota’s evidence on this point. He denied this happening in his oral evidence. In his witness statement, he said, “*I deny that I said ‘ooh’ or words to that effect. I never deliberately squeezed [Ms] A’s right hip.*” The Tribunal noted Dr Thota’s

denial in respect of this paragraph of the Allegation however, in all the circumstances, and for the reasons set out above, the Tribunal preferred the evidence of Ms A.

70. Accordingly, the Tribunal found Paragraph 1(c) of the Allegation proved.

Paragraph 2(a)

71. The Tribunal considered whether Dr Thota's actions were sexually motivated.

72. Dr Thota did not suggest any alternative explanation or motive, stating that, apart from the hug, the events did not happen.

73. The Tribunal considered whether there were any plausible alternative explanations for Dr Thota's conduct.

74. Given the Tribunal has found that Dr Thota had squeezed Ms A's hip and said 'ooh' whilst doing so, the Tribunal considered whether there would be any plausible, alternative explanation for Dr Thota's actions.

75. The Tribunal accepted that touching someone can be accidental however squeezing another person's hip was not an action that could be done inadvertently. The Tribunal also was of the view that the squeezing of someone's hip is inappropriate and constitutes an intimate act.

76. The Tribunal noted that there was no evidence to suggest that Dr Thota was pursuing a sexual relationship with Ms A. It considered rather that this was an act for sexual gratification in that moment. Ms Goring had submitted that there was no other reason for someone to grab a colleague's hip in the way Dr Thota did to Ms A and say 'ooh' as the Tribunal had found proved. In Ms A's evidence, she had said that the way he said 'ooh' was like he was "*enjoying himself*".

77. Further, the Tribunal heard no alternative reason put forward other than Mr Lownds' submissions that, if it had happened, it was accidental. The Tribunal was not satisfied that there would be an innocuous reason for such behaviour. Ms A told the Tribunal in her evidence that there were previous hugs that were '*for no reason*' that were not inappropriate however, the Tribunal considered that the previous hugs which were not inappropriate did not preclude this hug from being sexually motivated behaviour.

78. The Tribunal also considered that propensity had been established on Dr Thota's part to act in a sexual motivated way from the previous allegations found proved in respect of the events for which Dr Thota had been convicted.

79. The Tribunal noted that a person's state of mind can only be proved by inference or deduction from the surrounding evidence as identified in the case of *Basson v General Medical Council [2018] EWHC 505 (Admin)*. The physical squeezing of Ms A's right hip alongside saying "ooh" in the context of this case suggested it was unlikely that Dr Thota's conduct had any other plausible explanation.

80. The Tribunal therefore concluded that Dr Thota was acting with sexual motivation and in pursuit of his own sexual gratification.

81. Accordingly, the Tribunal found Paragraph 2(a) in regard to Paragraph 1 of the Allegation proved.

Paragraph 2(b)

82. The Tribunal went on to consider whether Dr Thota's actions amounted to unlawful sexual harassment by virtue of section 26(2) Equality Act 2010.

83. For the reasons set out above, the Tribunal concluded that the incident that took place as set out in paragraph 1 of the Allegation was unwanted and carried out without the consent of Ms A. It also considered that Dr Thota's actions were inherently of a sexual nature.

84. The Tribunal considered the definition of sexual harassment, as set out above.

85. The Tribunal bore in mind the evidence of Ms A. She had relayed that Dr Thota touching and squeezing her hip was unwanted contact and made her feel uncomfortable. She described Dr Thota making the 'ooh' comment as '*crude*' and '*disgusting*'. She became tearful when discussing it in her oral evidence and told the Tribunal that she had felt violated and said she wanted to get out of that situation as quickly as possible. Further, Ms A told the Tribunal she felt intimidated in reporting it due to Dr Thota's senior position to herself. The Tribunal was of the view that it was objectively reasonable for Dr Thota's actions to have had this effect on Ms A and accepted her evidence in this regard.

86. The Tribunal gave limited weight to Ms A's demeanour during this part of her oral evidence. The Tribunal accepted Ms A provided a more thorough account in her oral

evidence of how she felt when Dr Thota made the ‘ooh’ comment. The Tribunal was of the view she was expressing how she felt and adding context rather than contradicting her earlier account. The Tribunal however noted the consistency of her account and her repeated description of feeling ‘uncomfortable’.

87. In all the circumstances, the Tribunal determined that Dr Thota’s actions were unwanted by Ms A and that they violated her dignity and created an intimidating, and hostile environment for her. The Tribunal therefore determined that Dr Thota’s actions amounted to unlawful sexual harassment by virtue of section 26(2) Equality Act 2010.

88. Accordingly, the Tribunal found Paragraph 2(b) in regard to Paragraph 1 of the Allegation proved.

Paragraph 2(c)

89. The Tribunal considered whether Dr Thota’s actions were an abuse of his more senior position.

90. The Tribunal considered the evidence from both Ms A and Dr Thota.

91. The Tribunal determined that, at the time of the incident, Dr Thota was the senior medical practitioner on the ward where Ms A was working as a XXX. Therefore, Dr Thota was of a more senior position to Ms A.

92. Ms A was a XXX on the ward Dr Thota was responsible for. He was in a senior position to her and Ms A stated in her evidence that she felt uncomfortable reporting Dr Thota’s behaviour because she would have to work under him and did not want to damage the working relationship as she was reliant on his input in caring for patients.

93. Dr Thota, in his evidence, focused on the management structures in the hospital and stressed that he was not Ms A’s manager. He did not concede that he held a position of power over her. He told the Tribunal that XXX are managed by XXX managers, not by the doctors on the unit. XXX, he remained adamant that this did not place him in a position of power. The Tribunal considered that simply for the fact that Dr Thota was not Ms A’s direct manager did not mean that he was not in a senior position to her. He had overall clinical responsibility over patients on the unit and therefore did have a position of power over Ms A.

94. The Tribunal considered that the power imbalance between Dr Thota and Ms A meant he held a position of authority as a senior colleague. It concluded that Allegation 1, now found proved and which occurred within the workplace, amounted to an abuse of that position.

95. Accordingly, the Tribunal found Paragraph 2(c) in regard to Paragraph 1 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

96. The Tribunal has determined the facts as follows:

1. Between 2018 and 2019, while working at Morriston Hospital, on one or more occasion you:
 - a. hugged Ms A; **Admitted and found proved**
 - b. squeezed Ms A's right hip tightly; **Determined and found proved**
 - c. said 'ooh' or words to that effect when you squeezed Ms A's right hip. **Determined and found proved**
2. Your actions as described at paragraph 1:
 - a. were sexually motivated; **Determined and found proved**
 - b. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; **Determined and found proved**
 - c. were an abuse of your more senior position. **Determined and found proved**
3. On 20 March 2025, at Swansea Crown Court, you were convicted of two counts of Sexual Assault, contrary to Section 3 Sexual Offences Act 2003. **Admitted and found proved**
4. On 8 April 2025, at Swansea Crown Court, you were sentenced to:
 - a. a Suspended Sentence Order, namely 21 months imprisonment, suspended for two years with requirements to:
 - i. complete 300 hours unpaid work; **Admitted and found proved**
 - ii. comply with a Rehabilitation Activity Order requiring you to comply

with any instructions of the responsible officer, to attend appointments with the responsible officer, or to participate in any activity as required by the responsible officer up to a maximum of 20 days. **Admitted and found proved**

b. a Restraining Order for ten years. **Admitted and found proved**

5. As a consequence of the conviction and sentence imposed, you were made subject to the notification requirement under the Sexual Offences Act 2003 for ten years. **Admitted and found proved**

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

Determination on Impairment - 27/04/2026

97. 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 Thota's fitness to practise is impaired by reason of misconduct and a conviction for a criminal offence.

The Evidence

98. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows:

- Certificates of Dr Thota's Continuing Professional Development including:
 - Professionalism, dated 29 August 2023
 - Maintaining Professional Boundaries, dated 14 September 2023
 - Probity for Doctors, dated 20 September 2023
 - Safeguarding: Recognising and Managing Risks, dated 29 April 2025
 - Professional Boundaries in Health and Social Care
- Various Colleague Feedback, dated 2023
- Appraisal Summary, dated 2024
- Dr Thota's Reflective Statement, dated 2025
- Dr Thota's Reflective Statement, dated 2026
- Testimonials from:
 - Ms D, a Departmental Support Officer, dated 6 May 2025 and 17 April 2026

- Dr E, a Senior ITU Consultant, dated 2 May 2025 and 18 April 2026
- Dr F, a Consultant Intensivist and Anaesthetist, dated 6 May 2025 and 21 April 2026
- Ms G, a Band 5 ITU Nurse, dated 5 May 2025 and 21 April 2026
- Dr H, Dr Thota's daughter, dated April 2026
- Dr I, Dr Thota's wife, dated April 2026

99. Dr Thota gave oral evidence at the hearing.

Submissions

On behalf of the GMC

100. Ms Goring submitted that Dr Thota had breached paragraphs 36 and 65 of *Good Medical Practice* (2013). She argued that Dr Thota had acted in a manner involving repeated, sexually motivated and inappropriate touching, conduct which the Tribunal had found amounted to sexual harassment and an abuse of position, constituting a serious departure from the standards expected of a doctor. She submitted, that the behaviour could properly be described as misconduct.

101. Ms Goring referred the Tribunal to the test set out by Dame Janet Smith in the Fifth Shipman Report and accepted under the first limb there had been no direct risk of harm to patients and that no patient had been harmed as a result of the conduct. However, she submitted that Dr Thota's behaviour towards junior colleagues could have had an impact on patient care within the intensive care unit, given that he was the senior clinician in charge of the ward. Under the second limb, Ms Goring submitted that a doctor convicted of two counts of sexual assault, suspended from practice, and sentenced to a suspended prison sentence would undoubtedly bring the profession into disrepute. She emphasised that the Tribunal's findings in relation to Ms A, which mirrored the criminal convictions, further contributed to that disrepute.

102. Ms Goring submitted the conduct involved three separate incidents of sexually inappropriate touching, involving three separate victims, all occurring within the workplace and during working hours. In the GMC's submission, this plainly brought the profession into disrepute. Under the third limb, Ms Goring submitted that integrity is a cornerstone of the medical profession. Although Dr Thota had not acted dishonestly, maintaining integrity and appropriate professional standards is essential, and working collaboratively with colleagues is a fundamental tenet that he had plainly failed to uphold. Ms Goring accepted that the fourth

limb was not relevant, as dishonesty was not alleged in this case. She submitted that three limbs of the Dame Janet Smith test were therefore engaged, and the Tribunal could properly find impairment in relation to both misconduct and conviction.

103. Ms Goring referred the Tribunal to paragraph 2(b) of the *MPTS Guidance for MPTS Tribunals* (November 2025) ('the Guidance'), she submitted that Dr Thota's conviction lay at the high end of the spectrum of seriousness. She submitted that conduct involving sexual harassment of colleagues with two offences for sexual assault, would usually fall at the higher end of seriousness. She also directed the Tribunal to the list of aggravating factors, five of which she submitted were engaged: the behaviour was repeated across three distinct incidents, there was a degree of premeditation on one occasion when Dr Thota followed one of the victims to the break area; the behaviour was predatory, it involved an abuse of professional position, and it demonstrated a reckless disregard for patient safety or professional standards. Ms Goring submitted that sexually assaulting colleagues amounted to a blatant disregard for those standards. Viewed in the round, and applying the guidance, Ms Goring submitted that the conduct lay at the higher end of seriousness and that the current and ongoing risk was also high.

104. Ms Goring submitted that, where an allegation falls at the higher end of seriousness as cases of sexual of assault do according to the Guidance, the starting point for assessing current and ongoing risk to public protection is high. She acknowledged Dr Thota's evidence regarding a "hugging culture" in the workplace, which Ms A had accepted existed. However, she submitted that the conduct found proved by both the Tribunal and the Crown Court went far beyond any such culture. Dr Thota had been convicted of touching nurses' bottoms and breasts, and in Ms Goring's submission, the workplace context did not mitigate the seriousness of the conduct or reduce the current and ongoing risk to public protection. She further submitted that there was no relevant personal context that would reduce the seriousness of the misconduct or its consequences.

105. Turning to insight and remediation, Ms Goring submitted that Dr Thota continued to deny the inappropriate and sexual touching found proved by both the Tribunal and the Crown Court. Although he had given evidence about how a hug might have affected the complainants, she argued that he had shown no accountability for the core misconduct or the criminal convictions. She submitted that he had undertaken no real reflection and accepted no responsibility for the most serious aspects of the case. Any purported insight or remediation therefore carried no meaningful weight. She submitted that the courses undertaken as part of the suspended sentence appeared to be focused on his own circumstances and motivated by his inability to work, rather than addressing the offending

behaviour. Further, she submitted that the Professional Boundaries courses could only attract extremely limited weight, given his continued denial of the fundamental issues. She reminded the Tribunal the Guidance states that, where allegations fall at the higher end of seriousness, the impact of insight and remediation may be reduced because the risk to public protection is more difficult to address. Ms Goring submitted that this case fell squarely within that category, and given the lack of insight and meaningful remediation, a risk of repetition remained. The case therefore remained high in seriousness and in current and ongoing risk.

106. Finally, Ms Goring submitted that although Dr Thota's actions had not directly impacted patient safety, they had occurred within a clinical setting and involved an abuse of his professional position. She submitted that a member of the public would be shocked and offended if a doctor who had behaved in this way, and who had been convicted of sexual assault, was permitted to practise without restriction. Taking all matters in the round, she submitted that there was a high level of current and ongoing risk and that all three limbs of public protection were engaged. Ms Goring invited the Tribunal to find that Dr Thota's fitness to practise was impaired by reason of both conviction and his misconduct.

On behalf of Dr Thota

107. Mr Lownds submitted that there were no submissions to be made in relation to the paragraphs of the Allegations relating to Dr Thota's alleged misconduct, and that his submissions were directed solely to impairment. He made no positive submission on the question of impairment, emphasising that this was a matter for the Tribunal's judgment. He reminded the Tribunal that its task was to determine whether Dr Thota's fitness to practise was impaired today, taking into account his conduct at the time of the events, any relevant developments since, and whether the matters were remediable, had been remedied, and whether there was any likelihood of repetition. In relation to the convictions, he referred to the case of *Meadow v GMC* [2006] EWCA Civ 1390, stressing that the purpose of fitness to practise proceedings is not to punish a practitioner for past wrongdoing but to protect the public from those unfit to practise. He submitted that there was a clear distinction between the punishment already imposed by the Crown Court on 8 April 2025 and the protective role the Tribunal must now perform.

108. Addressing seriousness, Mr Lownds accepted that the convictions concerned sexual misconduct, involved two victims, and occurred in the workplace. He acknowledged that the Crown Court had found the offending sufficiently serious to cross the custody threshold and impose a sentence, albeit suspended. However, he submitted that the Tribunal must consider the context of that seriousness. He argued that the conduct fell at the lower end of sexual

offending, consisting of brief touching over clothing, with no suggestion of significant force or violence, and that the limited number of incidents was reflected in the sentence imposed. He noted that there had been no breach of the restraining order and no attempt by Dr Thota to appeal the conviction, nor in fact to contact the victims. Turning to the further allegations concerning Ms A, he submitted that these too involved conduct at the lowest level of sexual misconduct (brief, over-clothing touching of the hip area and unwanted hugs) which did not result in criminal proceedings. He accepted that the incidents were upsetting and unpleasant but submitted that there was no evidence of ongoing psychological impact on any of the three XXX involved.

109. On the likelihood of repetition, Mr Lownds highlighted that Dr Thota had no criminal history prior to the 2025 convictions and no previous fitness to practise concerns. He emphasised the timing of the incidents, which occurred between 2018–2019 and September 2022, and the absence of any complaints in the three and a half years since. He submitted that once Dr Thota became aware of the first complaint in October 2022, he immediately altered his behaviour, recognising that hugging and physical contact could no longer continue and eliminating such contact both in the workplace and in public interactions with women. He described this as a profound and immediate change, highly relevant to the assessment of ongoing risk. He noted that between November 2022 and March 2023, before he was charged, Dr Thota continued to work unrestricted with staff in the same department without any concerns being raised. He submitted that this provided material evidence of changed behaviour. He submitted after March 2023, when conditions were imposed, Dr Thota worked remotely for almost two years without issue, which, although in a different environment, still demonstrated a consistent pattern of appropriate conduct.

110. Mr Lownds submitted that there was no evidence that the misconduct or convictions had impacted patient safety, and the matters did not relate to clinical performance or create a risk to patients. He referred to workplace appraisals and supportive testimonials demonstrating Dr Thota's strong clinical reputation. He acknowledged that Dr Thota denied the allegations found proved but submitted that denial was not incompatible with insight. He pointed to Dr Thota's written reflections, which showed significant reflection on physical contact with colleagues and women generally, and a recognition of the stress and trauma experienced by the complainants in pursuing their allegations. He submitted that within the boundaries of his maintained denial, Dr Thota had shown considerable insight into the need to change his behaviour and eliminate any risk of repetition.

111. Mr Lownds further submitted that Dr Thota had apologised to Ms A in his statement and again through his counsel during cross-examination, and these apologies were relevant

to his insight. He argued that the conduct found proved was capable of remediation, given that all three incidents were at the lower end of sexual misconduct, occurred over a limited period, were historical, and had no lasting impact on the complainants. He submitted that Dr Thota had undertaken meaningful remediation, including courses in Professionalism, Maintaining Professional Boundaries, Probity, Safeguarding, and Managing Risks, as well as a recent Professional Boundaries course. He submitted that these steps demonstrated a desire to learn, to reflect, and to remediate appropriately, and that the Tribunal could see this reflected in his written reflections. Mr Lownds invited the Tribunal to conclude that the remediation undertaken was relevant and effective, and highly germane to any fair assessment of risk should the Tribunal find impairment established.

The Relevant Legal Principles

112. Throughout its deliberations, the Tribunal must bear in mind the statutory overarching objective as set out in section 1 Medical Act 1983. It also must have regard to the MPTS Guidance.

113. The Tribunal is reminded that at this stage of proceedings, there is no burden or standard of proof, and the decision of impairment is a matter for the Tribunal's judgement alone.

114. The Tribunal must first be satisfied that the case engages one or more of the statutory grounds under Section 35C of the Medical Act 1983, and the doctor is assessed to pose a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.

115. The Tribunal was reminded that 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.

116. The Tribunal should 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.

117. In approaching the decision about misconduct, the Tribunal should be mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to

misconduct, and that the misconduct was serious and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

118. The Tribunal is reminded of paragraph 11 of Part B: stage two - impairment of the MPTS Guidance provides a description as to what may constitute misconduct.

119. The Tribunal is reminded that misconduct has been defined by the Privy Council in the case of *Roylance v GMC (No.2)* [2000] 1 AC 311 as ‘a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.’ In that case, the Privy Council went on to say that ‘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.’

120. The Tribunal is reminded to amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in Good medical practice. The Tribunal should ask itself how far short of those standards the doctor’s conduct has fallen.

121. To assess whether Dr Thota poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- The Guidance which took effect in respect of MPTS hearings from 24 November 2025, and therefore its approach to impairment should be adopted. In particular, the Tribunal should consider the section for Conviction cases, to assist it in identifying the starting point for assessing seriousness.
 - where on the spectrum of seriousness the allegation lies, based on the facts found proved,
 - the impact of any relevant context known about Dr Thota and/or his working environment, and
 - how Dr Thota has responded to the allegations.

122. The Tribunal must have regard to whether the doctor’s fitness to practise is currently impaired, not on punishing them for past behaviour in line with the case of *Meadow v GMC*.

123. The Tribunal is reminded it must determine whether Dr Thota’s fitness to practise is impaired today, taking into account Dr Thota’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

124. The Tribunal is reminded whilst there is no statutory definition of impairment, however, the test set out by Dame Janet Smith in the Fifth Shipman Report, cited in *CHRE v NMC and Grant [2011] EWHC 927 (Admin)* indicates that the Tribunal should consider the following questions to assist in determining whether or not the doctor's fitness to practise is impaired:

- a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;*
- b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
- c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*
- d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

125. The case of *Yeong v General Medical Council [2009] EWHC 1923 (Admin)* sets out that the Tribunal should take into account Dr Thota's level of insight into the source of his conduct and any remedial steps that he has taken as well as the risk of repetition of his actions. However, there will be occasions where a finding of impairment will be necessary to uphold public confidence in the profession, where no such finding would have an adverse impact on public confidence in the profession.

The Tribunal's Determination on Impairment

Misconduct

126. The Tribunal considered whether the facts found proved amount to misconduct and, if so, whether that misconduct is serious.

127. In determining whether Dr Thota's actions amounted to serious misconduct, the Tribunal considered its finding that Dr Thota had abused his professional position and sexually harassed Ms A, and that his behaviour, was sexually motivated.

128. The Tribunal had regard to the definition of misconduct as set out in the case of *Roylance*, namely that misconduct is a serious departure from the standards expected of a registered medical practitioner.

129. The Tribunal determined that Dr Thota's conduct represents a serious departure from the standards expected of a doctor. In particular, the Tribunal determined that Dr Thota breached paragraphs 36 and 65 of GMP 2013:

"36 You must treat colleagues fairly and with respect.

...

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession."

130. The Tribunal found proved that Dr Thota had hugged Ms A and touched her inappropriately by squeezing her hip. The Tribunal had determined that this conduct constituted sexual harassment and was an abuse of his position of power.

131. The Tribunal was satisfied that Dr Thota's behaviour represented a significant breach of professional boundaries and had fallen seriously below the standards expected.

132. The Tribunal has concluded that Dr Thota's conduct fell so far short of the standards of conduct reasonably expected of a doctor as to amount to serious professional misconduct.

Is there a legal basis for considering impairment?

133. Having determined that Dr Thota's conduct amounts to serious professional misconduct, the Tribunal was satisfied that the ground of misconduct is established.

134. The Tribunal therefore determined that there is a legal basis for considering Dr Thota's fitness to practise by reason of misconduct.

135. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Thota's fitness to practise is currently impaired.

Where on the spectrum of seriousness does the allegation lie?

136. The Tribunal considered where the misconduct lies on the spectrum of seriousness, having regard to the Guidance. It recognised that all findings of misconduct are serious; however, within that range, some cases are more serious than others.

137. The Tribunal considered that Dr Thota's behaviour as it related to his misconduct was found to be sexual harassment of a junior colleague. It noted Mr Lownds' submission, that it was a brief touch, over clothes and not forceful nor violent and therefore should be considered at the lower end of the spectrum of seriousness. Mr Lownds also submitted that there was no evidence of an ongoing impact on Ms A. The Tribunal was, assisted by the Guidance Introduction for MPTS Tribunals. The Tribunal found that Mr Thota's misconduct was a grave departure from professional standards and the nature of the misconduct placed it at the higher end of seriousness.

138. The Tribunal bore in mind paragraph 63 of Guidance Introduction for MPTS Tribunals in which it sets out that,

“63. Whilst a range of behaviour can be seen, the nature of the departure from the professional standards usually means these concerns or allegations fall at the higher end of the spectrum of seriousness. Even a single incident of sexual misconduct can have a significant harmful impact and pose a high level of risk to public protection.”

139. The Tribunal determined there were a number of features which increased the seriousness of the misconduct. It determined that that Dr Thota's conduct amounted to sexual harassment, constituted an abuse of his professional position, demonstrated predatory behaviour, and undermined effective collaborative working. The Tribunal noted the clear imbalance of power between Dr Thota and Ms A and considered his actions to be opportunistic. Ms A also told the Tribunal that she did not feel able to raise the incident at the time, as she was concerned about the impact it might have on her working relationship with Dr Thota.

140. Taking all of these matters into account, the Tribunal determined that the misconduct falls at the higher end of the spectrum of seriousness, with a high starting point for the assessment of current and ongoing risk.

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

141. The Tribunal considered whether there was any relevant context which may have affected Dr Thota’s behaviour, having regard to the Guidance.

142. In his evidence before the Tribunal, both at the facts stage and at this stage, Dr Thota referred to the cultural adjustments he had experienced when moving from India to work in the UK. He explained that he had not been familiar with what he described as the “hugging culture” in the UK, stating that in Indian culture people typically greet one another with a handshake or a ‘Namaste’. He did not refer to work pressures, family pressures, or any other personal circumstances as contributing factors.

143. As set out in its determination on the facts, the Tribunal considered that Dr Thota was under no obligation to participate in what he described as the ‘hugging culture’ if he felt uncomfortable with it.

144. The Tribunal determined that there was no evidence of any relevant working environment or further personal context which would explain or mitigate the misconduct.

145. In the absence of any further relevant context, the Tribunal concluded when assessing the relevance of the cultural context put forward by Dr Thota, it carried only limited weight and did not have an impact on the assessment of risk.

How has Dr Thota responded to the allegations?

146. The Tribunal considered how Dr Thota has responded to the allegations, including issues of insight and remediation, having regard to the Guidance.

147. The Tribunal noted that Dr Thota has denied his misconduct as it related to Ms A, which he is entitled to do. It bore in mind that an admission of guilt is not necessary to develop insight.

148. The Tribunal noted that Dr Thota had provided written reflections and had, through his representative, offered an apology to Ms A. It also observed that its findings on misconduct had been made only recently and that, Dr Thota had denied the allegation, which he is entitled to do. In his oral evidence he confirmed he respected the Tribunal’s decision at the facts stage and acknowledged that he was sorry for whatever he had done that caused Ms A distress.

149. The Tribunal considered that Dr Thota’s reflections focused largely on the impact of the Crown Court proceedings, the MPT hearing, and the resulting conviction on himself, his family, and his standing within his community. It noted that Dr Thota had not yet begun to consider in any meaningful way why the findings had been made in relation to his behaviour. Aside from indicating in his evidence that he had stopped hugging his work colleagues, how he intended to avoid hugging any woman outside his immediate family to prevent future allegations, he did not demonstrate further insight. The Tribunal accepted that this was a possible, though somewhat extreme approach, but it did not reflect a deeper understanding of the issues identified.

150. In terms of remediation, the Tribunal considered that it was important that doctors have insight to be able to remediate however, it is possible for remediation without insight. It noted that the misconduct relating to Ms A is of a nature that is difficult to remediate, particularly given the touching was sexually motivated which was found to constitute sexual harassment. However, it determined that it was possible to remediate such misconduct.

151. The Tribunal bore in mind paragraph 109 of the Guidance:

“109 Cases involving the following features can be more difficult to remediate:

- *there is a high risk of harm to patients due to the doctor’s deliberate, reckless, persistent, or repeated behaviour*
- *the nature of, or circumstances giving rise to, the allegation suggests there is an underlying issue with the doctor’s attitude, and/or*
- *the allegation falls at the higher end of the spectrum of seriousness and is capable of damaging public confidence in the professions.”*

152. The Tribunal had regard to the courses Dr Thota had undertaken, including *Maintaining Professional Boundaries and Probity for Doctors (2023)*, *Safeguarding: Recognising and Managing Risks (2025)*, and *Professional Boundaries in Health and Social Care (2026)*, along with other training relevant to his clinical practice.

153. The Tribunal considered whether Dr Thota had kept his knowledge and skills up to date. It took into account the submissions of Mr Lownds and determined that Dr Thota has had limited exposure to a working environment for a significant period. Although he did work for a brief period while under police investigation from November 2022 until March 2023 this was on an unrestricted basis and no further concerns were raised during that time. Thereafter, he was absent from work due to sick leave. When he eventually returned, he did so under conditions until being suspended following his conviction.

154. The Tribunal assessed the current and ongoing risk of repetition. It considered again that Dr Thota's steps to prevent any repeated misconduct has not been tested in a work environment.

155. The Tribunal also bore in mind that, following the misconduct under consideration, Dr Thota was subsequently convicted of two further sexual assaults on two separate nurses who were junior to him. Notwithstanding this, the Tribunal noted that since these matters came to the attention of the authorities, there has been no repetition. However, it also observed that Dr Thota has had no further experience of working in an unrestricted hospital environment since he was charged with these offences.

156. The Tribunal had no evidence that the underlying causes of Dr Thota's misconduct have been addressed. Although the Tribunal accepted he had completed courses and apologised to Ms A. The Tribunal considered this did not demonstrate meaningful insight into the seriousness of his behaviour or its impact on colleagues, the profession, or public confidence.

157. The Tribunal therefore concluded that remediation is incomplete and that the risk of repetition cannot be regarded as low.

The Tribunal's decision on whether Dr Thota poses a current and ongoing risk to public protection and its finding on impairment

158. The Tribunal considered whether Dr Thota poses a current and ongoing risk to public protection. As set out in its reasoning above it determined that, having regard to the seriousness of the misconduct, the absence of significant relevant context, and the lack of sufficient insight and remediation, Dr Thota poses a high current and ongoing risk to public protection.

159. The Tribunal determined that all three limbs of the overarching objective are engaged.

160. The Tribunal noted Ms Goring's submission that Dr Thota's behaviour had the potential to impact patient safety, whereas Mr Lownds argued that this limb was not engaged as no patients were directly affected. The Tribunal took account of Ms A's evidence that she relied on Dr Thota's instructions for patient care and that she did not feel able to

raise the incident at the time for fear it might affect her ability to care for those patients. In these circumstances, the Tribunal concluded that the patient safety limb was engaged.

161. In relation to public confidence, the Tribunal determined that sexual misconduct of this nature is capable of undermining public confidence in the medical profession and the standards expected of doctors. The Tribunal determined that a fully informed member of the public would be seriously concerned by Dr Thota's conduct, the sexual and predatory nature of the misconduct and the abuse of his professional position.

162. In relation to professional standards, the Tribunal determined that a finding of impairment is necessary to uphold the fundamental standards of the profession, including integrity, trustworthiness and the obligation to act in the best interests of others.

163. The Tribunal therefore determined that Dr Thota's fitness to practise is currently impaired by reason of misconduct.

Conviction

Is there a legal basis for considering impairment?

164. The Tribunal considered whether the facts found proved in relation to Dr Thota's conviction engage a statutory ground for impairment. The Tribunal determined that Dr Thota's conviction on 20 March 2025, at Swansea Crown Court, when he was convicted of two counts of Sexual Assault, contrary to Section 3 Sexual Offences Act 2003 establishes the statutory ground.

165. The Tribunal noted that the certificate of conviction is conclusive evidence of those offences and the underlying facts. The Tribunal further determined that the conviction reflects conduct which is closely linked to the wider matters in this case, particularly the sexual misconduct towards Ms A which the Tribunal found amounted to sexual harassment.

166. The Tribunal therefore determined that the facts of the conviction indicate that the Dr Thota poses a current and ongoing risk to public protection and is a legal basis for considering Dr Thota's fitness to practise by reason of his conviction.

Where on the spectrum of seriousness does the allegation lie?

167. The Tribunal considered where the conviction lies on the spectrum of seriousness, having regard to the Guidance. The Tribunal recognised that all convictions are considered to be serious. However, it determined that this conviction falls at the higher end of the spectrum of seriousness in line with paragraph 31 of the Guidance.

168. The Tribunal bore in mind paragraph 31 of the in which it sets out that,
'31. Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:
□ sexual assault, indecency or sexual harassment

169. In reaching that determination, the Tribunal considered the nature of the offending. It determined that the offending was persistent and repeated as the conviction involved sexual assault that was repeated with two different female colleagues. The Tribunal considered the factors that would increase the seriousness of the conviction. It was of the view that Dr Thota's behaviour was predatory: he was opportunistic with one colleague whilst with the other there was an element of premeditation, by following her into the coffee room. Both of these instances were an abuse of his professional position as both women were junior colleagues to him and his behaviour undermined collaborative working. The Tribunal acknowledged Mr Lownds' submissions that, once again, this conviction was at the lower end of sexual offending, touching over clothing for a brief duration, no suggestion of physical force or violence however, the Tribunal considered any sexual assault, in line with the Guidance, starts at a high level of seriousness. With the factors present identified, it determined it remained at a high level of seriousness.

170. The Tribunal also noted that the offending resulted in a custodial sentence, albeit suspended.

171. Taking all of these matters into account, the Tribunal determined that the conviction falls at the higher end of the spectrum of seriousness, with a high starting point for assessing current and ongoing risk.

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

172. The Tribunal considered whether there was any relevant context which may have affected Dr Thota's behaviour, having regard to the Guidance.

173. The Tribunal had regard to the cultural differences outlined by Dr Thota in his evidence, as set out above. Again, the Tribunal gave this limited weight.

174. In the absence of any further relevant context, the Tribunal concluded when assessing the relevance of the cultural context put forward by Dr Thota, it carried only limited weight and did not have an impact on the assessment of risk.

How has Dr Thota responded to the allegations?

175. The Tribunal considered how Dr Thota has responded to the conviction, including issues of insight and remediation, having regard to the Guidance.

176. The Tribunal noted that Dr Thota denied the offences. He went to trial and was found guilty and convicted, given a custodial sentence, which was suspended, as well as 300 hours unpaid work. Dr Thota was also placed on the sexual offenders register for a period of 10 years and a restraining order made against him, also for 10 years. The Tribunal noted that Mr Lownds had submitted that he did not receive an immediate custodial sentence.

177. Dr Thota maintained throughout his Crown Court hearing and these proceedings that he did not touch these women inappropriately. He further said that he recognised that inappropriate touch could have a tremendous effect on the victim. Whilst the Tribunal noted that he has maintained his position that he did not accept the acts he was convicted of, he respected the conviction and understood, if one was to be touched in the manner for which he was convicted, there would be a significant impact on them.

178. Dr Thota said in his evidence that he is now mindful not to invade anyone's personal space. The Tribunal took account of his written reflections, in which he said,

"I deeply regret the emotional and psychological harm caused by the situation to the complainants. I fully recognise that the process of making complaint and pursuing it will have caused them each distress and trauma.

I am truly remorseful for the emotional and psychological scars this situation has left and I pledge to continue reflecting on the impact of my actions. My remorse is rooted in the awareness of the suffering and I feel immense sense of regret that anyone has to go through this.

My situation has brought a lot of shame to my wife and [XXX] and it was very difficult for them to cope as well. [XXX]. I felt dreadful about this. I will continue to exercise caution with my every interaction in public and workplace.”

179. The Tribunal determined that, whilst this recognition of the impact on the complainants was noted, it did not demonstrate full or meaningful insight into the seriousness of his conduct and the impact of his actions on the profession or on public confidence, despite the passage of time.

180. The Tribunal noted that Dr Thota had complied with his sentencing and completed 300 hours of unpaid work. As set out above, Dr Tribunal noted that Dr Thota had completed a variety of courses.

181. The Tribunal noted that there is no evidence before it of any further remediation. It determined that offending of this nature involving sexual assault which is persistent and premeditated is difficult to remediate. The Tribunal concluded that the conduct had not been sufficiently remedied.

182. The Tribunal took into account of the facts that Dr Thota’s conviction was following the events relating to his misconduct involving Ms A. It was of the view that the offences for which he had received a conviction were escalations in the seriousness of sexual assaults as they were him touching more overtly sexual, intimate areas, under the pretence of hugs.

183. The Tribunal determined that there remains a risk of repetition. In reaching this conclusion, the Tribunal considered the reasons already outlined in relation to the misconduct and noted that Dr Thota has undertaken courses, completed 300 hours of unpaid work, and complied with the suspended sentence imposed, however these steps did not sufficiently reduce the risk. This was the second and third instance of him engaging in similar behaviour, and his insight is still developing. The Tribunal therefore could not be satisfied that the potential risk of repetition was low.

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

184. The Tribunal considered whether Dr Thota poses a current and ongoing risk to public protection which may require restrictive action in response. It determined that, having regard to its findings on seriousness, the absence of relevant context, and the lack of insight and remediation, Dr Thota poses a high current and ongoing risk to public protection.

185. The Tribunal determined that the overarching objective is engaged, in particular the need to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct.

186. In relation to patient safety, the Tribunal determined that, whilst the conviction did not arise from clinical practice and did not, of itself, demonstrate a direct clinical risk to patients, however it could have impacted the care of patient as he was creating an uncomfortable work environment for his junior female colleagues.

187. In relation to public confidence, the Tribunal determined that a fully informed member of the public would be seriously concerned by Dr Thota's conduct, the custodial sentence imposed and the clear link between the offending and his abuse of his position. In reaching this view, the Tribunal had regard to the fact that the conviction relates to two offences of sexual assault on more than one occasion on two separate junior female colleagues, which the Guidance identified as conduct that is likely to fall at the higher end of the spectrum of seriousness. The Tribunal further considered that Dr Thota's conduct was capable of undermining trust in doctors and the profession and therefore a finding of impairment was required to maintain public confidence in the profession.

188. In relation to professional standards, the Tribunal determined that a finding of impairment is necessary to uphold the standards expected of a registered medical practitioner, particularly in relation to honesty, integrity and treatment of his female junior colleagues.

189. The Tribunal determined that all three limbs of the overarching objective are engaged in this case. Accordingly, the Tribunal determined that Dr Thota's fitness to practise is currently impaired by reason of conviction.

Determination on Sanction - 28/04/2026

190. Having determined that Dr Thota's fitness to practise is impaired by reason of his conviction and misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

Submissions

On behalf of the GMC

191. Ms Goring submitted that the Tribunal’s finding of a high level of current and ongoing risk to public protection formed the essential framework for determining sanction. She reminded the Tribunal that it must begin with the least restrictive option and move upwards only where a lesser sanction would be insufficient or disproportionate. In her submission, taking no action was plainly inappropriate in a case involving two criminal convictions for sexual assault, combined with findings of sexual harassment in the workplace involving three junior colleagues. She emphasised that no-action outcomes are reserved for exceptional cases, which the Sanctions Guidance describes as rare, and she argued that the circumstances here fell far outside that category.

192. Turning to conditions, Ms Goring submitted that the Guidance requires any conditions to be measurable, workable and appropriate. In this case, she argued, there were no conditions capable of addressing the core misconduct or the convictions. No set of conditions could prevent a doctor from sexually assaulting junior colleagues in the workplace, and therefore no conditions could adequately mitigate the public protection risk. For that reason, she submitted that conditions were not a viable or proportionate option.

193. Ms Goring drew the Tribunal’s attention to the sanction-banding table at page 70 of the Guidance, noting that it indicates that the appropriate sanction for sexual misconduct which was of a high spectrum of risk to public protection lies within the range of a 12-month suspension up to erasure. She reminded the Tribunal that the convictions must also be considered within the banding, which again in the table places cases involving a higher spectrum of risk within the same range. She submitted that both the misconduct and the convictions were deemed by the Guidance to be of the utmost seriousness.

194. Ms Goring invited the Tribunal to consider the specific guidance on erasure. She submitted that Paragraph 55 stated that erasure is appropriate where a doctor’s behaviour is incompatible with continued registration, meaning that the level of current and ongoing risk to public protection is so significant that the doctor should not be permitted to practise. She submitted that this case fell squarely within that description. She further relied on paragraph 57, which identified circumstances in which erasure will be the only proportionate response. She submitted that the behaviour caused serious harm, that the risk of recurrence could not be mitigated through conditions or suspension, and that the seriousness of the facts found proved, together with the contextual factors increasing the risk, meant that allowing Dr Thota to remain on the register would undermine public confidence in the profession. Ms Goring

submitted that Dr Thota had shown a persistent lack of insight into both the conviction and misconduct, particularly given the passage of time since the conviction.

195. Ms Goring invited the Tribunal to consider aggravating and mitigating features, noting the need to avoid double-counting. She submitted the aggravating features included premeditation on one occasion, predatory behaviour, the involvement of three junior complainants, and the fact that all conduct occurred in the workplace within the intensive care unit. As to mitigation, she accepted that there had been no repetition, though Dr Thota had been suspended and out of clinical practice. Ms Goring submitted that erasure was the only proportionate sanction, though if the Tribunal opted for suspension, she invited it to direct a review shortly before its expiry.

On behalf of Dr Thota

196. Mr Lownds submitted the Tribunal was required to act proportionately by imposing the minimum type and length of sanction necessary to protect the public, while giving clear reasons for its decision. He acknowledged that this was a case involving sexual misconduct and an associated criminal conviction, and that the Tribunal had already determined that the case fell at the higher end of the spectrum of seriousness with a correspondingly high starting point for assessing current and ongoing risk to public protection. He accepted that, under the sanctions banding, the realistic range lay between a lengthy suspension and erasure. However, he submitted that, notwithstanding the seriousness found, a lengthy suspension with a review hearing was the proportionate sanction, representing the minimum necessary to protect the public, maintain public confidence and uphold professional standards.

197. Mr Lownds invited the Tribunal to focus carefully on the nature and extent of the risk. In his submission, the relevant risk was confined to the possibility of further sexual misconduct towards colleagues in the workplace. He submitted there was no evidence of any clinical risk to patients, no suggestion of sexual misconduct towards patients, and no evidence of any other form of misconduct. He reminded the Tribunal that the conduct had occurred between 2018 and 2022, involved low-level inappropriate touching over clothing over a short duration, and caused no lasting psychological harm to the complainants. He submitted the matters were historical, and the Tribunal was now assessing current and ongoing risk four years after the events and there had been no repetition. He submitted that the risk of repetition was very low, given Dr Thota's previously unblemished history, the absence of any concerns since 2022, and the fact that he had worked unrestricted for approximately five months after becoming aware of the first complaint, during which time he was working with both nurses and junior colleagues without any further incident. He invited

the Tribunal to reconsider its earlier observation that his conduct had not been tested in a work environment, submitting that this five-month period constituted precisely such a test.

198. Mr Lownds also submitted that Dr Thota had received a suspended prison sentence. Under the sentencing guidelines, such a sentence required the court to find a realistic prospect of rehabilitation and to assess the risk of reoffending. He submitted that the judge, having heard the evidence in the criminal trial, must have concluded that the risk of reoffending was low. Mr Lownds submitted that this, combined with the absence of repetition, was an important factor for the Tribunal to bear in mind.

199. Mr Lownds submitted that there was evidence of regret and developing insight into the admitted inappropriate conduct, supported by Dr Thota's immediate and radical self-regulation which he had adopted by avoiding physical contact with women other than family, and by the courses he had undertaken. He acknowledged the Tribunal's earlier findings that insight was incomplete and required further development but argued that this demonstrated that the conduct was capable of remediation and that further time was needed for Dr Thota to deepen his understanding.

200. Turning to issue of public protection, Mr Lownds submitted that patient safety concerns were limited and had diminished with time, absence of repetition and self-regulation. He accepted that public confidence and professional standards were the more significant considerations. He also invited the Tribunal to consider the impact of sanction, noting Dr Thota's strong clinical ability, the positive testimonials, the impact on healthcare provision in Swansea, and his genuine desire to return to working within the medical profession.

201. Mr Lownds submitted that suspension was proportionate under paragraph 45 of the Guidance, as conditions were not workable, suspension would allow further insight and remediation, and it would maintain public confidence. He argued that erasure was not required under paragraph 57, as suspension could adequately protect the public and address the seriousness of the misconduct.

The Tribunal's Approach

202. The Tribunal had regard to the relevant sections of the MPTS Guidance.

203. In making its decision on sanction the Tribunal was reminded it must consider what in light of its findings of impairment is the proportionate response, needed to protect the

public. The Tribunal had determined that all three aspects of public protection were engaged in this case, and it has now to consider what regulatory actions, if any is needed to protect the public. The Tribunal referred to the sanctions banding(s) as set out in Part C of the MPTS Guidance and considered the level of current and ongoing risk the doctor poses to public protection. It also considered the impact of any specific sanction type, where applicable, and any other relevant factors or information that would inform its decision.

204. The Tribunal noted that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly, transparently and proportionately. The purpose of a sanction is not to punish the doctor, although any sanction imposed may have a punitive effect.

205. The Tribunal reminded itself that, in determining whether to impose a sanction, 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.

206. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective to protect patients set out in section 1 of the Medical Act 1983:

- 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

207. The Tribunal has also applied the principle of proportionality, balancing Dr Thota's interests with the public interest.

The Tribunal's Determination on Sanction

208. The Tribunal has had regard to the submissions of parties and its decision on impairment as to the level of current and ongoing risk Dr Thota poses to public protection.

209. The Tribunal further noted the sanctions bandings set out in the Guidance. The sanctions banding where there is a high level of risk in cases of sexual misconduct and convictions, cautions, misconduct arising from breach of court sanctions and determinations by other regulatory bodies, the starting point was twelve months suspension to erasure.

210. With this in mind, the Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No Action

211. The Tribunal first considered whether to conclude the case by taking no action. It considered the MPTS Guidance which relate to consideration of 'Taking no action'. It noted paragraph 13 in particular 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.'

212. The Tribunal determined that, there are no exceptional circumstances which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that the taking of no action would not be proportionate, or sufficient to protect the public.

Conditions

213. The Tribunal next considered whether to impose conditions on Dr Thota's registration. It bore in mind that any conditions imposed would need to be appropriate, workable, measurable and proportionate.

214. The Tribunal noted the sanctions banding for sexual misconduct does not indicate that conditions would be an appropriate and proportionate sanction in cases involving sexual misconduct where a high level of risk to public protection has been identified.

215. The Tribunal had regard to the relevant section of the MPTS Guidance which provide an indication of cases where conditions are likely to be suitable. It reminded itself of its earlier findings that Dr Thota had breached fundamental tenets of the profession. In addition to the high level of risk identified in this case the Tribunal concluded that Dr Thota's misconduct or conviction could not be addressed by conditions on his registration.

216. The Tribunal determined that it was not possible to formulate conditions to address the risk of harm associated with Dr Thota's sexual offences. Given the seriousness of Dr

Thota's conduct, and the inability to formulate proportionate, workable, appropriate and measurable conditions. The Tribunal concluded that the imposition of conditions would be insufficient to protect the public or to satisfy the wider public interest and would not be proportionate.

Suspension

217. The Tribunal then considered whether imposing a period of suspension on Dr Thota's registration would be appropriate and proportionate. The Tribunal reminded itself the purpose of suspension is to remove a doctor from practice; to manage the current and ongoing risk they pose to public protection with the aim they should be able to return safely to unrestricted practice. Suspension can 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.

218. The Tribunal bore in mind that the sanctions banding table at paragraph 62 of the Guidance which indicates that a lengthy period of suspension or erasure may be the most appropriate and proportionate outcome in most cases involving serious misconduct where the ongoing risk is high.

219. The Tribunal further 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.'

220. The Tribunal reminded itself of its findings at stage 2, the impairment stage, that Dr Thota's conviction and misconduct lay at the high end of the spectrum and the Tribunal's finding that all three limbs of public protection were engaged. However, the Tribunal accepted that patient safety was not the principal concern in this case. The Tribunal remained concerned with the second and third limbs of public protection, namely the need to maintain public confidence in the medical profession and the need to uphold proper professional standards and conduct.

221. The Tribunal noted the current sanctions framework for sexual misconduct cases provides bandings of suspension of up to six months for lower risk, suspension of six to twelve months for medium risk, and suspension of 12 months to erasure for higher risk to public protection. Given the Tribunal's findings on the level of risk to public protection, the Tribunal determined the last banding is relevant in this case.

222. The Tribunal was mindful that, whilst the Tribunal found Dr Thota's misconduct and conviction fell at the higher end of the spectrum of seriousness, the misconduct and conviction in this case, was in the Tribunal's view, not at the highest level of that spectrum. The Tribunal noted that sexual offences vary widely in seriousness, and whilst Dr Thota's misconduct and conviction was serious, it was not comparable to the most serious forms of sexual assaults but would still fall within the applicable banding, where the starting point ranges from 12 months suspension to erasure.

223. The Tribunal attached weight to the fact that Dr Thota remains on the Sex Offenders Register for a period of 10 years. It also reminded itself that, as outlined by Ms Goring in her submissions, Dr Thota's sexual offences were towards three junior colleagues, his conduct was premeditated on one occasion and amounted to predatory behaviour in all three instances. In those circumstances, the Tribunal concluded that unrestricted registration would be incompatible with the current and ongoing risk to those aspects of public protection.

224. The Tribunal acknowledged that Dr Thota had undertaken some remediation. He had completed courses relating to professional boundaries and probity, he had provided reflective statements about his accepted behaviour and the impact on the complainants and

had been supported by a number of testimonials. The Tribunal therefore accepted that Dr Thota has taken steps to address some of the concerns.

225. The Tribunal also took into account its earlier decision that Dr Thota had demonstrated developing insight. There had been no evidence of any repetition of the behaviour, including during the five months in which he continued to work without restrictions after the allegations first came to light. He also had developed a self-regulation strategy to avoid coming into close contact with women which would reduce the risk of repetition. The Tribunal also took into account its earlier finding that Dr Thota's conduct was capable of being remedied and that, if given the opportunity, Dr Thota could demonstrate sufficient evidence of insight and remediation.

226. Having considered the above matters, the Tribunal determined that a period of suspension would be the appropriate and proportionate restrictive action. A period of suspension would recognise the seriousness of the conduct and would address the public confidence of the profession and professional standards expected of a doctor as they related to the limbs of public protection.

227. The Tribunal also considered that a period of suspension would allow Dr Thota to develop insight into his misconduct and undertake meaningful remediation.

228. The Tribunal then went onto consider, as suggested by the GMC, whether erasure was the most appropriate and proportionate sanction, as required by the *Guidance*. It had regard to paragraphs 55 and 57 of the relevant section which provides:

'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

...

57 Erasure may be the proportionate response where:

a conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public

b the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place

c the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or

d the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'

229. The Tribunal determined that erasure would be disproportionate in the circumstances of this case. The Tribunal considered that whilst the risk to public protection was high it was not so significant that it was fundamentally incompatible with continued registration. It therefore concluded that public protection could be satisfied with a period of suspension and that was the proportionate restrictive action.

230. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined that suspension is the appropriate sanction. The Tribunal then went on to consider the length of suspension and whether to direct a review prior to the end of the period of suspension.

Length of suspension

231. In determining the length of suspension, the Tribunal had regard to paragraph 46 of the relevant section of the MPTS Guidance which states:

'46 The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:

a the assessment of the level of current and ongoing risk to public protection posed by the doctor

b the reasons for assessing suspension as being the proportionate response

c the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or

d the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.'

232. The Tribunal considered that a short period of suspension would not adequately mark the gravity of the misconduct nor send a message that such serious misconduct was unacceptable. The Tribunal was of the view that Dr Thota needed sufficient time to develop insight and remediate his conduct. The Tribunal considered that a lengthier period of suspension would be the most appropriate for these reasons.

233. The Tribunal acknowledged that a period of suspension would undoubtedly have an impact on Dr Thota but was of the view that this is outweighed by the need to uphold professional standards and maintain public confidence in the profession.

234. The Tribunal concluded that a period of suspension for 12 months was the appropriate and proportionate response. This period reflects the seriousness of Dr Thota's misconduct.

Review

235. The Tribunal determined to direct a review of Dr Thota's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that, at the review hearing, the onus will be on Dr Thota to demonstrate how he has developed insight and remediated his misconduct. It therefore may assist the reviewing Tribunal if Dr Thota provides:

- Evidence of his remediation;
- Evidence of his development of insight;
- Evidence of ongoing professional development and that he has kept his knowledge and skills up to date.
- Any other information that he considers will assist the reviewing Tribunal.

The above list is not exhaustive, and the onus is on Dr Thota to provide sufficient evidence to the reviewing Tribunal.

Determination on Immediate Order - 28/04/2026

236. Having determined to suspend Dr Thota's registration for a period of 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Thota's registration should be subject to an immediate order.

Submissions

On behalf of the GMC

237. Ms Goring submitted that an immediate order of suspension should be imposed onto Dr Thota's registration. She referred to paragraphs 74 and 79 of the Guidance and submitted that an immediate order was necessary to protect members of the public and was in the public interest.

On behalf of Dr Thota

238. Mr Lownds submitted that there was no opposition to an immediate order of suspension if the Tribunal concluded that it was necessary.

The Tribunal's Determination

239. 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.

240. The Tribunal had regard to paragraphs 79 and 84 of the Guidance which provide:

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

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

a the doctor poses a risk to patient safety

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

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

241. The Tribunal considered that, in light of its previous determinations regarding the seriousness of Dr Thota's conduct and its assessment of the level of his current and ongoing risk to public protection, an immediate order was necessary in this case. It considered that the necessity to maintain public confidence in the profession and the need to uphold professional standards were engaged and that, the factors set out in paragraph 84(b) and (c) were present. The Tribunal therefore determined that an immediate order was necessary.

242. This means that Dr Thota'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.

243. The interim order currently in place on Dr Thota's registration is hereby revoked.

244. That concludes this case.