PUBLIC RECORD

Dates: 03/11/2026 - 04/11/2026

Doctor:	Dr Narendra DAVE
GMC reference number:	2441278
Primary medical qualification:	MB BS 1978 University of London

Type of case

Review - Misconduct

Outcome on impairment

Not impaired

Summary of outcome

Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Stephen Killen
Lay Tribunal Member:	Dr Ammar Ghouri
Registrant Tribunal Member:	Ms Sarah McAnulty

Tribunal Clerk:	Mr Rowan Barrett

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Raj Joshi, 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 Impairment - 04/11/2026

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

Background

2. Dr Dave qualified with MB BS from the University of London in 1978. He has been on the GP register since 1989 and became a member of the Royal College of General Practitioners in 1991. He practised in the UK and Crown Dependencies as a General Practitioner and held registration with a licence to practise until 14 June 2018.

3. In 2016, Dr Dave relocated to Australia where he became a fellow of the Royal Australian College of General Practitioners and he worked in various locations in Western Australia.

4. While he was living and practising as a GP in Australia, Dr Dave amended his registration with the GMC in the UK to registration without a licence to practise. He held this registration between 14 June 2018 and 26 March 2020. On 26 March 2020, although he still lived and worked overseas, Dr Dave's registration automatically changed to registration with a licence to practise. This change was granted to all GMC registered doctors under the emergency powers available to the Secretary of State for Health in response to the COVID-19 pandemic.

5. The facts found proved at Dr Dave's hearing which took place in August 2025 were, in summary, that Dr Dave was found by the State Administrative Tribunal of Western Australia ('the SAT') to have acted in a way which constituted professional misconduct and his registration in Australia was subsequently suspended. It was also found proved that he failed to disclose this to the GMC.

6. On 18 December 2023, the SAT determined that Dr Dave had behaved in a way which constituted professional misconduct. On 76 occasions he contravened the Supervised Practice Conditions imposed upon his registration on 22 January 2020 by the Medical Board

of Australia. In the period 15 February 2021 to 31 October 2021, he failed to provide complete and accurate information to the Medical Board of Australia.

7. The SAT determined to reprimand Dr Dave, to suspend his registration for 12 months and to impose conditions for 12 months following the conclusion of the period of suspension. Dr Dave travelled to the UK in February 2024 but did not practise in the UK. His GMC registration automatically reverted to registration without a licence to practise on 13 March 2024 as the Secretary of State for Health's Covid-19 emergency powers ended. He has held a GMC registration without a licence to practise since this date.

8. The Australian Healthcare Practitioner Regulation Authority ('AHPRA') sent a letter by email to the GMC on 17 June 2024 notifying them that Dr Dave's registration with AHPRA had been suspended for 12 months following the hearing which concluded on 18 Dec 2023. The letter also stated that, in the course of monitoring Dr Dave's compliance with the conditions, information had been received that suggested he may seek to practise in the United Kingdom or currently hold registration in the United Kingdom. The letter also included details about the AHPRA requirements to inform overseas regulators of action taken in the jurisdiction and included a schedule of conditions which would come into force on Dr Dave's registration at the conclusion of his suspension in December 2024.

9. Dr Dave did not disclose or provide any correspondence to the GMC in relation to the determination by the overseas regulatory body. Dr Dave was informed that the GMC had opened an investigation of its own in relation to his failure to notify the GMC without delay. The suspension imposed on Dr Dave by the SAT concluded on 18 December 2024, and his registration in Australia was made subject to conditions, which included audits, mentoring and further education. He is currently working as a GP near Perth and he is no longer subject to conditions.

10. The original Tribunal in August 2025 determined that Dr Dave's fitness to practise was impaired on the grounds of a decision by an overseas regulator and misconduct. It determined to suspend Dr Dave's registration for a period of 10 months.

11. A review hearing took place in July 2026 ('the July 2026 Tribunal'), at which it was determined that Dr Dave's fitness to practise was no longer impaired by reason of the decision by the overseas regulator, but Dr Dave's fitness to practise remained impaired as a result of his misconduct. The July 2026 Tribunal determined to suspend Dr Dave's registration for a further four months, and it directed a review at the end of this period. The July 2026 Tribunal suggested that it may assist the reviewing Tribunal '*if Dr Dave provided any further evidence of insight, reflection and remediation, such as:*

a) The completion of CPD in relevant and targeted courses to the concerns raised as a result of his failure to be candid about his suspension with the GMC.
b) Written reflections to demonstrate further development of insight and his learning.
c) Testimonials from his mentor, professional colleagues and/or patients
d) Any other information that Dr Dave considered will assist the reviewing Tribunal'

The Evidence

12. The Tribunal has taken into account all the evidence received, both oral and documentary. Dr Dave gave oral evidence to the Tribunal (which is summarised in more detail below) and also provided:

- A Testimonial from his current employer
- Evidence of compliance with CPD imposed by the SAT
- A reflective statement dated 16 October 2026
- Evidence of completion of e-learning on the Duty of Candour

Submissions

13. On behalf of the GMC, Mr Raj Joshi, Counsel, submitted that Dr Dave's fitness to practise remains impaired as a result of his misconduct. He submitted that, whilst Dr Dave had now provided documentary evidence to support the oral evidence he gave at the last review hearing, the documentary evidence is limited in nature. He submitted that the testimonial from Dr Dave's current employer was only '*cautiously supportive'* and stopped short of asserting that Dr Dave had fully remediated his shortcomings. Mr Joshi submitted that it was surprising that Dr Dave had only provided one testimonial.

14. Mr Joshi submitted that, although Dr Dave has acknowledged that he should have informed the GMC of the regulatory decision in Australia at the time and has apologised for not doing so, he has not demonstrated an understanding of the reasons for his failure such that it is clear it will not happen again. He submitted that Dr Dave has not demonstrated via his documentary or oral evidence that he was familiar with the duties set out in Good Medical Practice and that he would be safe to return to unrestricted practice if he chose to do so in future.

15. Dr Dave submitted that he had engaged in the proceedings and had provided both documentary and oral evidence demonstrating that he had reflected on his misconduct and he had made attempts to address it. Dr Dave submitted that he did not know what else he could say to convince the GMC that he had fully appreciated the seriousness of his misconduct. Dr Dave said that he fully understood the potential impact of his actions on public protection, and they would not be repeated. Dr Dave submitted that he had not been dishonest, but he breached his duty to disclose the regulatory findings to the GMC. He outlined that he had applied to the GMC to relinquish his registration, but this was refused on the basis that his fitness to practise remained impaired. He told the Tribunal that his intention is to apply for voluntary erasure from the UK medical register once these proceedings are concluded, because he has no intention of practising in the UK in future.

The Relevant Legal Principles

16. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. It noted that there is a persuasive burden on Dr Dave to satisfy it

that he would be safe to return to unrestricted practice. This Tribunal must determine whether Dr Dave's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since that time, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

17. The Tribunal had regard to the Guidance for MPTS Tribunals, in particular Section three: MPT Hearings – review hearings - 22 June 2026 ('the Guidance').

The Tribunal's Determination on Impairment

18. The Tribunal considered whether Dr Dave's fitness to practise is currently impaired by reason of his misconduct. It had regard to Step 1a of the Guidance as follows:

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

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

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

19. At Dr Dave's original MPT hearing, that Tribunal found that Dr Dave's actions were serious and that there was a risk of repetition, albeit not a significant one. It had regard to the following paragraphs of the decision of the 2025 Tribunal, which states:

> *44. The Tribunal determined that there remains a risk of repetition, and that further work is required for Dr Dave to achieve full insight, meaningful remediation, and to demonstrate that similar conduct will not reoccur.'*
> *…*
> *78. The Tribunal bore in mind its finding at impairment stage that a risk of repetition remained. However, having considered the SG and balanced the mitigating and aggravating factors, it did not consider the risk to be significant.*

20. The July 2026 Tribunal, in reviewing Dr Dave's case, found that the level of risk to public protection had reduced to medium, on the basis that he was no longer impaired by the decision made by the overseas regulator and because he had developed some insight into his misconduct.

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

21. The July 2026 Tribunal was concerned that Dr Dave had provided no objective documentary evidence to demonstrate his insight and remediation. As outlined above, it suggested that Dr Dave provide further documentation at a review hearing and made suggestions of the type of evidence he could provide. Dr Dave has provided documentary evidence in respect of each of the July 2026 Tribunal's suggestions. He also gave oral evidence, as outlined below.

22. The Tribunal noted that the July 2026 Tribunal concluded that Dr Dave had shown some genuine insight into his misconduct, but it was not satisfied at that time that his insight was complete or that he had sufficiently demonstrated that he had remediated.

23. The Tribunal had regard to Dr Dave's reflective statement, in which he outlined the following:

> *"I have been practicing in Australia since January 2016, having been granted Australian medical registration in December 2025.*
>
> *Following a notification to the Australian Health Practitioner Regulation Agency (AHPRA) in 2018, the ensuing investigation followed a protracted course which included the Covid-19 Global Pandemic, resulting in my medical registration in Australia becoming subject to certain supervisory conditions. I failed to comply with these supervisory conditions in full and this resulted in further protracted regulatory action culminating in the suspension of my Australian medical registration for 12 months.*
>
> *As I am domiciled in the UK and have family in* [XXX]*, I returned to the UK to serve the period of my suspension with the intention of returning to Australian medical practice.*
>
> *I am now back in Australia and practicing full time with the same employer.*
>
> *Despite having UK medical registration without licence to practice, I failed to notify the General Medical Council (GMC) of the outcome of the Australian regulatory matters.*
>
> *In my submission to the GMC on 17 November 2024, I acknowledged my failings and offered my unreserved apology.*

I have not practiced in the UK since 2016 and have no intention of returning to UK medical practice given that I am at the end of a long and very fulfilling career approaching half a century.

My failure to notify the GMC of events overseas has led to further protracted regulatory action by the GMC which is ongoing.

I have had ample opportunity to reflect on all these events and accept my failings. I understand that I am charged with upholding the reputation of the medical profession and my actions have let the wider profession down. For this I further apologise.

The medical profession is held in the highest of regard globally and it is my duty to maintain the trust the public puts in us.

I accept that while no members of the wider public worldwide have been harmed by my actions, there is a very real possibility that harm could have resulted and the GMC has a statutory duty to protect the public.

Going forward, I am much more aware of my ethical obligations and now put ethics and the reputation of the medical profession at the forefront of all my thinking and actions.

I have learnt important lessons regarding public safety, professional obligations, openness and honesty. I have undertaken training in ethics and have previously submitted evidence of this to the GMC. I have since undertaken further training in Duty of Candour which I understand is a statutory requirement in the United Kingdom.

I have developed a better understanding of openness and honesty in all my professional dealings and found this additional training informative and thought provoking.

I now seek guidance from senior doctors on complex ethical issues. In all, this has been a useful learning journey."

24. In his oral evidence, Dr Dave outlined that he had undertaken a lot of training in ethics which the medical board in Australia had asked him to do, and he had submitted evidence of this to the board. He said that he had undertaken a duty of candour course and he referred to the certificate of participation which he provided to the Tribunal. Dr Dave outlined that he had submitted the joint testimonial from his employers, who had kept his job open for him during his period of suspension, and who had facilitated his return to clinical practice when he was then subject to conditions. Dr Dave outlined that the conditions had now ended and he is currently working unrestricted in Australia.

25. Dr Dave outlined that he has not practised in the UK for a long time and he would not have anyone to seek a testimonial from. He also said that his practice in Western Australia has been in a small town and in a small practice, and so his ability to obtain further testimonials is limited. When asked why he had not produced testimonials from patients, Dr Dave said that he had not sought this type of feedback from patients due to the power imbalance between him and his patients. Dr Dave therefore said it was not appropriate to solicit this type of feedback from patients.

26. Dr Dave said that he had not returned to England with any intention of practising medicine and he was not aware of his duty to disclose the regulatory findings to the GMC. His oral evidence in this regard was much the same as he had given to the 2025 and July 2026 Tribunals. Dr Dave said that he accepts that this was a failing on his part and that he was under a duty to disclose. He said that he had not had particular regard to Good Medical Practice while he worked in Australia, but he has become very familiar with those aspects which refer to a doctor's duties to the GMC since these proceedings started.

27. Dr Dave agreed that he ought to have been aware of his duty and he ought to have made the appropriate disclosure to the GMC. He said that his failure to do so was a serious mistake. He identified that his actions had the potential to place patients at risk had, that *'they had a drastic negative effect'* and brought the profession into disrepute and did not meet the standards required of registered doctors. Dr Dave said that he had failed in his professional obligations and the GMC '*is there to make sure that the medical profession is held in high regard*'. He said he '*failed to adhere to the standards, which are there for good reason'*.

28. Dr Dave said that he found the duty of candour course to be interesting and that '*honesty and openness are at the top of everything'* for a doctor. Dr Dave said that he had not acted dishonestly, but he should have been aware of his obligations.

29. Dr Dave said that he had apologised on many occasions over the last 18 months and he would not make the same mistake again. He said that there has been no repetition of his misconduct since he re-commenced clinical practice in Australia two weeks after his suspension ended. Dr Dave said that he had made his employers, practice manager and receptionist aware of his regulatory conditions in Australia and that he does not hold any secrets from them.

30. Having reviewed the conclusions of the previous two Tribunals with regard to Dr Dave's insight and remediation and having considered his written and oral evidence during this hearing, the Tribunal determined that Dr Dave has now demonstrated significant insight into the seriousness of his misconduct and his failings. He has acknowledged the potential impact of his failure to disclose his regulatory findings to the GMC to all three limbs of public protection, and he has demonstrated genuine remorse. Dr Dave is aware that ignorance of

his regulatory requirements as a registered medical practitioner is not an excuse. Indeed, he said this himself in his oral evidence. Dr Dave has acknowledged that the obligation is on him to familiarise himself with Good Medical Practice and his duties and to act accordingly.

31. With regard to the jointly signed testimonial provided from Dr Dave's current employer and the practice manager, the Tribunal did not accept the GMC's submission that this was insufficiently supportive. The Tribunal bore in mind Dr Dave's statement that he is practising in a small town in Western Australia and has been employed in his current role for several years. It accepted that he has not been working in the UK for many years and he would not be able to obtain testimonials from UK based colleagues at this stage. The Tribunal bore in mind that Dr Dave's current working environment is likely to be significantly different from UK practice and he may not have as many colleagues to approach for testimonials as he might do if he were working in the UK. The Tribunal accepted Dr Dave's explanation for not seeking feedback from patients. The Tribunal considered that the testimonial showed that there were no concerns about Dr Dave's current practice and he has been open with his colleagues about his regulatory proceedings. The Tribunal noted the following from the testimonial:

> *"…*
> *I provide this testimonial in support of Dr Dave with awareness of the findings described in the Tribunal's determination dated 10 July 2026. These include his previous breaches of Australian supervised practice conditions and his failure to notify the General Medical Council of the Australian regulatory determination. I recognise the seriousness of these matters and the importance of openness, accountability and compliance with regulatory obligations.*
>
> *In my role I have had the opportunity to observe Dr Dave's communication with staff, contribution to the practice and approach to patients. I have always found him to be approachable, reliable, cooperative, committed to learning, open and accountable.*
>
> *Dr Dave has discussed the regulatory findings with us openly, acknowledged his failure to notify the GMC and recognised that his reporting obligations apply regardless of whether he intends to practise in the United Kingdom.*
> *…*
> *Based on my direct experience, I support Dr Dave's continued commitment to meeting his professional obligations and addressing the Tribunal's concerns. …"*

32. Overall, the Tribunal considered that Dr Dave has engaged with the regulatory process throughout, he has sought to engage with the recommendations of the July 2026 Tribunal, and he has demonstrated significant insight into his misconduct. He has identified and completed a targeted course on the duty of candour and he has been open and honest with his colleagues about his ongoing regulatory issues in the UK.

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

33. As outlined above, the Tribunal considered that Dr Dave's reflective statement, together with his oral evidence, sufficiently demonstrates that he has reflected on the seriousness of his misconduct and now appreciates that the impact of his failings on public protection.

34. The Tribunal noted that the July 2026 Tribunal had found that Dr Dave's insight was genuine, but that it considered more evidence of this was necessary at that time. The Tribunal considered that Dr Dave has now fulfilled this requirement via his oral and documentary evidence. Dr Dave has provided open and frank answers to both Mr Joshi's and the Tribunal's questions and he has expanded upon his written reflective statement. The Tribunal accepted that the remorse and insight outlined by Dr Dave is genuine.

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

35. The Tribunal noted that Dr Dave has held his current GP post in Australia for several years, and it has had regard to the joint testimonial evidence from his current employers. It also noted that Dr Dave submitted a certificate certifying that he has fulfilled the CPD requirements set by the Australian regulator. The Tribunal noted that there has been no suggestion of a deficiency in Dr Dave's clinical knowledge or skills. It noted that Dr Dave is currently working unrestricted in Australia. Overall, the Tribunal was satisfied that Dr Dave has kept his knowledge and skills up to date in the period of suspension.

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

36. The Tribunal had regard to its conclusions and findings as outlined above.

37. In Dr Dave's oral evidence he talked about his understanding of the duty of candour and the fundamental importance of openness and transparency in clinical practice. The Tribunal was reassured by his evidence and the testimonial from his employers that he has been fully transparent with all staff at his current place of work about the conditions imposed on his Australian practice by the SAT, and with regard to these ongoing regulatory proceedings.

38. Having considered the full circumstances and history of this case, and having reflected on its views as to insight and remediation as outlined above, the Tribunal was satisfied that there is now no ongoing risk to public protection as a result of Dr Dave's previous misconduct. The Tribunal considered that Dr Dave has satisfactorily shown that he has genuine insight and has remediated the misconduct to a sufficient level. In all the circumstances, the Tribunal considered that the risk of repetition in this case is now very low.

39. The Tribunal considered that public confidence in the medical profession would not be undermined if a finding of impairment were not made in this case. The seriousness of Dr Dave's misconduct has been reflected in the lengthy period of suspension imposed by the 2025 Tribunal and a finding of impairment is not currently necessary.

40. This Tribunal has therefore determined that Dr Dave's fitness to practise is not impaired by reason of misconduct.