PUBLIC RECORD

Dates: 09/07/2026 - 10/07/2026

Doctor: Dr Narendra DAVE

GMC reference number: 2441278

Primary medical qualification: MB BS 1978 University of London

Type of case

Review - Misconduct

Review - Determination by another regulator

Outcome on impairment

Impaired

Not impaired

Summary of outcome

Suspension, 4 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Louise Sweet
Registrant Tribunal Member:	Dr John Alcolado
Registrant Tribunal Member:	Dr Nicola Kemp

Tribunal Clerk:	Angela Carney

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Lucy Chapman, 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 - 10/07/2026

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

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 practiced in the UK and Crown Dependencies as a General Practitioner and held registration with a licence to practice until 14 June 2018.

3. Dr Dave relocated to Australia in 2016 where he became a fellow of the Royal Australian College of General Practitioners and worked in various locations in Western Australia. He amended his registration with the GMC to registration without a licence to practise and held this registration from 14 June 2018 and 26 March 2020.

4. On 26 March 2020, Dr Dave's registration automatically changed to registration with 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. At that time Dr Dave was still living and practicing as a GP in Western Australia.

5. On 18 December 2023, the State Administrative Tribunal of Western Australia ('the SAT') determined that Dr Dave had behaved in a way that 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.

6. On 18 December 2023 the SAT also 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.

7. Dr Dave returned to the UK in February 2024, and 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. Dr Dave has held a registration without a licence to practise, and he has not practised medicine in the UK 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 a hearing which concluded on 18 December 2023. The letter also stated that in the course of monitoring Dr Dave's compliance with the conditions, information has been received that suggests he may seek to practice in the United Kingdom or currently hold a 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 that will 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 with the GMC relating to the determination by an overseas regulatory body. Dr Dave was informed that the GMC had opened an investigation of its own relating to his failure to notify the GMC of it without delay.

10. The suspension imposed on Dr Dave by the SAT concluded on 18 December 2024 and he remained on conditions. These conditions included audits, mentoring, further education and 'general'. He was working as a GP near Perth.

11. At the outset of the MPTS hearing in August 2025, Dr Dave admitted the Allegation in full and the Tribunal ('The 2025 Tribunal') found it proved. Dr Dave's case can be summarised that on 18 December 2023, the State Administrative Tribunal of Western Australia (SAT) determined that Dr Dave had behaved in a way that constituted professional misconduct. The SAT reprimand Dr Dave and suspended his registration for a period of 12 months from 18 December 2023. Further, the SAT imposed conditions on Dr Dave's registration for a period of 12 months operative at the conclusion of the period of suspension. The conditions related to audit, mentoring, undertaking education and general. Dr Dave failed to disclose the determination to the General Medical Council.

The 2025 Tribunal

Misconduct

12. In relation to misconduct, the 2025 Tribunal bore in mind Dr Dave's submissions that it did not occur to him that he was under an obligation to inform the GMC of the suspension imposed by the Australian regulator. Dr Dave apologised and characterised it as an oversight or omission as he had no intention to practice in the UK. However, irrespective of his intentions, Dr Dave accepted he should have notified the GMC in a timely manner and that he did not intend to withhold information nor act dishonestly in any way.

13. The 2025 Tribunal considered that regardless of Dr Dave's intentions or his location as long as he remained on the GMC register, even if only registered without a licence to practise, he had a mandatory obligation to inform the GMC without delay if another professional body makes a finding against his registration following fitness to practise procedures.

14. The 2025 Tribunal found paragraphs 75c of GMP (2013) and 99 of GMP (2024) were engaged and was of the view that Dr Dave could not have been in any doubt as to his professional obligations. Further, it considered that having practiced as a doctor for many years in the UK, he should have been fully aware of the requirement to disclose such matters to the GMC. The 2025 Tribunal concluded that Dr Dave's failure to do so fell so far short of the standards of conduct reasonably to be expected of a doctor so as to amount to misconduct.

15. The 2025 Tribunal considered that Dr Dave's failure to notify the GMC was not a one-off lapse but a continuing omission that endured over six months, from December 2023 to June 2024. In relation to insight, the 2025 Tribunal noted that Dr Dave continued to dispute the SAT's findings and submit that his performance was not impaired. It considered that these comments demonstrated Dr Dave's lack of understanding and a disregard to the findings of the SAT. The Tribunal concluded that Dr Dave's insight on this matter remained incomplete. In respect of the misconduct, the 2025 Tribunal had no evidence as to any steps taken by Dr Dave to remediate his conduct.

16. The 2025 Tribunal determined that there remained a risk of repetition, and that further work was required for Dr Dave to achieve full insight, meaningful remediation, and to demonstrate that similar conduct will not reoccur.

Determination by an overseas Regulatory Body

17. In relation to the determination by an overseas Regulatory Body, the 2025 Tribunal noted the SAT findings of professional misconduct. Dr Dave remained impaired in Australia due to the supervised practice conditions that were still in force. It noted that the conditions remained live, with a review hearing that had still to take place with no guarantee that the conditions would be revoked.

18. Notwithstanding some evidence of CPD undertaken by Dr Dave, the 2025 Tribunal considered that the overseas finding of impairment was serious and remained effective until it was formally reviewed and revoked and that Dr Dave therefore continued to be considered impaired in that jurisdiction. The 2025 Tribunal determined that limbs *a, b* and *c* in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)* (*'Grant')*, were engaged. Grant states:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*
>
> *a. 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; and/or*
>
> *b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> *..."*

19. The 2025 Tribunal considered that, in light of the seriousness of the allegation against Dr Dave and its findings as set out above, all three limbs of the statutory overarching objective would be undermined were a finding of impairment not made in this case. The 2025 Tribunal determined that Dr Dave's fitness to practise was impaired by reason of misconduct and a determination by an overseas body.

20. The 2025 Tribunal considered that a sanction of suspension would be sufficient to uphold the overarching objective and was the appropriate and proportionate sanction. The 2025 Tribunal determined to suspend Dr Dave's registration for a period of 10 months. It was

satisfied that a period of this length marked the seriousness of Dr Dave's misconduct and determination by an overseas regulator and gave him adequate time and opportunity to complete his journey of insight and remediation and show evidence of such to a review hearing to enable him, in due course, to return to practise unrestricted.

21. The 2025 Tribunal considered it may assist the reviewing Tribunal if Dr Dave were to provide

> *"Any further evidence of insight, reflection and remediation, such as:*
>
> *a) the completion of CPD in relevant and targeted courses to the concerns raised.*
> *b) Written reflections to demonstrate further development of insight and his learning.*
> *c) Testimonials in support of Dr Dave*
> *d) any other information that Dr Dave considered will assist the reviewing Tribunal*."

The Evidence

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

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

a) Tribunal Determinations, August 2025
b) Dr Dave's letter to the GMC, dated 1 January 2026
c) Letters dated 15 September 2025 and 18 December 2025 to Dr Dave from the Australian Healthcare Practitioners Authority (AHPRA) & National Boards
d) Dr Dave's email to the GMC dated 8 April 2026

24. Dr Dave provided no written evidence. Dr Dave did give oral evidence at the hearing. Dr Dave stated that the Australian regulatory system is the same as the GMC's, it has the same strict standards and not lower standards. In terms of insight, Dr Dave suggested that insight is not something one can measure but is an opinion. He stated that he has sufficient insight. He said that he has attended mentoring sessions, and his mentor agrees that he has

sufficient insight. He said that he has changed his way of thinking and the way he behaves, especially in the ethical field.

25. Dr Dave stated that in the last 10 months he has realised that every patient encounter involves some sort of medical ethics and he is aware of ethical behaviour in its widest possible sense. He said that he teaches medical students and he always mentions ethics. Dr Dave said that he feels his insight has improved and he is acutely aware of the obligations he has as a doctor and of his ethical obligations.

26. Dr Dave stated that both his mentor and the Medical Board of Australia agree that he has improved. He said that as he is in Australia he could not complete ethics course in the UK but had done so in Australia. Dr Dave stated that he has very little interest in returning to UK Medical practice and offered to voluntarily resign his GMC registration, but he said it was difficult to complete the process.

27. Dr Dave stated that he has learned that it is his duty to report any concerns to any other regulator he is registered with. He accepted that it was his mistaken view that he did not have a duty to report the Australian concerns to the GMC.

28. In relation to the risk of repetition, Dr Dave said that he received mentoring and realised what he did was wrong. He said that he thought he was acting in good faith, he clearly realised that the regulator had a different opinion. He said that he understood the regulator's duty is to protect the public. He said the GMC had done the right thing in taking action. He said that this was a learning experience.

29. In relation to the risk to the public protection, Dr Dave said that he has improved himself and fully accepts his mistake. He said that he fully accepts his faults. He said that he is coming towards the end of his career and he does not intend to make any more mistakes.

30. In relation to questions from Ms Chapman, Dr Dave said he has not provided any written reflections as he is not very good at writing written reflections but was willing to do so. He said that he has been unable to provide written reflections as he has a very busy practice and is not good at writing. He accepted that he did have the ability to write but there were time restrictions. He admitted that it was a bit of inertia on his part partly because he no longer wished to be registered as a doctor in the UK.

31. In relation to providing testimonials, Dr Dave said that he does not have any medical colleagues in the UK and that working as GP in Australia is solitary. He said that he discussed

the UK matters with his mentor who is also his employer and who was happy to re-employ him. He said he did not wish to impose on his mentor by asking for a testimonial but said that he could speak to his mentor to provide a testimonial.

32. Dr Dave said that his failure to declare to the GMC was covered during his mentoring sessions. Dr Dave confirmed the Australian matters occurred in 2018. He said when he returned to Australia he commenced his remediation for the Australian matter. He said when he did his mentoring, he was aware of the GMC's concerns. He said that he provided evidence to the 2025 Tribunal, but the GMC issues were not mentioned in those documents, and it is for the Tribunal to decide.

33. Dr Dave said that he found it very difficult dealing with big bodies where he did not know who he was talking to or engaging with as each time he engaged it was with a different person. He clarified that he was not saying that was a good reason why he did not contact the GMC. He said in the future if he needed to declare anything then he would send an email. He said that he was not aware of an on-line reporting form.

34. In relation to the six months period over which he had failed to declare to the GMC, Dr Dave said that six months can go very fast, when you have other things on your plate. He said that he had just lost his job in Australia and his income. He said he had to leave Australia because of his visa and there were a lot of other things happening to him.

35. In relation to the impact of his GMC suspension on his professional colleagues, Dr Dave said that they were saddened but supportive. He said that he told them that he had received a suspension and the reasons for it and he directed them to the determinations on the GMC website which ran to 300 pages. He had been open about his misconduct.

Submissions

36. On behalf of the GMC, Ms Lucy Chapman, Counsel, provided the background to the case. She referred the Tribunal to paragraph 20 of the guidance: *Section three: MPT hearings - review hearings* ('the guidance'), which came into came into effect on 22 June 2026.

37. Ms Chapman referred the Tribunal to Dr Dave's letter to the GMC dated 1 January 2026. She also referred to the GMC Case Examiner's MPT Review on Papers decision, dated 10 April 2026.

38. In terms of assessment of risk going forward Ms Chapman referred to the original Tribunal's determination on impairment and sanction, taking into account the case of *Grant*, it found there was a risk of repetition and assessed all three limbs to be engaged and there to be a risk posed to those.

39. In terms of seriousness, Ms Chapman stated that the original determination made it clear that the fact the misconduct and overseas determination were serious, as they involved repeated conduct involving dishonesty. She submitted that the seriousness is unchanged. She stated that what is changeable is the potential risk to the public and the public interest, taking into account matters since and what has happened since at this hearing. Ms Chapman stated that the Tribunal will need to consider whether the risk identified by the previous Tribunal has been mitigated to such a degree that the doctor's fitness to practice is no longer impaired or whether it remains so.

40. Ms Chapman stated that practically, the Tribunal will look at the evidence the doctor has provided of his reflection, insight, maintenance of his skills and knowledge and whether or not the Tribunal considers he has developed insight to such a degree as to satisfy the overarching objective all three limbs and that the risk of repetition of the misconduct is lowered such that there no longer requires restriction on his practice.

41. Ms Chapman submitted the GMC were of the view that there no longer remains impairment on the ground of a determination from an overseas regulator but the doctor's fitness to practice is still impaired by reason of his misconduct.

42. Ms Chapman referred to the evidence received from Dr Dave including the correspondence from AHPRA about the revocation of his practice conditions in Australia. She stated that the Board was of the view that Dr Dave had shown sufficient insight and had demonstrated enough remediation for the conditions to be removed. She submitted that, in light of that decision, the GMC's position is that Dr Dave is no longer impaired by reason of a determination from an overseas regulator.

43. In terms of the misconduct found, the 'domestic misconduct' of Dr Dave not declaring to the GMC the Australian findings, Ms Chapman stated that the evidence provided from the Australian body bares no relevance.

44. In relation to misconduct, Ms Chapman submitted that he remains impaired by reason of misconduct as none of the material the previous Tribunal suggested may be of

assistance to this reviewing Tribunal has been provided. Dr Dave made it clear in his communications to the GMC and today that he did not intend to provide any.

45. Ms Chapman submitted that given the new material relating to the overseas matter, there has been a reduction in the level of risk to the three limbs of the overriding objective identified by the previous Tribunal findings were made on the basis of both strands of impairment. She submitted that given the lack of any material relating to the domestic misconduct the risk remains to all three limbs, albeit, she suggested, the risk has reduced to medium.

46. Following Dr Dave's oral evidence Ms Chapman submitted the GMC's position remains that although Dr Dave may have acquired further reflection and insight, there is no independent evidence of this before the Tribunal today.

47. Ms Chapman acknowledged that Dr Dave has been very honest in his oral evidence and noted that he accepted that this hearing has not been at the forefront of his mind for the various reasons he set out. Dr Dave said that in retrospect, he would have done things differently. She noted that Dr Dave also stated that if he had extra time, even if he was suspended, he would be able to focus on providing evidence for the Tribunal such as from his mentor and his own reflections. Ms Chapman acknowledged that Dr Dave has shown some further insight and reflection in his oral evidence but submitted that his insight is at a stage where it is still developing.

48. Ms Chapman submitted that although there is progress and the risk is reduced due to the resolved Australian matter, there remains impairment and some risk to all three limbs for the reasons the doctor himself has articulated in terms of what the public would think and the effect on colleagues. She submitted that the Tribunal may think there remains a risk of repetition given the lack of material before it today.

49. Dr Dave submitted that he had been truthful with the Tribunal and provided truthful answers. He submitted that he does not pose a risk to patients in England or anywhere else. He stated that that he had offered to voluntarily resign his GMC registration.

The Relevant Legal Principles

50. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone.

51. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal noted that it was for the doctor to satisfy it that he would be safe to return to unrestricted practise.

52. This Tribunal must determine whether Dr Dave's fitness to practise is impaired today, taking into account Dr Dave's misconduct 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.

53. Throughout the decision-making process, the Tribunal will bear in mind the overarching objective of the GMC and MPTS as set out in Section 1 of the Medical Act 1983 to protect the public, which is in three distinct parts. It means that a Tribunal must act in a way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of that profession ('uphold professional standards').

The Tribunal's Determination on Impairment

Determination by another regulator

54. The Tribunal noted the letter dated 15 September 2025 from the AHPRA which stated that the steps taken, by suspending Dr Dave's registration for 12 months and imposing conditions for a period of 12 months following the conclusion of the period of suspension, were sufficient to achieve safe, professional practice or behaviour. The letter also stated that the AHPRA would be taking no further action on Dr Dave's Australian registration.

55. The Tribunal noted the GMC's submissions and that Dr Dave's fitness to practise is no longer impaired by reason of the determination by another regulator. The Tribunal accepted the contents of the letter and the GMC's submissions and determined that Dr Dave's fitness to practise is not impaired by reason of the overseas determination.

Misconduct

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

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

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

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

57. The Tribunal had regard to the conclusions of the 2025 Tribunal at paragraphs 38 and 44, which state:

> *'38. The Tribunal considered that the misconduct was serious because the GMC only became aware of the APHRA determination of December 2023 in June 2024 - six months later- not through any disclosure by Dr Dave, but because AHPRA itself notified the GMC directly. This was not simply a delay in disclosure; Dr Dave did not notify the GMC at all. The Tribunal noted that it was AHPRA not doctor Dr Dave who fulfilled the obligation of disclosure. His failure to do so amounted to misconduct which was serious.*
> *…*
> *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.'*

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

58. The Tribunal had regard to the factors identified by the 2025 Tribunal where it was set out for Dr Dave that which may assist a future review. Namely:

> *"Any further evidence of insight, reflection and remediation, such as:*
>
> *a) the completion of CPD in relevant and targeted courses to the concerns raised.*
> *b) Written reflections to demonstrate further development of insight and his learning.*

c) Testimonials in support of Dr Dave
d) any other information that Dr Dave considered will assist the reviewing Tribunal."

59. The Tribunal had not received any documentary evidence from Dr Dave. The Tribunal was disappointed that there was no objective evidence to assist in assessing the risk of repetition and its impact on public protection.

60. The Tribunal noted that Dr Dave gave oral evidence at the hearing. It noted during his period of suspension he has had limited interaction with the GMC, with a view to providing anything relevant to his misconduct. In his oral evidence, Dr Dave accepted that was partly due to his own inertia as he explained that he did not intend to practise in the UK and he was busy with his patients in Australia.

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

61. In his oral evidence Dr Dave acknowledged he "*did wrong*" and described his failure to report his adverse regulatory finding as "*a grave error*". He said that he accepted that the GMC had done the right thing in referring him to a Tribunal. Dr Dave said that his misconduct could have led to the public to wonder "*what he had to hide*" and so be distrustful of him and of the medical profession as a whole.

62. He told the Tribunal that he had been working as a doctor in Australia and that he had shared the 2025 Tribunal's findings with his professional colleagues. He said he had directed them to the MPTS website for the full facts of his misconduct "in all its glory". He stated he had the support of his mentor who was his employer and his colleagues.

63. The Tribunal noted that Dr Dave said he would now report any such regulatory issue immediately.

64. The Tribunal considered that Dr Dave has demonstrated more "*developed thinking*" than at the 2025 Tribunal. However, the Tribunal was provided with no independent evidence that Dr Dave has communicated the 2025 Tribunal's decision or that that he has reflected on the misconduct since his GMC suspension or that he has the support of his colleagues and in particular, his supervising mentor. The Tribunal felt this was important given the background of not complying with his overseas regulator and then not being open with the GMC about his overseas suspension.

65. The Tribunal considered that Dr Dave accepted the 2025 Tribunal's findings and had a better understanding as to why he had a duty to inform his regulator. The Tribunal considered that Dr Dave's insight was genuine. It considered that his insight has improved but there is still more work to do to satisfy the Tribunal of his lack of risk to the public.

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

66. The Tribunal found that Dr Dave provided no documentary evidence and provided little in his oral evidence for it to assess remediation. It was difficult for the Tribunal to come to the view that Dr Dave's misconduct has been remedied when he has failed to provide any objective evidence despite being prompted to by the 2025 Tribunal.

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

67. The Tribunal noted that Dr Dave has been practising unrestricted as a doctor in Australia. Whilst the GMC accepts that there are no concerns regarding Dr Dave's clinical practice the Tribunal received no objective evidence that he has kept his skills and knowledge up to date.

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

68. The Tribunal considered that the risk to public protection has reduced given there is now only one head of charge, namely misconduct. The Tribunal considered that it was difficult to assess the risk to public protection as Dr Dave provided no objective documentary evidence and limited oral evidence. The Tribunal acknowledges that Dr Dave has demonstrated developing insight in his oral evidence and appreciated that he could have provided independent evidence but had failed to do so.

69. Given the Tribunal has found that Dr Dave failed to report the AHPRA determination to the GMC, has had limited interaction with the GMC in the last 10 months and has also failed to provide any objective evidence as suggested by the 2025 Tribunal to assist this Tribunal, these facts could be interpreted as a disregard for his regulator and the regulatory process or to properly understand the seriousness of his misconduct. He had failed to provided sufficient evidence of his progress as to insight, remediation and reflection. Therefore, the Tribunal considered that the risk to public protection remains.

70. In all of the circumstance, the Tribunal that concluded that Dr Dave has developed some insight into his misconduct and the risk has reduced to medium. This means that Dr Dave continues to pose a current and ongoing risk to public protection requiring restrictive action in response. The Tribunal was satisfied that a finding of impairment is necessary and that all three limbs of public protection remain engaged.

71. This Tribunal has therefore determined that Dr Dave's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 10/07/2026

1. Having determined that Dr Dave's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to his registration.

Submissions

2. On behalf of the GMC, Ms Chapman, Counsel, reminded the Tribunal that it had found, a reduced risk now at medium level and which engaged all three limbs of public protection.

3. Ms Chapman submitted that this is not a case for which no further action will be appropriate.

4. In relation to conditions, Ms Chapman submitted that conditions would serve no real purpose in the absence of a risk to patients and there being no clinical concerns. She noted that that Dr Dave is not practising in the UK in order to demonstrate compliance with any conditions that may be imposed in any event. She submitted that conditions would not afford sufficient protection as the matters being considered were attitudinal in nature and relate to honesty and the duty of candour. She submitted therefore, it would not be possible to formulate workable, measurable and proportionate conditions to address the risk identified by the Tribunal in the circumstances where the level of insight and reflection is incomplete.

5. Ms Chapman submitted that the appropriate and proportionate sanction would be a short period of further suspension with a review. She stated that a suspension would allow Dr Dave to address the Tribunal's concerns or to gather and submit evidence of insight and remediation in the areas identified. She suggested the evidence could be a testimonial from

his employer/mentor targeted reflection information from his employer/mentor. She further submitted that a period of suspension would allow Dr Dave further time to consider instead whether he truly wishes to remove himself from the GMC register and to properly submit that application if he does.

6. Ms Chapman stated that this case involves developing insight and submitted that a lengthy period of further suspension would be disproportionate and any suspension imposed ought to be the shortest period.

7. Dr Dave referred the Tribunal to its determination on impairment. Dr Dave made an application to adjourn for six weeks to allow him to provide documentary evidence. After questions from the Tribunal, Dr Dave accepted that he had not provided any documentary evidence suggested by the 2025 Tribunal. He also accepted that if the Tribunal was to impose a period of suspension, it would amount to the same as an adjournment. Dr Dave stated that he has already completed on-line UK CPD prior to the hearing in August 2025 and all that remained to be done was provide a statement of reflection and testimonials.

8. Following Dr Dave's submissions, Ms Chapman acknowledged that Dr Dave provided some good content in oral evidence. She stated that the GMC would be very pleased to see him engaging with the outstanding evidence and providing independent evidence in writing. She said that Dr Dave has recognised that a period of suspension might actually have the same effect as an adjournment. She submitted that an adjournment for six weeks is not appropriate for two reasons. Firstly, the current order expires on the 26 July 2026, so an extension of his current suspension would be requested and secondly, the Tribunal, having not considered sanction yet, may think six weeks is too short.

The Outcome of Applications Made during the Sanction Stage

9. Pursuant to Rule17(9) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), during his submissions on sanction Dr Dave made an application to adjourn the hearing for a period of six weeks to allow him to provide objective evidence of his insight and remediation, albeit that he accepted that a short suspension would give the same opportunity. As set out an adjournment was objected to by the GMC.

10. The Tribunal bore in mind that at the start of this hearing it asked Dr Dave whether he wished to provide any fresh documentary evidence for this review hearing, which he declined. It noted that Dr Dave has had 10 months since the 2025 Tribunal to provide objective evidence of his insight and remediation but failed to do so. This was despite

guidance by the 2025 Tribunal on how he could evidentially demonstrate that he had remediated.

11. The Tribunal was of the view that Dr Dave could have been under no misunderstanding that he was required to provide further evidence that he had remediated his misconduct. He had admitted at the impairment stage that inertia and not giving this review hearing priority was the reason for him not doing so.

12. The Tribunal considered that granting an adjournment at this stage would send the wrong message to the public and other doctors that Dr Dave's failure to provide objective evidence of his insight and remediation was acceptable. This was especially against a context of misconduct that involved a regulatory breach. Accordingly, the Tribunal refused Dr Dave's application to adjourn.

The Tribunal's Determination

13. The Tribunal bore in mind that the reason for imposing sanctions is to protect the public. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

14. The Tribunal took a proportionate approach, balancing the interests of Dr Dave with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

No action

15. The Tribunal noted that to take no action exceptional circumstances must be present. The Tribunal considered that no such exceptional circumstances were present in this case. The Tribunal determined that Dr Dave continued to pose a current and ongoing risk under all three limbs of public protection and that his fitness to practise remains impaired by reason of misconduct. Given the lack of objective evidence suggested by the 2025 Tribunal, this Tribunal considered that it would not be sufficient, proportionate, or in the public interest to take no further action on Dr Dave's registration.

Conditions

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

17. The Tribunal noted paragraphs 94, 97 and 116 of the guidance, which state:

> *"94. In cases where the MPT is of the view that there has been no material change in the level of risk the doctor poses to public protection since the last assessment of risk, it may be proportionate to consider imposing the current sanction of conditions or suspension for a further period.*
>
> *97. Where the doctor's fitness to practise remains impaired but the level of risk the doctor poses to public protection has decreased since the last assessment of risk, it may be proportionate for the MPT to consider imposing a less restrictive sanction, or the same sanction for the same period or for a shorter period."*
>
> *116. Where the doctor is currently suspended and the MPT has found that their fitness to practise remains impaired, but the level of current and ongoing risk the doctor poses to public protection has decreased since the last assessment of risk, it may be proportionate for the MPT to consider imposing a sanction of conditions for up to three years."*

18. The Tribunal noted there were no clinical concerns that needed supervision. The Tribunal determined that the level of current and ongoing risk Dr Dave poses to public protection has decreased to a medium level due to there now being only one head of impairment and some further insight shown in his oral evidence. However, it determined that Dr Dave's insight is still developing and therefore he continues to pose a current and ongoing risk under all three limbs of public protection.

19. Given Dr Dave's misconduct, his developing insight and lack of any objective documentary evidence of remediation, the Tribunal considered that an order of conditions would not be proportionate to address the concerns in this case, nor could any appropriate, workable and measurable conditions be formulated to reduce the risks identified.

20. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be the appropriate sanction in this case.

Suspension

21. As set out above, the Tribunal considered that in his oral evidence Dr Dave demonstrated developing insight and it was satisfied that the risk to all three limbs of public protection has reduced to medium. Nevertheless, the Tribunal was satisfied that a further sanction of suspension is necessary for Dr Dave to provide objective independent evidence of insight and remediation. It considered that the public would wish to see evidence that Dr Dave has reflected on his failure to report his suspension by an overseas regulator and to demonstrate that he had considered the adverse impact on all three limbs of public protection which includes:

- Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)
- Promoting and maintaining public confidence in the profession (public confidence)
- Promoting and maintaining professional standards and conduct (upholding professional standards)

22. The Tribunal considered that a further suspension would have very little impact on Dr Dave's ability to practice medicine in Australia. It noted that Dr Dave said that he was willing to ask others, including his mentor to provide references and testimonials about his character and to undertake relevant CPD including on-line courses in ethics.

23. The Tribunal considered that a period of suspension would be sufficient to uphold public confidence in the profession and to promote proper professional standards and send out a message to the doctor, the public and the medical profession that his misconduct was unacceptable. The Tribunal accepted that there are no concerns about Dr Dave's clinical practice and was satisfied that that the risk to public confidence could be managed by a period of suspension.

Length of suspension

24. In determining the length of the suspension the Tribunal noted paragraph 47, Part C of the guidance, which states:

> *"47. A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety*

considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards. It might also be appropriate in relation to a very small number of clinical cases where a doctor's performance was such that although unlikely to recur, the nature of the allegation was so serious as to undermine the public's trust in the profession."

25. The Tribunal also had regard to the sanctions banding and noted that it was indicated that the appropriate length of suspension for cases of medium risk to patient safety should be between 3 and 9 months.

26. The Tribunal considered that the period of suspension reflects the seriousness of Dr Dave's misconduct. The Tribunal noted that Dr Dave informed the Tribunal that he has a busy practice in Australia and he expressed doubt that three months was long enough to enable him to provide relevant objective evidence. He said that he needed time to research appropriate CPD, to reflect, gain full insight and remediate his misconduct. The Tribunal noted that he was self-representing and needed to communicate with the GMC from a different time zone and that may impact the efficiency of communication.

27. In all the circumstances of the case, the Tribunal determined that a period of four months suspension would be sufficient to maintain public confidence in the profession and to send the appropriate message to the profession about proper professional standards.

Erasure

28. The Tribunal noted that the GMC did not submit that this was a case for erasure. The Tribunal determined that the risk to public protection has reduced to medium and Dr Dave now has developing insight. It considered that erasure would be wholly disproportionate.

Review

29. The Tribunal determined to direct a review of Dr Dave'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 Dave to demonstrate how he has developed full insight and remediated his misconduct. It therefore 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

30. The Tribunal have directed to suspend Dr Dave's registration for four months. The MPTS will send Dr Dave a letter informing him of their right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.