PUBLIC RECORD

Dates: 28/09/2026 - 13/10/2026

Doctor:	Dr Nupur MITTAL
GMC reference number:	6103301
Primary medical qualification:	MB BS 2004 Jammu University

Type of case	Outcome on facts	Outcome on impairment
New – Misconduct	Facts relevant to impairment found proved	Impaired
XXX	XXX	XXX

Summary of outcome

Suspension, 12 months
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Stephen Killen
Lay Tribunal Member:	Mr Stephen Downing
Registrant Tribunal Member:	Dr Gillian Livesey

Tribunal Clerk:	Ms Keely Crabtree

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Christopher Hamlet, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts - 06/10/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Mittal's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Nupur Mittal qualified in 2004 with a Bachelor of Medicine, Bachelor of Surgery from the University of Jammu, India.

3. The allegations that have led to Dr Mittal's hearing relate to XXX and misconduct.

XXX

4. XXX

Performers Panel List Conditions

5. Dr Mittal was referred to the GMC in or around August 2023 in respect of her alleged misconduct by Ms C, Appraisal and Revalidation officer / manager for NHS England (Buckinghamshire, Oxford and Berkshire West areas) (NHSE).

6. Ms C's concerns at this stage were directed at alleged breaches by Dr Mittal of her Performers List conditions ('conditions'). These conditions had originally been imposed in February 2018 by the Performers List Decision Panel (PLDP) after Dr Mittal's removal from the Medical Performers List. This followed a criminal conviction of theft in February 2015. Dr Mittal had returned to general practice under the NHS Induction and Refresher Scheme. She completed the Refresher Scheme in September 2018 and the PLDP determined to include additional conditions on Dr Mittal to support her inclusion back on the Medical Performers List.

7. It is alleged by the GMC that, between July 2021 and September 2023, Dr Mittal breached a number of the conditions.

Probity

8. It is further alleged by the GMC that:

a. in or around August 2022, Dr Mittal was dishonest to NHS England about a conversation she said she had with her supervisor regarding a prescribing PL condition imposed on her;
b. on 25 August 2022, Dr Mittal was dishonest with her supervisor about her understanding of the prescribing condition;
c. in 2023, Dr Mittal was dishonest in a XXX declaration relating to her conviction for theft;
d. on 21 April 2023, Dr Mittal was dishonest in an email to NHS England in that she asserted that her employment had not been '*terminated per se*'; and
e. on 11 October 2023, Dr Mittal was dishonest during a Medical Practitioners Interim Orders Tribunal (IOT) hearing in that she denied that her employment had been terminated.

The outcome of applications made during the facts stage

9. The Tribunal determined that service of the notice of this hearing had been effected in accordance with the Rules and it determined to proceed with the hearing in Dr Mittal's absence in accordance with Rule 31. The Tribunal's full decision on the application is included at Annex A.

10. The Tribunal granted the GMC's application, made pursuant to Rule 34(1), to admit further evidence. The evidence consisted of a dismissal letter from Carrington House Surgery

sent by Dr F to Dr Mittal dated 19 April 2023. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the doctor's response

11. The full Allegation against Dr Mittal is as follows:

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

XXX

1. XXX
2. XXX

Performers Panel List Conditions

3. During the period 25 September 2018 – 13 September 2023 you had varying Performers Panel List Conditions ('Conditions') on your registration and you breached the Conditions on the occasions set out in Schedule 3. To be determined

Probity

4. In or around August 2022, whilst employed at Shakespeare Road Surgery, you told Ms C that in relation to your Conditions "my supervisor, Dr D, advised that it was fine for me to prescribe XXX providing that I spoke to another doctor on the premises about it first", or words to that effect. To be determined

5. You knew at the time of making the statement at paragraph 4 that Dr D had not told you that you could prescribe XXX providing that you spoke to another doctor on the premises. To be determined

6. On 25 August 2022, you had a conversation with Dr D in which you told Dr D that "you thought you could prescribe XXX as long as you were not initiating the prescription", or words to that effect. To be determined

7. You knew at the time of making the statement at paragraph 6 that you were not permitted to generate any prescription for XXX as per your Conditions.
To be determined

8. Sometime in early 2023, a XXX declaration you made was provided to Carrington

House Surgery, where you were currently employed, which stated "I have a spent conviction of throwing someone's money in bin – nearest offence it could be paralleled to was theft. Known to gmc and lmc but was found to be below the threshold to affect as a gp." To be determined

9. You knew the XXX declaration you made was not true as:
    a. your certificate of conviction dated 19 June 2014 states you were "convicted upon indictment of theft"; To be determined
    b. the GMC concluded their investigation into your conviction of theft by offering you undertakings. To be determined

10. On 21 April 2023 you sent an email to Ms C in which you stated that your employment at Carrington House Surgery "was not terminated per se" and that you had "already informed the practice manager that I wished for a resignation 10 days ago." To be determined

11. You knew at the time of writing the email to Ms C that you:
    a. had not informed the practice manager that you wished to resign but rather you had asked for a salary review; To be determined
    b. were dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023;
    To be determined
    c. had been sent written confirmation of your dismissal dated 19 April 2023. To be determined

12. On 11 October 2023 when making submissions at your Interim Orders Tribunal ('IOT') hearing you stated in relation to your employment at Carrington House Surgery that "my position was not terminated." To be determined

13. You knew at the time of making the statement to the IOT that you had been dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023. To be determined

14. Your actions as set out at paragraph:
    a. 4 were dishonest by reason of paragraph 5; To be determined
    b. 6 were dishonest by reason of paragraph 7; To be determined
    c. 8 were dishonest by reason of paragraph 9; To be determined
    d. 10 were dishonest by reason of paragraph 11; To be determined
    e. 12 were dishonest by reason of paragraph 13. To be determined

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

a. XXX
b. misconduct, in relation to paragraphs 3 - 14. To be determined

The admitted facts

12. Dr Mittal was neither present nor represented at the hearing and therefore no oral admissions were made.

Witness evidence

13. The Tribunal received witness statements and oral evidence on behalf of the GMC from the following witnesses:

- Dr D, GP, Regional Medical Director for Operose Health and Clinical Lead for Shakespeare Medical Practice;
- Dr F, GP Managing Partner at Carrington House Surgery;
- Ms C, Appraisal and Revalidation officer / manager for NHS England (Ms C).

14. Dr Mittal did not provide a witness statement, and no other witness or documentary evidence was received by the Tribunal on behalf of the doctor.

XXX

15. XXX

16. XXX

17. XXX

Documentary evidence

18. The Tribunal received a number of documents exhibited to Ms C's witness statement, which included but was not limited to the following:

a. PLDP outcomes;

b. Email correspondence between Ms C and various others relating to Dr Mittal; and
c. Email correspondence from Ms C to the GMC.

19. The Tribunal received a number of documents exhibited to Dr D's witness statement, which included but was not limited to:

a. progress reports prepared for NHS England;
b. a summary of conditions provided by Dr Mittal;
c. audit notes of Dr Mittal's consultations;
d. notes of discussions between Dr D and Dr Mittal; and
e. emails to and from Ms C.

20. The Tribunal received a number of documents exhibited to Dr F's witness statement, which included but was not limited to:

a. a letter to Ms C regarding Dr Mittal's dismissal;
b. a summary of Dr Mittal's disciplinary hearing;
c. a transcript of Dr Mittal's investigation meeting;
d. the 'XXX Statement' relied upon by the GMC; and
e. email correspondence from Ms C regarding a telephone call with Dr F.

21. The Tribunal was also provided with further documentary evidence from the GMC, which included but was not limited to, the following:

a. a Letter dated 22 November 2023 with addendum to the GMC from Dr G;
b. XXX
c. Performers List Appeal Decision dated 27 April 2023;
d. a transcript from Dr Mittal's IOT hearing on 11 October 2023;
e. a certificate of conviction dated 19 June 2014 relating to Dr Mittal's conviction for theft;
f. GMC undertakings dated 5 February 2016 provided by Dr Mittal following her conviction for theft;
g. GMC Rule 7 responses from Dr Mittal;
h. correspondence between the GMC and Dr Mittal after the Rule 7 stage; and
i. XXX

The Tribunal's approach

22. The Tribunal heard and accepted advice from the LQC as to how it must approach its task of finding facts. The Tribunal reminded itself that the burden of proof rests on the GMC, and Dr Mittal is neither required to prove nor disprove any matter. It reminded itself that the civil standard of proof applies, that is the balance of probabilities. The Tribunal noted that it must find a fact proved if, and only if, on the basis of the evidence presented, it considers that it is more likely than not to have occurred.

23. The Tribunal received and accepted the LQC's advice, which included reference to relevant authorities, as to how to approach matters including hearsay, inconsistencies, credibility, demeanour and inferences. The LQC also referred the Tribunal to the approach to allegations of dishonesty, and the two-limb test, as set out in the case of *Ivey v Genting Casinos*.

The Tribunal's analysis of the evidence and findings

XXX

XXX

24. XXX

25. XXX

XXX

26. XXX

27. XXX

Performers Panel List Conditions

Paragraph 3

Paragraph 1 of Schedule 3

'During the period 25 September 2018 – 13 September 2023 you had varying Performers Panel List Conditions ('Conditions') on your registration and you breached the Conditions on the occasions set out in Schedule 3.'

'Schedule 3

1. *Whilst employed at Westrop Medical Practice in or around July 2021 you breached:*

Condition 4: You must obtain the approval of NHS England before accepting any post for which inclusion upon the English Medical Performers List is required.
Condition 5: Completion of appraisal within 6 months of commencement in clinical practice; to include supporting evidence of working people with co-morbidities and your work in secondary care
Condition 6: Completion of Multi Source Feedback (MSF) within 6 months of commencement in clinical practice and consent to a copy of the MSF being shared with NHS England
Condition 7: Develop a Personal Development Plan ("PDP") within 6 months of commencement in clinical practice to address any deficiencies identified within the MSF report'

28. The Tribunal had regard to the letter dated 25 September 2018 emailed to Dr Mittal from NHSE which contained the above conditions. It was satisfied from the contents of that letter that Dr Mittal was informed that she was subject to the conditions referred to above.

29. With regard to the allegation that Dr Mittal breached condition 4, the Tribunal noted that, in her witness statement, Ms C outlined the following:

'In July 2021, I was notified via email by Southwest colleagues of concerns that had been raised about Dr Mittal's practice, in particular that Dr Mittal had been conducting locum work in the Swindon area and had taken up a position as a salaried GP position without informing or obtaining prior approval of NHS England.'

30. The Tribunal noted an email sent on 8 July 2021 from Dr H, Medical Director (Great Western Hospitals NHS Foundation Trust) to NHS England, in which the following was said:

'I have also spoken to [Ms I], Clinical Lead Westrop PCN who informed me that they terminated the doctor's contract this week…
have asked the Clinical Lead for GWH PCN to undertake an audit of a random selection of clinical notes to see if there are any clinical concerns. None have been raised so far'.

31. The Tribunal also had regard to a letter emailed to Dr Mittal on 18 August 2021 from NHS England, in which the following was outlined:

'Since the decision to suspend you from the Medical Performers List had taken place, further details had been received. These include a copy of the letter from Westrop Medical Practice terminating your employment on 7 July 2021; [XXX]. A full investigation into the concerns needs to be undertaken and the Terms of Reference drawn up.
After a short break, the Oral Hearing continued with your representation. You informed the Panel that you had resigned from your role at Westrop Medical Practice following discussions that took place at a meeting on 15 June 2021.
You stated that you had not received the letter of 7 July 2021 terminating your employment…
You accepted that you should have informed NHS England of your salaried position at Westrop Medical Practice but did not understand that your conditions required you to seek approval of all the locum positions you had undertaken.'

32. The Tribunal determined from the evidence outlined above that Dr Mittal had taken up employment at Westrop Medical Practice prior to July 2021. The Tribunal was also satisfied that there was no evidence that Dr Mittal sought approval as per condition 4. Taking the available evidence into account, the Tribunal therefore determined that Dr Mittal had breached condition 4.

33. With regard to the alleged breaches of conditions 5, 6 and 7, the Tribunal noted that, in her witness statement, Ms C outlined the following:

'…As previously mentioned, Dr Mittal had not yet completed her appraisal, personal development plan or multi-source feedback despite it being over the 6 month deadline (and was, at this stage, 2 years late) set out in PL condition 5, 6 and 7.'

34. In her oral evidence, Ms C said that it was the responsibility of every individually contracted NHS England GP to make sure that they fully understand their responsibilities under performer list conditions, and one of those responsibilities in Dr Mittal's case was to have an annual appraisal. Ms C confirmed that she was not aware of any appraisal, MSF or PDP submitted by Dr Mittal.

35. Ms C said that she had provided email exchanges to the GMC which showed extensive conversations between Dr Mittal and a senior appraiser who NHS England had assigned to her as they were extremely good at working with practitioners in difficulty. Ms C said she recalled that Dr Mittal had made arrangements for an appraisal meeting but then had to cancel at short notice and did not reschedule. Ms C reiterated that no appraisal took place. She also confirmed that Dr Mittal did not provide a PDP or complete her MSF.

36. In all the circumstances, the Tribunal was satisfied that Dr Mittal did not complete her appraisal, MSF or PDP and therefore breached condition 5, 6 and 7.

37. Accordingly, the Tribunal found paragraph 3 of the Allegation, insofar as it relates to paragraph 1 of Schedule 3, proved.

Paragraph 2 of Schedule 3

'During the period 25 September 2018 – 13 September 2023 you had varying Performers Panel List Conditions ('Conditions') on your registration and you breached the Conditions on the occasions set out in Schedule 3.'
'Schedule 3
2. *Whilst employed at Shakespeare Medical Practice from around the period January 2022 – August 2022 you breached:*

Condition 6: You must not generate any prescription for [XXX]. When a patient requires this type of medication you must refer to your educational supervisor'.

38. The Tribunal had regard to the letter dated 18th January 2022 which was emailed to Dr Mittal by NHS England, and which contained the above condition. In her oral evidence, Ms C said that condition 6 was in place at the time of Dr Mittal prescribing XXX. She said that, had Dr Mittal not accepted the conditions, she would have remained suspended from the medical performers list. The Tribunal was satisfied that this condition was in place at the relevant time.

39. The Tribunal noted that, in her witness statement, Dr D outlined the following:

'On the 23 June 2022 I carried out a planned notes audit to check the quality of the clinician's notes and consultations. This includes looking at whether prescribing decisions were appropriate and made in line with guidance, whether positive and negative medical history points were taken and whether there was appropriate diagnosis, investigation, follow up and safety netting. I accessed the consultation notes electronically on the EMIS system. To conduct the audit, I used an NHS England standard notes audit template. ….
…
I carried out a second planned notes audit on Dr Mittal's consultations on 2 August 2022; there was a significant improvement in the quality of the notes. However, I noted that Dr Mittal had prescribed an [XXX] in one of these

consultations which was in breach of her conditions. In response to this, I conducted a further audit the same day to look at Dr Mittal's wider prescribing and to see if there had been any other occasions where she had prescribed an [XXX]. In that process I discovered 21 episodes where Dr Mittal had prescribed an [XXX].

I looked through each of the 21 episodes in detail to understand whether Dr Mittal had initiated the [XXX] prescription or whether she had continued the [XXX] prescription. It was also important for me to look at each of the 21 episodes in detail to consider whether there were any patient safety concerns – this was my main priority.

Upon review, I considered 19 out of 21 of the identified episodes to be clearly clinically appropriate. There was one case where the notes were unclear, but I did not have major concerns. Due to the passage of time, I cannot recall the exact circumstances of prescribing for that patient. There was one case on 14 March 2022 where Dr Mittal had prescribed an [XXX] to a newly registered patient who was requesting this medication reporting that they had been on it for some time. There were no previous notes, and no documentation available to confirm their previous prescription at the time. There was minimal documentation from Dr Mittal with no documentation to confirm the reason for [XXX] prescription.'

40. The Tribunal also had regard to NHS England's Immediate Suspension Consideration summary, in which the following was outlined:

'The conditions are included in the document sent to the Directors under separate cover. The conditions were accepted by Dr Mittal on 26.1.2022 and she commenced working at Shakespeare Road Medical Practice, Basingstoke as a locum on 1st February 2022 following NHS England approval of the supervisor and arrangements.

On 25th August 2022, Dr Mittal's workplace supervisor informed NHS England that Dr Mittal had been found to have generated prescriptions for [XXX] in 21 instances in breach of her conditions. This had been discovered by the Practice when an [XXX] prescribing audit was carried out. Additional detail has been requested, however more information and background can be found in the latest progress report in the documents provided'.

41. Having reviewed all of the available documentary and witness evidence, the Tribunal was satisfied Dr Mittal had generated prescriptions for [XXX], as outlined by Dr D. The Tribunal was satisfied that Dr Mittal knew that condition 6 had been imposed upon her.

Accordingly, the Tribunal found proved that whilst employed at Shakespeare Medical Practice from around the period January 2022 to August 2022 Dr Mittal breached condition 6.

42. Accordingly, the Tribunal found paragraph 3 of the Allegation, insofar as it relates to paragraph 2 of Schedule 3, proved.

Paragraph 3 of Schedule 3

'During the period 25 September 2018 – 13 September 2023 you had varying Performers Panel List Conditions ('Conditions') on your registration and you breached the Conditions on the occasions set out in Schedule 3.'
'Schedule 3

a. Whilst employed at Carrington House Surgery from around the period November 2022 – April 2023 you breached:

Condition 2: You must notify NHS England within 7 days if you are involved in any complaint, adverse incident or disciplinary matter. Complaint includes any written or verbal adverse comment, whether formal or informal'.

43. The Tribunal noted that it had asked for specific direction from Mr Hamlet as to what evidence the GMC relied upon for the breach of this condition. He confirmed that the GMC allege that Dr Mittal did not report complaints while employed at Carrington House Surgery and the evidence relied upon by the GMC was to be found in Ms C's email to Dr F as follows:

'Patient Complaints – there have been some complaints from patients referring to Dr Mittal being abrupt and rude. In one instance, when an argument arose between Dr Mittal and a mother over where a nappy could be changed (Dr Mittal asked her to leave the consulting room to do it elsewhere) the complainant has indicated that she will be reporting the incident to the GMC.'

44. The Tribunal reviewed that document in the context of the written statement evidence from Dr F and Ms C. It noted that almost no reference was made to the issue of complaints at Carrington House surgery in either witness statement. The height of the documentary evidence which the Tribunal was referred to, was the above entry in the email from Ms C to Dr F.

45. In his oral evidence, Dr F confirmed that any issues relating to complaints about Dr Mittal were not dealt with by him but by the practice manager. He was, therefore, unable to provide any direct evidence as to what discussions took place between the practice manager

and Dr Mittal regarding any complaints made.

46. Having reviewed the available evidence, the Tribunal concluded that it did not have any clear or sufficient evidence of what complaints there were at this particular surgery, or what had been discussed with Dr Mittal. The Tribunal concluded that, on the basis of the evidence presented, it could not be satisfied that Dr Mittal had been made aware of particular instances of complaints or the nature of any such communication. In the absence of more detailed and more reliable evidence, the Tribunal therefore concluded that the GMC had not discharged its burden of proof in relation to this particular alleged breach of conditions.

47. Accordingly, the Tribunal found paragraph 3 of the Allegation, insofar as it relates to paragraph 3 of Schedule 3 not proved.

Paragraph 4 of Schedule 3

'During the period 25 September 2018 – 13 September 2023 you had varying Performers Panel List Conditions ('Conditions') on your registration and you breached the Conditions on the occasions set out in Schedule 3.'
'Schedule 3

3. *Whilst at Manor and Park Surgery from 11-13 September 2023 undertaking your induction week you breached:*

Condition 3: You must obtain the approval of NHS England before accepting any post for which inclusion upon the NHS England's Medical Performers List is required. NHS England approval will only be given for a single post in a single practice under the close supervision of an experienced GP trainer who will hold at least 1 face-to-face meeting with you once a week and who will report to NHS England at least once per month. If any concerns arise the supervisor will inform NHS England immediately. The appointment of the clinical supervisor must be approved by your Responsible Officer (or their nominated deputy)'.

48. The Tribunal noted that, in her witness statement, Ms C outlined the following:

'On 18 September 2023 I emailed [Ms J] a copy of Dr Mittal's PL conditions (please see pages 202 and 203 and Exhibit TT1). [Ms J] is Manor and Park Surgery's Managing Partner. … Dr Mittal was supposed to share her conditions with Manor and Park Surgery in full prior to her starting work there. I recall that they stated that they hadn't had sight of them. …

…
On 19 September 2023 [Ms J] emailed me an audit of the prescriptions issued by Dr Mittal in her clinic date 13 September 2023… Dr Mittal came back to me to say that it was absolute nonsense, she said she was supervised throughout and didn't do anything independently, it was all somebody else. However, when it was checked on the system, it was very clear that Dr Mittal had prescribed medication independently…

I was asked by the GMC what conditions were in place at the time of the audit and to explain how Dr Mittal prescribing medication may be a breach of the conditions. I had to clarify the conditions … to remind Dr Mittal that she was not to treat NHS patients as a GP until NHS England had approved her supervisor and the practice. Prescribing medication prior to this approval being in place was a breach of Condition 3.
…'

49. The Tribunal had regard to the email exchange between Ms C and Dr Mittal dated 18 and 19 September 2023, as follows:

'Dear Dr Mittal,
It has been brought to my attention today that you practised as a NHS GP, seeing patients independently, at the Manor and Park Group Practice on Wednesday 13th September (last week) before the practice and a supervisor had been approved by your Responsible Officer (RO). This is in contravention to Condition 3 and is therefore a breach of the NHS England conditions on inclusion of the Performers List that are currently in place. <u>You must not carry out any further work as a NHS GP until you have received approval from your RO as per Condition 3</u>.
A breach of NHS England conditions is a serious matter and therefore I have to inform you that this will be considered by a Panel at the next Performers List Decision Panel (PLDP) meeting. I will inform you of the date of the PLDP and the deadline for any written submissions you would like to be considered once the arrangements have been finalised. For your information. following a request from the Managing Partner at the Practice I have shared a copy of your current conditions. As a prospective employer, the Manor and Park Group are entitled to this information under Regulation 18 (3) (h) of the National Health Service (Performers Lists) (England) Regulations 2013). Condition 1 also allows for NHS England to share information with prospective employers.
Please do let me know if you have any questions about this email,
Kind Regards
[Ms C]
Professional Standards Manager'

'Dear [Ms C]
I'm shocked that the surgery has reported breach of conditions. I have only done an induction week at manor and park surgery whilst waiting for nhse approval.
I have been writing to you regularly to seek approval.
I was asked to speak with 3 patients during the induction week who just wanted to come and have a c chat regarding long standing illnesses so that I could acquaint myself to the system one record keeping. [Dr L] was supervising my that day.
What happens now? Can I continue looking for jobs or do I have to wait for Pldp panel now?
I urgently need employment to continue providing for [XXX].
Many regards
Dr N Mittal' [sic]

50. The Tribunal had regard to an email exchange between Ms K and Ms J (both of Manor and Park Group Practice) dated 18 September 2023 which details the audit of prescriptions issued by Dr Mittal for four patients (not three as referred to in Dr Mittal's email) on 13 September 2023. The Tribunal noted that the email exchange also confirmed that Dr Mittal was not supervised at the time of issuing the prescriptions (as asserted by Dr Mittal in her email).

51. Having taken the available evidence into account, the Tribunal was satisfied that it demonstrated that Dr Mittal did accept a post at Manor and Park Surgery from 11 to 13 September 2023, in respect of which inclusion on the NHS England's Medical Performers List is required, and she did not obtain approval to do so. The evidence demonstrated that Dr Mittal undertook consultations with four patients unsupervised and issued prescriptions.

52. Accordingly, the Tribunal found paragraph 3 of the Allegation, insofar as it relates to paragraph 4 of Schedule 3, proved.

Probity

Paragraph 4

'In or around August 2022, whilst employed at Shakespeare Road Surgery, you told Ms C that in relation to your Conditions "my supervisor, Dr D, advised that it was fine for me to prescribe [XXX] providing that I spoke to another doctor on the premises about it first", or words to that effect'.

53. The Tribunal noted that, in her witness statement, Ms C outlined the following:

'Dr Mittal told me directly on the phone that her supervisor had advised that it was fine for her to prescribe [XXX] providing that she spoke to another doctor on the premises about it first. Dr Mittal's PL condition 6 made clear that Dr Mittal 'must not generate any prescription for [XXX]…when a patient requires this type of medication you must refer to your education supervisor'.

54. In her oral evidence to the Tribunal, Ms C confirmed that, although it was nearly five years ago, she did recall the telephone call with Dr Mittal and she confirmed that what she had written in her statement was correct, that Dr Mittal had told her that her supervisor (who Ms C understood to be Dr D) had told her that she could prescribe XXX if she had spoken to another doctor.

55. Having reviewed the available evidence, the Tribunal noted that Ms C's evidence of what Dr Mittal said was broadly consistent with other evidence of Dr Mittal's response when separately challenged about prescribing XXX. This included an email from Dr D to Ms C on 25 August 2022, in which Dr D outlined the following:

'…

Today (25th August 22) I have discussed [XXX] prescribing with NM. I explained that I have carried out a further notes audit which flagged that she had prescribed [XXX], and that I was concerned about that as it was outside her conditions, so I had discussed with our organisational RO and had then looked at her [XXX] prescribing and found 21 instances of prescribing. She reported to me that she had discussed 9.5/10 instances of prescribing with one of our GP colleagues [Dr E] is aware of her conditions and has supported her at times in the practice). There was no documentation in the notes to suggest she had discussed with a colleague. I challenged her that I felt this was outside her conditions, but she reported that she understood she could prescribe if discussed with a colleague. She also reported that she was allowed to prescribe if somebody else had initiated the [XXX], but not prescribe de-novo. I again challenged her saying I had seen instances of her initiating [XXX], she reported that she wouldn't have started them, but up titrated dosing where needed. I have explained that on discussion with my organisational RO I would need to discuss the [XXX] prescribing with the NHSE team and that we were in the process of informing them. We agreed that this would be an opportunity for me to clarify whether there was any leeway with her prescribing if discussed with a colleague. NM advised that she intended to ask this question of her solicitor too'.

56. Taking the available evidence into account, the Tribunal accepted that, on the balance of probabilities, Dr Mittal did say to Ms C that her supervisor had advised that it was fine for

her to prescribe XXX providing that she spoke to another doctor on the premises about it first, or words to that effect. Accordingly, the Tribunal found paragraph 4 of the Allegation proved.

Paragraph 5

You knew at the time of making the statement at paragraph 4 that Dr D had not told you that you could prescribe [XXX] providing that you spoke to another doctor on the premises.

57. The Tribunal noted that, in her witness statement, Dr D outlined the following:

'Due to the passage of time, I cannot remember the exact detail of what Dr Mittal told me about her conditions but she gave me the impression that she didn't feel that the conditions were proportionate and didn't feel that she had done anything that bad. However, Dr Mittal was able to explain her conditions to me and knew what they were.
My understanding of Dr Mittal's conditions (based on the information provided to me by NHS England) was that she should not be prescribing [XXX] or visit patients off-site (ie traditional home visits), she should have regular supervisor meetings with her clinical supervisor, and that there should always be a GP on site who would be able to provide her with support should she need it.
My understanding was that, for the majority of the time, I would be Dr Mittal's point of contact on site should she need any support. I recall having a conversation with her early on to identify another person she felt comfortable enough to discuss things with if I was not on site. It was agreed that Dr Mittal had a second point of contact, [Dr E] (a very experienced locum doctor) who she could also go to for support.
…
On 25 August 2022 I did discuss the [XXX] prescribing with Dr Mittal. Despite wanting to have the conversation about Dr Mittal prescribing [XXX] with someone else present, due to circumstances it did end us just being myself and Dr Mittal. During that conversation, Dr Mittal reported to me that she thought she could prescribe [XXX] as long as she was not initiating the prescription. I challenged her on this but she was insistent. In response I said that I would get in touch with NHS England to confirm her conditions. From the audit, Dr Mittal had initiated [XXX] prescriptions, so her suggestion that she had only prescribed to continue [XXX] was incongruent with my audit findings. I documented this discussion contemporaneously in an email to [Ms C]'

58. In her oral evidence to the Tribunal, Dr D was very clear that she had not had a

conversation with Dr Mittal in which she stated or implied that she could prescribe XXX if she had spoken to another doctor in the practice first. Dr D said that her understanding of the conditions was that Dr Mittal should not prescribe XXX at all, so she would not have told Dr Mittal that she could. Dr D also confirmed that she believed that Dr Mittal had the same understanding when they had originally discussed the conditions.

59. The Tribunal noted that, in her draft 'Appraisal Summary (Challenges, Achievements and Aspirations)' which was submitted to NHSE on 27 July 2022 before Dr D spoke to Dr Mittal about her prescribing XXX, Dr Mittal outlined the following:

> *'I am currently working under a lot of conditions imposed by NHSE.*
> *I am working under close supervision, am not allowed to conduct home visits and am unable to prescribe [XXX] medications [XXX].*
> *I do find these conditions quite onerous and difficult to work with on day-to-day basis.'*

60. The Tribunal noted that Dr Mittal did not record in that document that she was able to prescribe XXX if she spoke with others first, as she asserted to Ms C she had been told. Instead, Dr Mittal recorded that she was unable to prescribe XXX medication. The Tribunal considered that the draft appraisal document prepared by Dr Mittal aligned with Dr D's understanding of the relevant condition.

61. The Tribunal also noted that, at the time of her telephone conversation with Ms C, Dr Mittal had already been spoken to by Dr D about prescribing XXX in breach of her conditions. Dr Mittal was, therefore, fully aware that Dr D had raised concerns about the asserted breaches of her conditions. In her oral evidence, Dr D outlined that when Dr Mittal was asked about the prescriptions, she asserted that the conditions did not prohibit her from issuing repeat prescriptions, but she was prohibited from initiating new prescriptions. Dr D said that Dr Mittal was very convincing in her assertions, and she agreed to check with NHS England whether her own understanding of the conditions was correct. Dr D also outlined in her witness statement that Dr Mittal made the case at a later stage that she didn't have anyone to go to in the practice for support with XXX prescribing.

62. Having had regard to all of the available evidence, the Tribunal accepted Dr D's evidence that she had not told Dr Mittal that she could prescribe XXX providing she had spoken to another doctor on the premises. Had that been Dr D's understanding of the condition, and had she told Dr Mittal this, there would have been no reason for Dr D to be concerned upon discovering Dr Mittal had been prescribing XXX. Dr Mittal has recorded her own understanding of the condition in her draft appraisal document, which made no reference to seeking approval from others. Further, at the time of the conversation with Ms

C, Dr D had directly challenged her with regard to the prescriptions.

63. In those circumstances, and taking all of the available evidence into account, the Tribunal determined on the balance of probabilities that Dr Mittal did know at the time of making the statement at paragraph 4 that Dr D had not told her that she could prescribe XXX providing that she had spoken to another doctor on the premises. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 6

> *'On 25 August 2022, you had a conversation with Dr D in which you told Dr D that "you thought you could prescribe [XXX] as long as you were not initiating the prescription", or words to that effect'.*

64. The Tribunal noted that, in her witness statement, Dr D outlined the following:

> *'On 25 August 2022 I did discuss the [XXX] prescribing with Dr Mittal. Despite wanting to have the conversation about Dr Mittal prescribing [XXX] with someone else present, due to circumstances it did end us just being myself and Dr Mittal. During that conversation, Dr Mittal reported to me that she thought she could prescribe [XXX] as long as she was not initiating the prescription. I challenged her on this but she was insistent. In response I said that I would get in touch with NHS England to confirm her conditions. From the audit, Dr Mittal had initiated [XXX] prescriptions, so her suggestion that she had only prescribed to continue [XXX] was incongruent with my audit findings. I documented this discussion contemporaneously in an email to [Ms C].'*

65. In her oral evidence, Dr D was very clear in her recollection of this conversation and she provided further detail. Dr D said that Dr Mittal was very convincing in asserting that her conditions permitted her to prescribe XXX as long as she was not initiating the prescription, but instead issuing a repeat prescription.

66. The Tribunal noted the contemporaneous email from Dr D to Ms C, in which Dr D outlined the following:

> *'Today (25th August 22) I have discussed [XXX] prescribing with NM. I explained that I have carried out a further notes audit which flagged that she had prescribed [XXX], and that I was concerned about that as it was outside her conditions, so I had discussed with our organisational RO and had then looked at her [XXX] prescribing and found 21 instances of prescribing.*

… but she reported that she understood she could prescribe if discussed with a colleague. She also reported that she was allowed to prescribe if somebody else had initiated the [XXX] but not prescribe de-novo. I again challenged her saying I had seen instances of her initiating [XXX], she reported that she wouldn't have started them, but up titrated dosing where needed. … .'

67. Taking into account Dr D's written and oral evidence, together with the contemporaneous email from Dr D to Ms C, the Tribunal was satisfied that, on the balance of probabilities, Dr Mittal had had a conversation with Dr D in which she told Dr D that she thought she could prescribe XXX as long as she was not initiating the prescription, or words to that effect. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 7

'You knew at the time of making the statement at paragraph 6 that you were not permitted to generate any prescription for [XXX] as per your Conditions'.

68. The Tribunal noted that, at the time under consideration, Dr Mittal was subject to the following condition:

'Condition 6
You must not generate any prescriptions for [XXX]. When a patient requires this type of medication you must refer to your educational supervisor.

69. The Tribunal noted that, in her witness statement, Dr D outlined the following:

'I don't recall the exact date, but I had a meeting with Dr Mittal when she started working at the Practice. This meeting took place in person at the Practice and only Dr Mittal and I were present. In that meeting, Dr Mittal chose to explain what the reasons for the conditions were and her position on the story behind the conditions. She had also shared a summary of her conditions by email before starting work at the Practice…
Due to the passage of time, I cannot remember the exact detail of what Dr Mittal told me about her conditions but she gave me the impression that she didn't feel that the conditions were proportionate and didn't feel that she had done anything that bad. However, Dr Mittal was able to explain her conditions to me and knew what they were.'

70. In her oral evidence, when asked what plan was in place if a patient required XXX, Dr D said that she had discussed this scenario with Dr Mittal when Dr Mittal had first joined the

surgery. Dr D said that she had told Dr Mittal that, if this situation arose, Dr Mittal must discuss it with her or, alternatively, Dr E. She said she or Dr E would then decide whether XXX were appropriate and, if so, either she or Dr E would issue the prescription. Dr D said that she had discussed with Dr Mittal the fact that it would be *'very, very unusual in primary care for a prescription to be truly urgent in the moment, particularly for this type of medication'*.

71. The Tribunal accepted Dr D's clear and unambiguous written and oral evidence. It noted that Dr D and Dr Mittal had discussed the conditions, including condition 6, when Dr Mittal joined the practice. It noted that Dr D considered that Dr Mittal understood her conditions, albeit Dr Mittal did not consider them to be proportionate.

72. The Tribunal noted again that Dr Mittal had included the following in her draft appraisal dated 27 July 2022:

> *'I am currently working under a lot of conditions imposed by NHSE.*
> *I am working under close supervision, am not allowed to conduct home visits and <u>am unable to prescribe [XXX]</u>.*
> *I do find these conditions quite onerous and difficult to work with on day-to-day basis'.*

73. Taking all of the available evidence into account, the Tribunal was satisfied that, on the balance of probabilities, Dr Mittal knew at the time of making the statement referred to in paragraph 6 of the Allegation that she was not permitted to generate any prescription for XXX as per her conditions. Accordingly, the Tribunal found paragraph 7 of the Allegation proved.

<u>Paragraph 8</u>

> *'Sometime in early 2023, a [XXX] declaration you made was provided to Carrington House Surgery, where you were currently employed, which stated "I have a spent conviction of throwing someone's money in bin – nearest offence it could be paralleled to was theft. Known to gmc and lmc but was found to be below the threshold to affect as a gp."'*

74. The Tribunal noted the purported [XXX] Statement, as follows:

> *"I have a spent conviction of throwing someone's money in bin - nearest offence it could be paralleled to was theft. Known to gmc and lmc but was found to be below the threshold to affect my work as a gp"*

75. The Tribunal noted that the above wording was exhibited to Dr F's statement. It was reproduced in an otherwise blank page and did not appear to be a reproduction of an official document. The Tribunal noted that it was not provided with confirmation of the manner in which this information was said to be communicated by Dr Mittal, when it was said to be communicated, or to whom. Dr F confirmed in his oral evidence that he himself had no knowledge of this document. He said that he did not obtain it himself, and that it most likely came from Human Resources or someone else within the surgery. Dr F also accepted that the surgery itself did not ask for this XXX information directly from Dr Mittal prior to Dr Mittal being employed. The information was said to have been provided to the agency through which Dr Mittal was employed.

76. While noting the unsatisfactory manner in which this hearsay evidence was produced to the Tribunal and its obvious limitations, the Tribunal also noted that the information within the document was broadly consistent with the certificate of conviction within the bundle, which indicated that Dr Mittal was convicted for theft. The Tribunal noted that this issue was referred to in Dr F's letter to Dr Mittal dated 19 April 2023 following a disciplinary hearing. In the letter, Dr F referred to *'False statement given to us regarding your theft conviction June 2013.'*

77. Taking all of the available evidence into account, although the Tribunal considered that the purported XXX statement ought to have been presented in a more satisfactory manner, the Tribunal was satisfied that, on the balance of probabilities, it was more likely than not that Dr Mittal did provide the information referred to in this paragraph of the Allegation at some stage in early 2023, prior to her employment at Carrington House Surgery. The Tribunal considered that that this information was provided to the agency through which her employment was arranged. Accordingly, the Tribunal found paragraph 8 of the Allegation determined and found proved.

Paragraph 9

'You knew the XXX declaration you made was not true as:

a. your certificate of conviction dated 19 June 2014 states you were "convicted upon indictment of theft";

b. the GMC concluded their investigation into your conviction of theft by offering you undertakings'.

78. The Tribunal considered Dr Mittal's XXX statement against the allegation *'I have a spent conviction of throwing someone's money in bin - nearest offence it could be paralleled to was theft'*.

79. The Tribunal was very conscious of the evidential limitations regarding the XXX statement. As indicated, the Tribunal was not provided with any indication as to whether this was information provided by Dr Mittal in writing or verbally, when precisely the statement was made, or how it was recorded. Dr F confirmed that he had no direct knowledge of the statement or how it was received by his surgery.

80. Having reviewed the statement itself in this context, the Tribunal considered that it was open to subjective interpretation. The Tribunal considered that, on a natural reading, whereas there may be evidence of minimisation of the offence, there was a reasonably clear indication from Dr Mittal that she had been convicted of theft. The Tribunal therefore found paragraph 9 (a) of the Allegation not proved.

81. Further, the Tribunal considered that what one person may consider meets the threshold to '*affect [their work] as a GP'* may be different to another. The Tribunal noted that Dr Mittal had been permitted to work as a GP, albeit with undertakings. The Tribunal considered that one potentially reasonable interpretation is that the statement attributed to Dr Mittal was correct. Noting the subjective nature of the statement, together with the significant limitations in the manner in which the XXX evidence was presented, the Tribunal found paragraph 9(b) of the Allegation not proved.

Paragraph 10

> *'On 21 April 2023 you sent an email to Ms C in which you stated that your employment at Carrington House Surgery "was not terminated per se" and that you had "already informed the practice manager that I wished for a resignation 10 days ago."'*

82. The Tribunal noted Dr Mittal's email to Ms C dated 21 April 2023, in which Dr Mittal wrote the following:

> *'Dear [Ms C]*
> *It was not terminated per se- I had differences with the practice manager reg working hours and job responsibilities which we thought weren't consensual.*
> *I had already informed the practice manager that I wished for a resignation 10 days ago' [sic]*

83. On the basis of the documentary evidence above, the Tribunal concluded on the balance of probabilities that paragraph 10 of the Allegation was proved.

Paragraph 11

'You knew at the time of writing the email to Ms C that you:

a. had not informed the practice manager that you wished to resign but rather you had asked for a salary review;'

84. In his oral evidence, when asked if he knew of Dr Mittal requesting a salary review or indicating a wish to resign before the dismissal meeting, Dr F said that he was aware that towards the end of Dr Mittal's time at the surgery, she did bring this up and he was aware that she did ask for a salary rise. He said that he had no idea when that request was made although he believed it would have been during her last month with the surgery. Dr F said the reason he knew this, was because Dr Mittal was *'causing a lot of problems coming in late and things like that and we were totally unhappy and when the practice manager spoke to her about this, it was during this period that she asked for a salary increase rather than addressing the concern'*. Dr F confirmed that he had not himself been involved in any direct conversations with Dr Mittal about these matters. When asked whether Dr Mittal had indicated a wish to resign, Dr F replied *'I don't recall'*.

85. Taking into account the fact that Dr F was not directly involved in any conversations with Dr Mittal and noting that the Tribunal was not provided with a witness statement or oral evidence from the practice manager, and having regard to Dr F's oral evidence of what was discussed with Dr Mittal, the Tribunal determined that it could not be satisfied that Dr Mittal had not indicated that she wished to resign, as she stated in her email. Accordingly, the Tribunal found paragraph 11(a) of the Allegation not proved.

'You knew at the time of writing the email to Ms C that you:

b. were dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023;

c. had been sent written confirmation of your dismissal dated 19 April 2023'.

86. The Tribunal had regard to the letter dated 19 April 2023 sent to Dr Mittal by Dr F of Carrington House Surgery, in which the following was outlined:

'I refer to the Disciplinary Hearing, which was held on Tuesday 19th April at 16.30 at Carrington House Surgery Present at the Hearing were [Ms N] and [Ms M] (note taker). You were given the opportunity of being accompanied by a work colleague of your choice or accredited Trade Union official, which you declined.

…

Therefore, we have decided to take the severest sanction an employer can take against an employee and to summarily dismiss you with effect from 19.4.2023. You

are not entitled to notice pay. I will arrange for your P45 to be forwarded to you in due course, together with payment for any outstanding holiday that you have accrued.'

87. In his oral evidence, Dr F confirmed that, although he was not present at the disciplinary hearing, he had been advised of the outcome and who was present. Dr F stated that he had been advised that Dr Mittal had been present at the hearing and was aware that she had been dismissed.

88. On the basis of the documentary evidence above, and taking into account Dr F's oral evidence, the Tribunal concluded that Dr Mittal knew at the time of writing her email to Ms C that she had been dismissed from Carrington House Surgery following the disciplinary hearing which took place on 19 April 2023. Accordingly, the Tribunal found paragraphs 11(b) and 11(c) of the Allegation determined and found proved.

Paragraph 12

'On 11 October 2023 when making submissions at your Interim Orders Tribunal ('IOT') hearing you stated in relation to your employment at Carrington House Surgery that "my position was not terminated."'

89. The Tribunal was provided with a transcript of the IOT hearing which took place on 22 October 2023 and had no reason to dispute its accuracy. It had regard to Dr Mittal's submissions during the hearing as follows:

DR MITTAL: First of all, I would like to point out some factual inaccuracies as well. It has been alleged that I was – I was – I had a disciplinary action taken by two services and ***my position was terminated there. That is not the case****.* [emphasis added] *The last surgery I was working my working hours were between nine and five. I am [XXX]. I was working about an hour away from my home and I could not really do any hours over and beyond that. About two months before*
I actually left the practice two salaried doctors, one paramedic and one ANP, used to see the bulk of acute appointments except that they both – they all left within a matter of about a month and I was being asked to actually extend my working hours from eight until 6.30 in the evening. I continued to – you know – report that to the practice managers that I simply cannot do that. It is not that, you know, if it was in my capacity that I would do that or not, I simply couldn't do that because then I would be reaching home at about eight o'clock in the evening. Ultimately, I tried to speak with that regard with the practice – with the partner and my supervisor as well, but nothing was – nothing meaningful could be done to correct that position. The surgery was trying to recruit for another doctor but they were unsuccessful in doing so, so

ultimately I had to leave. It was not due to any behavioural problems. I had no patient complaints. I had no complaints from any other staff who would say that I had been inappropriate with them. The only problem was the working hours. ***That was at the Carrington Health Surgery in High Wycombe****.* [emphasis added]

90. The Tribunal was satisfied that although Dr Mittal did not use the exact wording as detailed in the Allegation, it was clear that the implication of what she said was that her position at Carrington Health Surgery was 'not terminated'. Accordingly, the Tribunal found paragraph 12 of the Allegation proved.

Paragraph 13

'You knew at the time of making the statement to the IOT that you had been dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023'.

91. In reaching a conclusion in respect of this paragraph of the Allegation, the Tribunal was mindful of its conclusions in respect of paragraphs 11(b), 11(c) and 12 of the Allegation, as articulated above.

92. For the same reasons as outlined in respect of those paragraphs, in all the circumstances, the Tribunal concluded that Dr Mittal knew at the time of making the statement to the IOT that she had been dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023. Accordingly, the Tribunal found paragraph 13 of the Allegation proved.

Paragraph 14

93. When considering each of the sub-paragraphs of paragraph 14 of the Allegation, the Tribunal reminded itself of the test laid down by the Supreme Court in *Ivey v Genting Casinos (UK) Ltd 2017 UKSC 67.*

'Your actions as set out at paragraph:

a. 4 were dishonest by reason of paragraph 5;'

94. The Tribunal reminded itself of its findings that Dr Mittal knew that Dr D, her supervisor, had not advised her that it was fine for her to prescribe XXX providing that she spoke to another doctor on the premises about it first. The Tribunal considered that Dr Mittal therefore knew her statement to Ms C to be untrue.

95. The Tribunal asked itself whether "ordinary decent people" would regard Dr Mittal's behaviour as dishonest. The Tribunal was satisfied that Dr Mittal was aware that her statement to Ms C was untrue and ordinary decent people would find that dishonest.

96. The Tribunal therefore determined that Dr Mittal's actions as set out at paragraph 4 above were dishonest by reason of paragraph 5 and, accordingly, it found paragraph 14(a) of the Allegation proved.

'Your actions as set out at paragraph:

b. 6 were dishonest by reason of paragraph 7;'

97. The Tribunal reminded itself of its findings that Dr Mittal knew at the time of making the statement to Dr D that she was not permitted to generate any prescription for XXX as per her Conditions. The Tribunal asked itself whether "ordinary decent people" would regard Dr Mittal's behaviour in saying this as being dishonest. The Tribunal was satisfied that, in making a statement which she knew to be untrue, Dr Mittal's actions were dishonest.

98. The Tribunal therefore determined that Dr Mittal's actions as set out at paragraph 6 above were dishonest by reason of paragraph 7 and, accordingly, it found paragraph 14(b) of the Allegation proved.

'Your actions as set out at paragraph:

c. 8 were dishonest by reason of paragraph 9;'

99. The Tribunal found paragraphs 9(a) and 9(b) of the Allegation not proved.

Accordingly, it found paragraph 14(c) of the Allegation not proved.

'Your actions as set out at paragraph:

d. 10 were dishonest by reason of paragraph 11';

100. The Tribunal reminded itself that it found paragraph 11(a) not proved, but paragraphs 11(b) and (c) proved.

101. The Tribunal reminded itself of its findings that Dr Mittal sent an email to Ms C in which she stated that her employment at Carrington House Surgery "*was not terminated per se*". The Tribunal found that Dr Mittal knew at the time of writing that email that she had been dismissed and had been sent written confirmation of her dismissal in Dr F's letter dated 19 April 2023.

102. The Tribunal asked itself whether "ordinary decent people" would regard Dr Mittal's assertion that her employment 'had not been terminated per se' when she knew that it had as dishonest. The Tribunal was satisfied that such conduct would be viewed as dishonest.

103. Accordingly, the Tribunal found paragraph 14(d) of the Allegation proved insofar as it determined that Dr Mittal's actions set out in paragraph 10 were dishonest by reason of paragraph 11 (b) and (c), but not (a).

> *'Your actions as set out at paragraph:*
>
> e. *12 were dishonest by reason of paragraph 13'.*

104. The Tribunal reminded itself of its findings in respect of paragraphs 12 and 13 of the Allegation. Dr Mittal knew at the time of making her statements to the IOT that her employment at Carrington House Surgery had ended by reason of her dismissal following a disciplinary hearing.

105. The Tribunal asked itself whether "ordinary decent people" would regard Dr Mittal's actions, in denying this, as dishonest. The Tribunal determined that ordinary decent people would find Dr Mittal's actions in making a knowingly false statement to the IOT to be dishonest. Accordingly, the Tribunal found paragraph 14(e) of the Allegation proved.

The Tribunal's overall determination on the facts

106. The Tribunal has determined the facts as follows:

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

XXX

1. XXX
2. XXX

Performers Panel List Conditions

3. During the period 25 September 2018 – 13 September 2023 you had varying Performers Panel List Conditions ('Conditions') on your registration and you breached the Conditions on the occasions set out in Schedule 3.
   Determined and found proved, insofar as paragraph 3 relates to:

- paragraph 1 of Schedule 3
- paragraph 2 of Schedule 3
- paragraph 4 of Schedule 3

Determined and found not proved, insofar as paragraph 3 relates to:

- paragraph 3 of Schedule 3

Probity

4. In or around August 2022, whilst employed at Shakespeare Road Surgery, you told Ms C that in relation to your Conditions "my supervisor, Dr D, advised that it was fine for me to prescribe XXX providing that I spoke to another doctor on the premises about it first", or words to that effect. Determined and found proved

5. You knew at the time of making the statement at paragraph 4 that Dr D had not told you that you could prescribe XXX providing that you spoke to another doctor on the premises. Determined and found proved

6. On 25 August 2022, you had a conversation with Dr D in which you told Dr D that "you thought you could prescribe XXX as long as you were not initiating the prescription", or words to that effect. Determined and found proved

7. You knew at the time of making the statement at paragraph 6 that you were not permitted to generate any prescription for XXX as per your Conditions.
Determined and found proved

8. Sometime in early 2023, a XXX declaration you made was provided to Carrington House Surgery, where you were currently employed, which stated "I have a spent conviction of throwing someone's money in bin – nearest offence it could be paralleled to was theft. Known to gmc and lmc but was found to be below the threshold to affect as a gp." Determined and found proved

9. You knew the XXX declaration you made was not true as:
    a. your certificate of conviction dated 19 June 2014 states you were "convicted upon indictment of theft"; Not proved
    b. the GMC concluded their investigation into your conviction of theft by offering you undertakings. Not proved

10. On 21 April 2023 you sent an email to Ms C in which you stated that your employment at Carrington House Surgery "was not terminated per se" and that you had "already informed the practice manager that I wished for a resignation 10 days

ago." Determined and found proved

11. You knew at the time of writing the email to Ms C that you:
    a. had not informed the practice manager that you wished to resign but rather you had asked for a salary review; Not proved
    b. were dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023; Determined and found proved
    c. had been sent written confirmation of your dismissal dated 19 April 2023.
    Determined and found proved

12. On 11 October 2023 when making submissions at your Interim Orders Tribunal ('IOT') hearing you stated in relation to your employment at Carrington House Surgery that "my position was not terminated." Determined and found proved

13. You knew at the time of making the statement to the IOT that you had been dismissed from Carrington House Surgery following a disciplinary hearing which took place on 19 April 2023. Determined and found proved

14. Your actions as set out at paragraph:
    a. 4 were dishonest by reason of paragraph 5;
    Determined and found proved
    b. 6 were dishonest by reason of paragraph 7;
    Determined and found proved
    c. 8 were dishonest by reason of paragraph 9; Not proved
    d. 10 were dishonest by reason of paragraph 11;
    Determined and found proved, insofar as Dr Mittal's actions set out in paragraph 10 were dishonest by reason of paragraph 11 (b) and (c), but not (a).
    e. 12 were dishonest by reason of paragraph 13.
    Determined and found proved

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

a. XXX
b. misconduct, in relation to paragraphs 3 - 14. To be determined

Determination on Impairment - 09/10/2026

107. This determination will be handed down in private but, as this case concerns Dr Mittal's alleged misconduct, a redacted version will be published at the close of the hearing.

The evidence

108. The Tribunal has reviewed its findings of fact and had regard to the documentation submitted at that earlier stage.

Submissions

109. On behalf of the GMC, Mr Hamlet outlined that the facts found proved fall into two statutory grounds for impairment -XXX misconduct.

110. With regard to misconduct, Mr Hamlet submitted that Dr Mittal had engaged in multiple breaches of her PLPD conditions. He said that these breaches spanned a period of more than two years, from July 2021 to September 2023, and they related to Dr Mittal's employment at three different practices.

111. Mr Hamlet submitted that there were also several individual instances of dishonest statements made by Dr Mittal, and this conduct occurred over a period of around nine months.

112. Mr Hamlet reminded the Tribunal of the two-stage process: firstly, a decision must be reached as to whether the facts as found proved amounted to misconduct (the nature of which must be serious) and secondly, whether the finding of that misconduct which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

113. Mr Hamlet submitted that Dr Mittal's actions in respect of both the PLPD conditions and her dishonesty amounted to serious misconduct. He said that Dr Mittal's actions reflected a pattern of behaviour concerning her attitude and adherence toward formal conditions of practise which were designed to assist her and protect patients. Mr Hamlet submitted that Dr Mittal's actions in breaching her conditions could not be categorised as negligence, given the Tribunal's findings that Dr Mittal breached them knowingly.

114. Further, Mr Hamlet submitted that the proven instances of dishonesty on Dr Mittal's part amounted, on any analysis, to serious misconduct. Mr Hamlet referred the Tribunal to Good Medical Practice (GMP), in particular domain 4 under the heading of trust and

professionalism, and paragraph 81, and he submitted that Dr Mittal's fitness to practise is currently impaired by reason of misconduct.

115. XXX

116. XXX

117. XXX

118. XXX

119. XXX

120. Mr Hamlet referred to the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as endorsed by the High Court in CHRE v NMC and Paula Grant [2011] EWHC 297 Admin. He submitted that the Tribunal should consider whether Dr Mittal:

> *'(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*
> *(d) Has in the past acted dishonestly and/or is liable in the future to act dishonestly in the future.'*

121. Mr Hamlet submitted that all four elements were engaged in this case, with the possible exception of paragraph (a). Mr Hamlet submitted, however, that the Tribunal may conclude that there was a potential to indirectly impact upon patients' safety. However, Mr Hamlet accepted on behalf of the GMC that there were no direct clinical concerns deriving from the findings of fact.

122. Mr Hamlet submitted that the Tribunal should consider the need to protect the public and the public interest. He said that the Tribunal should also consider whether Dr Mittal's actions were remediable and, if so, whether they have been remedied and were unlikely to be repeated.

123. Mr Hamlet said that the Tribunal should consider Dr Mittal's level of insight, if any. He said that in cases concerning misconduct of a non-clinical nature including dishonesty, efforts

of remediation would carry less, if any, weight, depending on the gravity of the misconduct. Mr Hamlet submitted that there had been no efforts made at remediation. He said that Dr Mittal's attitude to the restrictions that she knew she was under, her willingness to breach them and her willingness to lie about various matters, '*strikes at the heart of her status as a member of the medical profession*'. Mr Hamlet submitted that Dr Mittal's misconduct undermines the trust and confidence members of the public hold in the medical profession.

124. Mr Hamlet submitted that there was no evidence before it to demonstrate that Dr Mittal had reflected upon her misconduct or expressed any remorse or acknowledgement of the concerns raised. Mr Hamlet said that Dr Mittal had taken no steps to address her misconduct and, in these circumstances, there is a clear risk of repetition.

The relevant legal principles

125. There is no burden or standard of proof at this stage of the proceedings, and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are:

- to protect, promote and maintain the health, safety and well-being of the public;
- to promote and maintain public confidence in the profession; and
- to promote and maintain proper professional standards and conduct for members of the profession.

126. In reaching its decision in respect of impairment, the Tribunal considered the issues of misconduct XXX. It was mindful of the two-stage process to be adopted in respect of each category of alleged impairment. The Tribunal also had regard to the Guidance for MPTS Tribunals and Guidance introduction, and it followed the structured approach outlined therein.

The Tribunal's determination on impairment

XXX

127. XXX

128. XXX

129. XXX

130. XXX

XXX

131. XXX

132. XXX

XXX

133. XXX

134. XXX

135. XXX

136. XXX

137. XXX

138. XXX

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XXX

150. XXX

151. XXX

152. XXX

153. XXX

154. XXX

155. XXX

XXX

156. XXX

157. XXX

XXX

Misconduct

Is there a legal basis for considering impairment?

158. The Tribunal first considered whether the facts found proved constituted a sufficiently serious departure from the standards of conduct reasonably expected of a registered medical practitioner, so as to amount to misconduct which was serious.

159. The Tribunal reminded itself that it determined that Dr Mittal breached her Performers Panel List Conditions multiple times over a period of two years from July 2021 to September 2023, during her periods of employment at three different practices. It reminded itself that Dr Mittal had accepted two employment posts without obtaining the approval of NHS England as per her conditions. Dr Mittal did not complete an appraisal, MSF or PDP within 6 months of commencement in clinical practice, as per her conditions. Further, Dr Mittal breached a prescribing condition and prescribed XXX medication on 21 identified occasions, in breach of her conditions.

160. The Tribunal noted that the conditions were imposed to assist Dr Mittal in returning to clinical practice and to reduce any risk to patients. The condition prohibiting the prescription of XXX was imposed XXX. The Tribunal was of the view that there is an obvious expectation that a practitioner would endeavour to understand, engage and comply with any conditions imposed on them in a professional setting. The Tribunal considered that this would be an obvious obligation on the part of a registered medical practitioner.

161. The Tribunal considered that Dr Mittal's actions, in breaching her conditions, undermined a system designed to protect the public and herself. The Tribunal considered the breaches of these conditions to be inherently serious.

162. The Tribunal noted that it also determined that Dr Mittal;

- made a dishonest statement to Dr D about her conditions enabling her to prescribe XXX in certain circumstances as outlined previously;
- made a dishonest statement to Ms C that Dr D had told her that she could prescribe XXX if she spoke with a colleague first;
- wrote an email to Ms C in which she dishonestly stated that she had not been '*terminated per se'*;
- dishonestly stated to an MPTS IOT that she had not been dismissed.

163. The Tribunal noted that honesty and probity are fundamental tenets of the medical profession and, in making her dishonest statements, Dr Mittal breached those tenets. With regard to Dr Mittal's submissions to the MPTS IOT, the Tribunal also noted that this was a formal hearing with her regulatory body which was tasked with assessing any risk posed by Dr Mittal. Dr Mittal was under a duty to be open and honest with her regulator and to a Tribunal. Her dishonest statement to the IOT breached a fundamental tenet of the profession.

164. The Tribunal observed that the dishonesty in this case demonstrated a pattern of behaviour. Dr Mittal's breaches of her conditions also showed a deliberate disregard toward the measures imposed to ensure that she was able to practise safely. The Tribunal was of the view that Dr Mittal's actions in breaching her conditions had significant potential to put patients at risk, damage public trust in the profession and undermine professional standards.

165. In considering whether Dr Mittal's behaviour amounted to misconduct, the Tribunal had regard to paragraphs 8, 9, 14, 16(d), 65, 68 and 72 of GMP (2013 to 2024) which provide:

> *8 You must keep your professional knowledge and skills up to date.*
>
> *9 You must regularly take part in activities that maintain and develop your competence and performance.*
>
> *14 You must recognise and work within the limits of your competence.*
>
> *16 In providing clinical care you must:*
> *…*
>
> *d consult colleagues where appropriate*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
>
> *68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.*
>
> *72 You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.*
>
> *a You must take reasonable steps to check the information is correct.*
>
> *b You must not deliberately leave out relevant information.*

166. The Tribunal was of the view that these paragraphs of GMP were engaged in Dr Mittal's case and were breached.

167. The Tribunal noted that the conduct took place within Dr Mittal's professional practice and regulatory setting.

168. Taking into account all the evidence before it, the Tribunal determined that Dr Mittal's behaviour, both in breaching her conditions and in her instances of dishonest statements, represented a serious departure from, and fell seriously, below, the standards expected of a registered medical practitioner, as set out in GMP. The Tribunal determined that each of the facts found proved relating to Dr Mittal's Performers List Conditions and probity amounted to serious misconduct. It was therefore satisfied that there was a legal basis for considering impairment.

Where on the spectrum of seriousness does the allegation lie?

169. The Tribunal considered the starting point for assessing seriousness. It appreciated that all allegations where a finding that the legal basis of misconduct is established are serious but that, within the range of these matters, some allegations will be more serious than others and the Tribunal's assessment of seriousness must reflect the individual circumstances of this case.

170. The Tribunal noted from paragraph 87 of the Guidance Introduction which indicates that, with regard to dishonest actions, the nature of the departure from the standards expected may mean that a concern or allegation relating to dishonesty falls at the high end of the spectrum of seriousness. Even a single incident of dishonesty can have a significant harmful impact and pose a risk to public protection. The Tribunal also noted paragraph 31 of the MPTS Guidance which indicates that dishonesty usually falls at the higher end of the spectrum.

171. The Tribunal noted that Dr Mittal engaged in four proved instances of dishonesty. Taking into account all relevant information, the Tribunal determined that the starting point for the spectrum of seriousness fell at the high end.

172. The Tribunal reached the same conclusion with regard to Dr Mittal's repeated and protracted breaches of her conditions. It considered Dr Mittal's breaches had the potential to give rise to risk to patients, given that the conditions were designed to ensure that she was safe to practice.

173. The Tribunal proceeded to determine whether there were features which may increase the seriousness of the allegation. It noted Dr Mittal's regulatory history, and that her conditions had originally been imposed in February 2018 after her removal from the Medical Performers List following her criminal conviction for the dishonesty offence of theft in February 2015.

174. The Tribunal had regard to its findings and the nature of the allegation, particularly as the dishonesty was carried out whilst Dr Mittal was acting in a professional role and was repeated. Dr Mittal was dishonest with her employers, NHS England and her regulatory body in the IOT.

175. The Tribunal considered that by Dr Mittal's misconduct in repeatedly breaching her conditions undermined a system designed to protect the public. It also considered that her behaviour showed a reckless disregard for patient safety and professional standards.

176. The Tribunal, having considered the specific circumstances and nature of this case, concluded that the Allegation lay within the high-range of the spectrum of seriousness. At this stage, it assessed the starting point for current and ongoing risk to public protection as high.

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

177. Paragraph 45 of the Guidance (*MPT Hearings > Part B: Stage two - Impairment)* states that there are three types of relevant context: working environment, role and experience, and personal context. The impact that evidence of relevant context has on the assessment of risk to public protection will depend on the nature of the allegation and individual circumstances of the case. The Tribunal reminded itself that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

178. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by the doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address. However, it acknowledged that the individual circumstances of each case must be considered.

179. XXX

180. XXX

181. The Tribunal noted that NHS England did not initially appear to be actively monitoring Dr Mittal's adherence with her conditions, in particular the requirement to complete an MSF, PDP and appraisal. However, it took steps when it did identify that Dr Mittal was not complying with her conditions. The Tribunal took this into account; however, it considered that the onus was on Dr Mittal to understand and adhere to her conditions.

182. Taking all of the available evidence into account, the Tribunal did not identify any relevant context which altered its conclusions as to the ongoing risk to public protection. The Tribunal concluded that the current and ongoing risk to public protection remained high.

How has Dr Mittal responded to the allegation(s)?

183. The Tribunal noted from the MPTS Guidance that it should consider the evidence available to it to establish if Dr Mittal has:

(a) shown insight into her behaviour
(b) taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and
(c) kept her knowledge and skills up to date.

184. The Tribunal determined that Dr Mittal has not provided any evidence of insight into her misconduct or its seriousness, or the potential impact of her actions on patient safety and public confidence in the profession. The Tribunal also has no evidence before it of any remediation undertaken by Dr Mittal, to include any information demonstrating that she has kept her medical knowledge and skills up to date.

185. The Tribunal considered whether the misconduct is remediable. It appreciated that, in cases of dishonesty, evidence of insight and remediation that decrease risk may have less impact because dishonesty allegations falling at the higher end of the spectrum of seriousness can be more difficult to remediate. The Tribunal was, however, of the view that Dr Mittal's's misconduct is potentially remediable. Taking into account the lack of engagement by Dr Mittal, and the absence of any evidence demonstrating insight or remediation, however, the Tribunal determined that Dr Mittal's misconduct had not been remediated.

186. Taking all of the relevant factors into consideration, the Tribunal determined that there is currently a significant risk of repetition of Dr Mittal's misconduct.

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

187. The Tribunal had regard to the conclusions as outlined above. It has found that the allegation falls at the higher end of the spectrum of seriousness, and that the starting point for assessing current and ongoing risk was high. It did not find evidence of any relevant contact or of any insight or remediation that would decrease the risk of repetition.

188. The Tribunal determined that Dr Mittal does pose a current and ongoing risk to public protection that may require restrictive action in response. It concluded that the level of risk was high in all three parts of public protection (patient safety; public confidence; professional standards).

189. The Tribunal considered that Dr Mittal's dishonest actions breached fundamental tenets of the profession and had the potential to bring the profession into disrepute. The Tribunal determined that public confidence in the profession would be undermined if a finding of current impairment of fitness to practise were not made.

190. The Tribunal has therefore determined that Dr Mittal's's fitness to practise is impaired by reason of her misconduct.

Determination on Sanction - 13/10/2026

191. This determination will be handed down in private but, as this case concerns Dr Mittal's alleged misconduct, a redacted version will be published at the close of the hearing.

192. Having determined that Dr Mittal's fitness to practise is impaired by reason XXX 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.

The evidence

193. The Tribunal has had regard to its findings at the facts and impairment stages and it has taken into account the evidence received during the earlier stages of the hearing, where relevant to reaching a decision on sanction.

Submissions

194. XXX

195. With regard to Dr Mittal's misconduct, Mr Hamlet reminded the Tribunal of the inherently serious breaches of her practising conditions, which were designed ultimately to protect the public and assist Dr Mittal herself. He referred to the proven instances of Dr Mittal's dishonest statements to her supervisor, NHS England and the IOT. Mr Hamlet reminded the Tribunal of its finding that Dr Mittal's misconduct presented a high risk to all three parts of public protection.

196. Mr Hamlet referred the Tribunal to Section three: MPT hearings, Part C: stage three - sanction of the Guidance for MPTS Tribunals (November 2025).

197. Mr Hamlet submitted that taking no action would be inconsistent with the Tribunal's previous findings. He submitted that it would be wholly inappropriate to take no action, given the risk Dr Mittal poses to the public and the public interest and in the absence of any evidence of insight or remediation.

198. Mr Hamlet submitted that the imposition of conditions would not be practical or appropriate in this case, given that Dr Mittal has disengaged from the process and currently appears to have no intention of re-engaging with her regulator. Mr Hamlet reminded the Tribunal of Dr Mittal's most recent correspondence to the GMC, as referred to previously. He said Dr Mittal has made it abundantly clear that she has no intention of re-engaging. Further, Mr Hamlet submitted that the Tribunal has no assurance that Dr Mittal would comply with any conditions imposed. In addition, he submitted that conditions would not sufficiently address the issues relating to Dr Mittal's misconduct.

199. Mr Hamlet submitted that a sanction of suspension involves removing a doctor's ability to practise for a set period of time with the aim that at the end of that period of suspension they can be returned to unrestricted practice. He said the Tribunal must be able to envisage on an evidential basis that Dr Mittal could return to practise entirely unrestricted at the end of a period of suspension without presenting a risk to the public or the public interest. Mr Hamlet submitted that the Tribunal does not have that evidence. He referred the Tribunal to paragraphs 44 and 45 of the Guidance. Mr Hamlet submitted that imposing a period of suspension would not be suitable or adequate in this case where there remains, as the Tribunal identified, risks to public safety. Further, he submitted that insight is unlikely to be gained materially over the period of suspension.

200. With regard to erasure, Mr Hamlet referred the Tribunal to paragraph 57 of the Guidance, he submitted that the Tribunal may find that all of the sub-paragraphs apply in this case:

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.

201. Mr Hamlet submitted that Dr Mittal's misconduct is such that erasure is the appropriate sanction. He referred to the sanctions banding in the Guidance, which indicates that an appropriate sanction for dishonest misconduct with a finding of a high level of risk for public protection, falls in the range of suspension (nine months) to erasure.

202. Mr Hamlet submitted that a suspension, even at the top of the higher end of the nine to twelve months spectrum would be inadequate and inappropriate. He said that there has to be the ability to envisage that Dr Mittal will use that time effectively to be able to return at the end of a period of suspension to practise safely on an unrestricted basis. He reiterated that the Tribunal does not have such evidence.

203. Mr Hamlet submitted that Dr Mittal has shown a flagrant disregard for standards of professionalism and probity expected of her by the public and other members of the profession. He submitted that Dr Mittal has shown an equal disdain for her regulator in respect of her interactions with it and her subsequent disengagement.

204. Mr Hamlet submitted that Dr Mittal presents an immediate, ongoing and high risk of repeating her behaviour. He submitted that this presents a risk not only to the public trust and confidence, but also to patient safety. Mr Hamlet submitted that there is no prospect on the evidence of this improving. Mr Hamlet submitted that the only means of addressing this is by removing Dr Mittal's ability to practise altogether and by imposing the ultimate sanction of erasure.

The Tribunal's determination on sanction

205. The Tribunal reminded itself that the decision as to the appropriate sanction to impose is a matter for its own independent judgement. There is no burden or standard of proof. The Tribunal noted that, when determining the appropriate sanction, if any, it should have regard to the principle of proportionality and consider the least restrictive option which addresses the public protection issues identified in its determination on impairment.

206. The Tribunal reminded itself that the main reason for imposing a sanction is to protect the public and the wider public interest, and that sanctions are not imposed to punish doctors, though they may have a punitive effect. The Tribunal must balance Dr Mittal's interests against the public interest. The Tribunal reminded itself that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

207. The Tribunal reminded itself of its findings in its determination on impairment that all three limbs of public protection are engaged in this case, namely the need to:

- protect, promote and maintain the health, safety and well-being of the public;
- promote and maintain public confidence in the profession; and
- promote and maintain proper professional standards and conduct for members of the profession.

208. The Tribunal noted that it determined that XXX, and a high level of risk arising from her misconduct.

209. The Tribunal noted that the Guidance sets out the following indicative sanctions bands:

XXX

Dishonesty, higher level of risk – suspension 9 months to erasure

210. The Tribunal noted that Dr Mittal's misconduct includes breaches of her Performers List Conditions, and this category of misconduct is not specifically referred to in the Guidance. It considered that this element of Dr Mittal's misconduct may, to a degree, be broadly analogous with the category of 'clinical concerns' (given that the conditions related directly to Dr Mittal's clinical practice), and it noted that the Guidance outlined the following indicative sanction band for this type of case:

Clinical concerns, higher level of risk – suspension 6 months to erasure

211. Although the Guidance includes indicative Sanctions Bandings, as set out above, the Tribunal acknowledged that these are indicative rather than binding, and any decision on sanction is one ultimately for the Tribunal. Accordingly, the Tribunal considered all possible sanctions open to it, including taking no action.

No action

212. The Tribunal first considered whether to conclude the case by taking no action.

213. The Tribunal noted, with reference to paragraph 12 of Part C of the MPTS guidance that it will usually be necessary for a Tribunal to restrict a doctor's registration to achieve public protection but there may be exceptional circumstances to justify a Tribunal taking no action.

214. The Tribunal was mindful that *"exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare"*. The Tribunal was unable to identify any exceptional circumstances in this case which would justify taking no action. It had regard to its impairment determination as to the current and ongoing risk to public protection in this case which it found to be high with regard to Dr Mittal's misconduct XXX. The Tribunal determined that, given the serious nature of its findings on impairment in respect of XXX and her misconduct, concluding this case by taking no action would be inconsistent with its previous determination, insufficient, inappropriate and such an outcome would not meet the overarching objective.

Conditions

215. The Tribunal next considered whether to impose conditions on Dr Mittal's registration. It bore in mind that any conditions imposed would need to be appropriate,

proportionate, workable and measurable. The Tribunal had regard to paragraphs 17 to 40 of the MPTS Guidance. Paragraphs 23 and 30 state:

'23. Conditions are likely to be workable where:

a. the doctor has shown insight
b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment
c. the doctor is willing to remediate, and
d. the MPT is satisfied the doctor will comply with them.
…
30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.'

216. The Tribunal noted that a significant aspect of Dr Mittal's misconduct arose from her breaches of her Performers List Conditions on a repeated basis over a period of two years. It was also conscious that Dr Mittal has now seemingly disengaged with the GMC and this process.

217. Taking that background into consideration, the Tribunal determined that, as things currently stand, there is no evidence to suggest that Dr Mittal would comply with any conditions imposed upon her.

218. Further, with regard to the nature of Dr Mittal's misconduct, the Tribunal noted that paragraph 30 of the Guidance states that conditions are unlikely to be a proportionate response in cases in which the nature of the doctor's behaviour fall at the higher end of the spectrum of seriousness.

219. The Tribunal noted that, whereas conditions are referred to in the indicative bandings in respect of XXX, the indicative bandings for misconduct of the nature under consideration do not include conditions. Having taken all of the circumstances of this case into account, the Tribunal also considered that conditions would not reflect the seriousness of Dr Mittal's dishonest misconduct or her repeated breaches of her Performers List conditions.

220. The Tribunal therefore determined that the imposition of conditions on Dr Mittal's registration would be insufficient and inappropriate. Such an outcome would not adequately reflect the high level of risk that it has identified with regard to Dr Mittal's misconduct, and such a sanction would not be workable in any event, given Dr Mittal's lack of engagement at

present. The imposition of conditions in this case would not adequately meet the public interest.

Suspension

221. The Tribunal next considered whether to impose a period of suspension on Dr Mittal's registration. The Tribunal reminded itself that 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 that they should be able to return to unrestricted practice in the future. In addition, suspension can have a deterrent effect and send a signal to the individual doctor, the profession and the public about what is regarded as behaviour unbefitting a registered medical practitioner.

222. The Tribunal had regard to paragraph 62 of the Guidance and the Bandings which indicate that a lengthy period of suspension or erasure may be appropriate in circumstances such as those found by this Tribunal. It also had regard to paragraph 45 of the Guidance, which states:

> *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.*

223. The Tribunal considered that each of the above sub-paragraphs were applicable in this case, indicating that conditions would not satisfactorily address the ongoing risk to public protection, and that a period of suspension may be appropriate and proportionate.

224. XXX

225. XXX

226. However, taking into account the fact that this case involves XXX and her misconduct, and taking into account the serious nature of Dr Mittal's misconduct, the Tribunal considered that suspension for a period of six months would not represent an appropriate or sufficient outcome.

227. The Tribunal reminded itself that it found in its determination on impairment that Dr Mittal's misconduct, both her dishonest actions and her breaches of her Performers List conditions, is potentially remediable.

228. The Tribunal noted, however, that Dr Mittal has not provided any evidence of insight into her misconduct or its seriousness, or an acknowledgment of the potential impact of her actions on patient safety and public confidence in the profession. It also noted that it has received no evidence of any steps taken by Dr Mittal toward remediation. The Tribunal reminded itself of its finding that Dr Mittal's misconduct poses a current and ongoing risk to public protection, and its conclusion that the level of risk is high in all three parts of public protection.

229. The Tribunal was concerned by Dr Mittal's lack of engagement and the absence of evidence of insight and remediation. It considered that, although each of the sub-paragraph at paragraph 45 of the Guidance, referred to above, were engaged in this case, the absence of any engagement and evidence of insight and remediation was such that the following factors referred to in paragraph 57 of the Guidance, were potentially engaged:

> *'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. …*
> *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. … .'*

230. The Tribunal noted Mr Hamlet's submission that erasure is the appropriate response to Dr Mittal's misconduct. However, taking all of the available information into account, the Tribunal ultimately determined that the appropriate sanction is one of suspension and that erasure would be a disproportionate outcome, at this stage.

231. In reaching this conclusion, the Tribunal noted XXX.

232. In those circumstances and given the finding that Dr Mittal's misconduct is potentially remediable, the Tribunal determined that Dr Mittal's disengagement and the absence of evidence of insight and remediation should be viewed, at least partly, in the context of XXX. The Tribunal concluded that, if XXX, her ability or willingness to engage and address her misconduct may also be adversely impacted. Whereas the Tribunal concluded that it cannot determine that Dr Mittal's ability or willingness to engage has, in fact, been adversely impacted upon XXXX, it considered that some regard should be had to this potential, taking into account XXX.

233. Overall, the Tribunal determined that Dr Mittal's misconduct was not such that it warranted erasure from the register. It determined that Dr Mittal should be given a further opportunity to engage with her regulator, and that erasure would be disproportionate in the overall circumstances of this case, as things currently stand. The Tribunal was satisfied that the public can be protected and professional standards upheld through a period of suspension. The Tribunal also determined that, in the circumstances as outlined above, public confidence would not be undermined by allowing Dr Mittal to continue to hold registration, notwithstanding the seriousness of Dr Mittal's misconduct and assessed risk to public protection.

Length of suspension

234. The Tribunal reminded itself of the suggested range of suspension periods within the higher level of risk sanctions banding for dishonesty cases starts at nine months. It noted that the applicable banding for clinical concerns indicates a range of suspension starting at six months (although, it noted again that the clinical concerns category is not necessarily directly applicable in this case).

235. XXX

236. In determining the appropriate length of suspension to impose, the Tribunal had regard to paragraph 46 of the 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.

237. The Tribunal had regard to its reasons for assessing suspension as being the appropriate and proportionate response, and the length of time that Dr Mittal may need in order to enable her to re-engage with the GMC, XXX, and demonstrate that progress has been made.

238. The Tribunal concluded that a period of suspension for 12 months was the appropriate and proportionate response, taking into account Dr Mittal's misconduct. This Tribunal concluded that this lengthy period of suspension appropriately reflects the seriousness of Dr Mittal's misconduct, her regulatory history, and the current absence of evidence demonstrating insight and remediation. The Tribunal determined that this period of suspension would allow Dr Mittal an opportunity to engage, develop her insight into her XXX misconduct, address any underlying attitudinal issues, reflect on her dishonesty and breaches of her conditions, demonstrate remediation and address the current risk of repetition.

Review hearing directed

239. The Tribunal determined to direct a review of Dr Mittal'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 Mittal to demonstrate how she XXX, has addressed her misconduct, remediated and developed insight. Dr Mittal should note that it may assist the reviewing Tribunal if she were to provide:

- XXX
- XXX
- XXX
- Evidence demonstrating that she has developed insight into her misconduct;

- Evidence of remediation of her misconduct; and
- Evidence that she has kept her clinical skills and knowledge up to date.

240. Dr Mittal will also be able to provide any other information that she considers will assist.

Determination on Immediate Order - 13/10/2026

241. This determination will be handed down in private but, as this case concerns Dr Mittal's alleged misconduct, a redacted version will be published at the close of the hearing.

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

Submissions

243. On behalf of the GMC, Mr Hamlet submitted that an immediate order was necessary and would be consistent with the Tribunal's findings in relation to the level of risk.

244. Mr Hamlet submitted that, given that a substantive order does not take effect until after a 28-day appeal period has elapsed, and if there is an appeal by Dr Mittal, the sanction will not take effect until after the appeal has been determined, there is a need to impose an immediate order in this case.

245. Mr Hamlet submitted that such an order is necessary to protect members of the public and is otherwise in the public interest. Mr Hamlet also submitted that an immediate order may be in the best interests of Dr Mittal herself XXX.

The Tribunal's determination

246. The Tribunal had regard to *the 'Immediate and interim orders following sanction'* section within Part C of section three of the MPT guidance. It appreciated, with regard to paragraph 79, that:

> *"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"

247. The Tribunal had regard to the high level of risk it has found in this case, XXX, and Dr Mittal's lack of engagement. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Mittal's registration. Taking all of these matters into account, the Tribunal determined that it was necessary to protect members of the public and was otherwise in the public interest. The Tribunal also noted that XXX, and it therefore concluded that an immediate order is likely to be in Dr Mittal's own interests.

248. This means that Dr Mittal's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, 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.

249. The interim order currently in place on Dr Mittal's registration will be revoked when the immediate order takes effect.

250. That concludes this case.

ANNEX A – 06/10/2026
Service and Proceeding in Absence

Hearing in Private

251. The Tribunal agreed, in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, XXX. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, XXX.

Service

252. Dr Nupur Mittal is neither present nor legally represented at this hearing.

253. On behalf of the GMC, Mr Christopher Hamlet, Counsel, made submissions in relation to service. The Tribunal was also provided with a copy of a GMC Service bundle which included but was not limited to:

- A screen shot of Dr Mittal's GMC registered address and email contact details;
- Letter from GMC to Dr Mittal with Notice of Allegation (NOA), rule 34(9) and draft bundle sent by email and special delivery dated 30 July 2026;
- Email delivery receipt (NOA and Rule 34(9) dated 30 July 2026;
- Proof of postage – returned – (NOA and Rule 34(9)) dated 6 August 2026;
- Medical Practitioners Tribunal Service (MPTS) Notice of Hearing (NOH) dated 31 July 2026 sent to Dr Mittal with proof of postage (post returned – not at the address dated 4 August 2026);
- Email to Dr Mittal from the GMC with a copy of the final bundle dated 21 September 2026;
- Email delivery receipt (copy of final bundle) dated 21 September 2026;
- Recent email correspondence from Dr Mittal's registered email address to the GMC dated 3 September 2026 in regard to her employment for the past three years and GMC fees.

254. Mr Hamlet, referred the Tribunal to the relevant documentation and submitted that service of the notice of hearing had been effected in accordance with the Rules.

255. The Tribunal received advice from the LQC regarding the requirements under the Rules. Having reviewed the documentation provided, the Tribunal was satisfied that that notice of this hearing had been served on Dr Mittal in accordance with Rule 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

256. Mr Hamlet invited the Tribunal to proceed with the hearing in Dr Mittal's absence.

257. Mr Hamlet referred the Tribunal to the GMC final hearing bundle. He said that the GMC emailed Dr Mittal on 14 January 2026 and a response was received from her on 8 February 2026, in which she said the following:

> *'Please accept this as my last GMC submissions. [XXX].*
>
> *I have recently been subjected to medicolegal proceedings, [XXX].*
>
> *My whole life's savings are to be paid as medical negligence through no fault of mine.*
>
> *I don't have the resources to fight this battle [XXX].*
>
> *[XXX].*
>
> *The gmc has the the power over lives and death of so many members.. I wish they took this responsibility seriously'[sic]*

258. Mr Hamlet said that that this email was obviously of significant concern to the GMC. Therefore, the GMC sent Dr Mittal an email on 9 February which included a list of contact details of organisations who could offer support to her. On 16 and 26 February 2026, the GMC sent further emails to Dr Mittal as it had not had a response from her.

259. Mr Hamlet referred the Tribunal to Dr Mittal's response received by the GMC on 27 February 2026, as follows:

> *'…Here is my final submission and I don't have anything left to work on in uk*
> *Gmc is an organisation where favouritism and Rascim are rife.*
> *Dr Nupur mittal' [sic]*

260. He said that this was the last email correspondence from Dr Mittal in response to her Interim Order Tribunal (IOT) until the 3 September 2026, as follows:

'Dear concerned official
I have been off work now since the past 3 years and am in no position to pay the gmc fees
Regards Dr n mittal'

261. Mr Hamlet referred the Tribunal to the relevant case law of *R v Jones, General Medical Council v Adeogba,* and *General Medical Council v Visvardis [2016] EWCA Civ 162.*

262. Mr Hamlet said that the obligation on the regulator was to ensure, in essence, that the practitioner receives proper notice and takes all reasonable efforts to ensure they are notified properly. However, he said that equally there was an obligation on the practitioner to engage with the proceedings and ensure they are contactable, if indeed they wish to engage in these proceedings.

263. Mr Hamlet submitted that the correspondence indicates that Dr Mittal appears to have made a deliberate decision not to attend this hearing or engage in these proceedings.

264. Mr Hamlet submitted that there has been no request from Dr Mittal for an adjournment to allow her to engage at a later date. Furthermore, he submitted that there was no evidence which suggested that if the Tribunal adjourned of its own volition, Dr Mittal would be any more likely to engage at a later date.

265. Mr Hamlet reminded the Tribunal of the nature of the allegations in this case XXX breaches of performer list conditions and matters of dishonesty. He said all of these matters have clear implications for patient safety and engage the public interest. He submitted that there was a clear imperative to proceed with this hearing to determine these allegations in the doctor's absence without delay.

266. Mr Hamlet submitted that it was appropriate to proceed to hear this matter in Dr Mittal's absence.

Tribunal Decision

267. The Tribunal considered whether it would be appropriate to proceed with this hearing in Dr Mittal's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest. In

deciding whether to proceed with this hearing in Dr Mittal's absence, the Tribunal carefully considered all the information before it.

268. The Tribunal determined that Dr Mittal is aware of today's hearing, and that she had voluntarily absented herself from it. The Tribunal noted that no request for an adjournment has been submitted by Dr Mittal to enable her to attend on a later date. The Tribunal determined that an adjournment is not likely to result in Dr Mittal's participation at a hearing in the future.

269. The Tribunal balanced the public interest against Dr Mittal's interests and concluded that the wider public interest in the case proceeding expeditiously outweighed Dr Mittal's own interests in adjourning, particularly when no useful purpose would be served by adjourning to a later date. The Tribunal therefore determined that it was appropriate to proceed with the hearing in Dr Mittal's absence.

ANNEX B – 06/10/2026

Annex B – Application to admit further evidence - 06/10/2026

270. On behalf of the GMC, Mr Hamlet, Counsel, made an application under Rule 34(1) of the Rules for the Tribunal to admit further evidence. Rule 34(1) states:

> *"The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law."*

271. The evidence consisted of a dismissal letter from Carrington House Surgery sent by Dr F to Dr Mittal dated 19 April 2023. The letter already appeared in the bundle, however Mr Hamlet said that it had erroneously been redacted to remove relevant information, that being that Dr Mittal had been notified in writing of her dismissal from employment. Mr Hamlet said that this letter gave notice that Dr Mittal was being dismissed, contrary to the manner in which she described her departure from the relevant surgery. Mr Hamlet submitted that this information was directly relevant to those paragraphs of the Allegation which refer to Dr Mittal's dismissal.

272. Mr Hamlet submitted that a key consideration was that the letter was already contained within the bundle, and the proposed additional version simply revealed relevant information which had been accidentally redacted. Mr Hamlet said that the Tribunal had

seen the follow-on letter to Ms C which confirms that Dr Mittal had received this letter. He said that the new document simply removes the redactions to confirm that notice of dismissal was, as the letter suggests, given directly to the doctor herself.

273. Mr Hamlet said that this evidence was not fresh and did not go to a new issue and would therefore not take Dr Mittal by surprise. He confirmed that Dr Mittal had received the letter from the GMC in unredacted form in earlier iterations of the GMC bundle which were sent to Dr Mittal in June and October 2025.

274. Mr Hamlet reminded the Tribunal that Dr Mittal had not engaged in the regulatory proceedings and had not set out her position on the allegations or the content of the GMC bundle.

275. Mr Hamlet submitted that the letter was relevant to the issues at stake and whereas it was not vital to prove the particular allegation, it is certainly of assistance. He submitted that its admission would not prejudice Dr Mittal's position, and it should be admitted.

The Relevant Legal Principles

Rule 34

276. The Legal Qualified Chair (LQC) referred to Rule 34 of the Rules, as quoted above, and advised that the Tribunal may admit evidence which may not ordinarily be admissible in a court of law. This allowed the Tribunal some flexibility, subject to the evidence being relevant and it being fair to admit it.

277. He advised that, in considering the issue of fairness, it is important for the Tribunal to apply the legal principles derived from the case of *R (Bonhoeffer) v GMC* [2011] EWHC 1585 (Admin) and the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin) 3. The LQC advised that the document under consideration was not necessarily the type of hearsay document anticipated by those authorities, but some of the principles from these cases may be relevant. The LQC outlined that Dr F, the author of the letter, would be giving oral evidence and would be available to have his evidence tested.

Tribunal's Decision

278. In considering the application, the Tribunal agreed it should have sight of the document in question.

279. The Tribunal noted that the letter was already in the GMC bundle in redacted form and it was referenced in Dr F's witness statement. The letter details that Dr Mittal had been dismissed and this goes to the issue of whether she was aware that she had been dismissed. However, the Tribunal noted that the letter was not the only evidence going to this issue. The Tribunal noted that the letter was contemporaneous documentary evidence capable of corroborating Dr F's evidence in his witness statement. The Tribunal determined that the letter was relevant to the issues under consideration and goes directly to a number of paragraphs of the Allegation. The Tribunal was of the view that the content could be tested during Dr F's oral evidence, and the Tribunal could place appropriate weight on it.

280. In considering whether it was fair to admit the evidence, the Tribunal noted that Dr Mittal had been notified of the evidence and was sent bundles from the GMC containing the unredacted letter. The Tribunal noted that there was no evidence to suggest that Dr Mittal had objected to any material submitted by the GMC. Having regard to all of the circumstances, the Tribunal was satisfied that the admission of the letter in a slightly less redacted form would not cause significant prejudice to Dr Mittal.

281. The Tribunal therefore determined to admit the evidence under Rule 34(1) of the Rules as it was of the view that it would be fair and relevant to do so.

Schedule 1

XXX

Schedule 2

XXX

Schedule 3

1. Whilst employed at Westrop Medical Practice in or around July 2021 you breached:

   Condition 4: You must obtain the approval of NHS England before accepting any post for which inclusion upon the English Medical Performers List is required.
   Condition 5: Completion of appraisal within 6 months of commencement in clinical practice; to include supporting evidence of working people with co-morbidities and your work in secondary care
   Condition 6: Completion of Multi Source Feedback (MSF) within 6 months of commencement in clinical practice and consent to a copy of the MSF being shared with NHS England
   Condition 7: Develop a Personal Development Plan ("PDP") within 6 months of commencement in clinical practice to address any deficiencies identified within the MSF report

2. Whilst employed at Shakespeare Medical Practice from around the period January 2022 – August 2022 you breached:

   Condition 6: You must not generate any prescription for XXX. When a patient requires this type of medication you must refer to your educational supervisor.

3. Whilst employed at Carrington House Surgery from around the period November 2022 – April 2023 you breached:

   Condition 2: You must notify NHS England within 7 days if you are involved in any complaint, adverse incident or disciplinary matter. Complaint includes any written or verbal adverse comment, whether formal or informal.

4. Whilst at Manor and Park Surgery from 11-13 September 2023 undertaking your induction week you breached:

Condition 3: You must obtain the approval of NHS England before accepting any post for which inclusion upon the NHS England's Medical Performers List is required. NHS England approval will only be given for a single post in a single practice under the close supervision of an experienced GP trainer who will hold at least 1 face-to-face meeting with you once a week and who will report to NHS England at least once per month. If any concerns arise the supervisor will inform NHS England immediately. The appointment of the clinical supervisor must be approved by your Responsible Officer (or their nominated deputy).