PUBLIC RECORD

Dates: 12/10/2026 - 20/10/2026

Doctor:	Dr Nur Rahman HOTAKI
GMC reference number:	6070839
Primary medical qualification:	Vrach 1994 Peoples' Friendship University, Moscow

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Malcolm Dodds
Lay Tribunal Member:	Mrs Lorna Taylor
Registrant Tribunal Member:	Dr Sarah Jeffery

Tribunal Clerk:	Mrs Rachel Horkin – 12-15 October 2026, 19-20 October 2026 Ms Angela Carney – 16 October 2026

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Laura Barbour, 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 - 15/10/2026

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 Hotaki's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Hotaki qualified as a general practitioner in July 2012 and, until this complaint worked for one to two days a week as a locum GP. He was the founder and sole owner of Hotaki Cosmetic Dermatology which has been operational since September 2019. Patient A began to attend Dr Hotaki's clinic in XXX 2021.

3. The allegations that have led to Dr Hotaki's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that, in XXX and XXX 2023, Dr Hotaki behaved in a sexually motivated way towards Patient A, who was vulnerable due to her mental health. It is alleged that Dr Hotaki's conduct was in pursuit of an improper emotional relationship with Patient A and that he attempted to conceal his actions and discourage her from seeking alternative medical opinion. The initial concerns were raised with the GMC in September 2023 by Patient A.

4. It is further alleged that in February 2025, Dr Hotaki failed to comply with conditions placed on his registration, in that he carried out personal consultations with a female patient, Ms B, without a chaperone present.

The outcome of applications made during the facts stage

5. On day one of the hearing the Tribunal granted the GMC's application, made pursuant to Rule 40 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), to proceed with this hearing in Dr Hotaki's absence. The Tribunal's full decision on the application is included at Annex A.

6. Ms Barbour also made an application under Rule 36 of the Rules to treat Patient A as vulnerable and, as a result to anonymise her identity and for her to give evidence in private, pursuant to Rule 41 of the Rules. The Tribunal agreed that, due to the sensitive nature of the evidence that she would give, the evidence of Patient A should be heard in private and she should be granted anonymity. The Tribunal also determined to anonymise Ms C and Mr D to avoid the potential for jigsaw identification of Patient A.

7. The Tribunal also granted the GMC's application, made pursuant to Rule 34 of the Rules to admit further evidence. The Tribunal's full decision on the application is included at Annex B.

8. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the Rules to amend the Allegation at paragraphs 6(b) and 7. The Tribunal's full decision on the application is included at Annex C.

9. On day two of the hearing the Tribunal refused to admit further evidence which could have been adduced under Rule 34 of the Rules. The Tribunal's full decision on the application is included at Annex D.

10. On day three of the hearing the Tribunal granted the GMC's application, made pursuant to Rule 34 of the Rules to admit further evidence. The Tribunal's full decision on the application is included at Annex E.

The Allegation and the doctor's response

11. The Allegation made against Dr Hotaki is as follows:

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

1. On or around XXX 2023, during a consultation with Patient A you:

    a. hugged Patient A; To be determined

    b. kissed Patient A on the mouth on one or more occasions; To be determined

    c. slapped Patient A's bottom; To be determined

    d. said to Patient A "I like the way you dress, because you are a woman of class" or words to that effect. To be determined

2. In or around XXX 2023, whilst exchanging text messages with Patient A, you:

    a. asked Patient A to send you explicit photographs of herself; To be determined

b. said the following (or words to the effect of) to Patient A:

i. 'I can see that you are [XXX]';
To be determined

ii. asked Patient A if she liked anal sex as XXX;
To be determined

iii. that you had wanked for 30 minutes until the tip of your penis was stinging;
To be determined

iv. that you had an erection whilst getting off the train and had to cover it with your manbag;
To be determined

v. 'yes, we must delete all our messages';
To be determined

vi. 'I love your messages, they really turn me on';
To be determined

vii. 'I am really looking forward to seeing you again'.
To be determined

3. On XXX 2023, in an email to Patient A, you stated:

a. 'I don't want to recommend any other clinics to look after you the way I was'; To be determined

b. 'it does hurt and upset me for you to attend any other clinic';
To be determined

c. 'I must also say that I do miss you'; To be determined

d. 'I have been thinking a lot last one week and I do want you back in my clinic so I can look after your skin'.
To be determined

4. On XXX 2023, in an email to Patient A, you stated:

a. 'I am so happy you are coming back'; To be determined

b. you would give Patient A the 'VIP treatment'.
To be determined

5. You engaged in the contact as set out in paragraph 1 to 4 when you knew Patient A was vulnerable due to her mental health. To be determined

6. Your conduct as described at paragraph(s):

   a. 1 to 4 was:

      i. in pursuit of an improper emotional relationship; To be determined

      ii. sexually motivated; To be determined

   b. 2b ~~were~~ was an attempt to conceal your relationship with and/or conduct towards Patient A;
   Amended under Rule 17(6)
   To be determined

   c. 3 and 4 was an attempt to maintain Patient A as your patient and/or discourage her from seeking alternative medical opinion. To be determined

7. On 8 November ~~2024~~ 2023, an interim order of conditions ('the Conditions') was placed upon your registration.
   Amended under Rule 17(6)
   To be determined

8. You failed to comply with the Conditions as set out in Schedule 1, in that you carried out a personal consultation with a female patient, Ms B, without a chaperone present on one or more of the following dates:

   a. 20 February 2025; To be determined

   b. 26 February 2025. To be determined

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

Witness evidence

12. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Patient A, virtually on 12 October 2026. Their initial witness statement was dated 13 March 2024 and a supplementary witness statement was dated 21 March 2025.

13. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Mr D, XXX. Their witness statement was dated 14 March 2024;
- Ms C, XXX. Their witness statement was dated 26 March 2025. A supplemental statement was taken by the GMC on 13 October 2026 and was admitted as evidence, undated, on 14 October 2026;
- Ms B. Their witness statement is dated 7 October 2025.

14. Dr Hotaki provided his own witness statement dated 3 July 2025.

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

- Photographs sent from Patient A to Dr Hotaki;
- Copies of messages sent between Mr D and Dr Hotaki;
- Messages sent from Dr Hotaki to Patient A;
- Patient A's medical questionnaire, treatment notes and medical records;
- Patient A's appointment schedule;
- Extract from Hotaki Clinic detailing VIP exclusivity service offered to clients.

The Tribunal's approach

16. In reaching its decision on the facts, the Tribunal applied the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything. The absence of Dr Hotaki has no bearing on the burden or standard of proof.

17. The Tribunal approached fact finding by identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal assessed the evidence in the round. It considered what conclusions and inferences can be drawn from the live and documentary evidence. The Tribunal considered the oral evidence which is subjected to critical scrutiny in the context of all the evidence in order to assess the witness' reliability and credibility.

18. The Tribunal received the following legal advice,

> Fact finding - Stage One: At this stage in the proceedings and in accordance with Rule 17(2)(j) the Tribunal is required to deliberate to make its findings on the facts alleged. In making a determination on facts there are a number of matters the Tribunal should take into account.
>
> The Tribunal must give careful consideration to all the oral and written evidence adduced and the submissions made (it being accepted that submissions are not evidence)

Burden of proof: the burden of proof is on the GMC. It is for the GMC to prove the allegations it makes. The doctor does not need to prove anything.

Standard of proof: the standard of proof is that for civil proceedings (r34) namely on the balance of probabilities i.e. whether it is more likely than not that the alleged events occurred.

In considering the evidence before it the Tribunal should have regard to the whole of the evidence and form its own judgement about the witnesses, and which evidence is reliable and which is not.

The Tribunal does not have to determine every issue that has arisen during the hearing – only such matters as will enable it to say whether each allegation is proved.

The Tribunal must consider each allegation separately on its merits. It is possible depending on the circumstances that the tribunal's decision on one allegation might assist it coming to a conclusion on another allegation. Nevertheless, the Tribunal should reach a separate, independent decision on each of the allegations having focused on each separately and having formed a separate decision about it.

Inferences: inference may properly be drawn from the evidence (that is to say common sense conclusions based on the available evidence) as per Malhar Soni v GMC [2015] EWHC 364. The Tribunal must be mindful that when drawing inferences it has been able to safely exclude as less than probable any other possible explanations given by the doctor. The Tribunal should only draw an inference if we can safely exclude other possibilities

Credibility of live evidence: the Tribunal must consider the credibility of the live evidence given to the tribunal. The Tribunal should consider all of the evidence before it before coming to a conclusion about a witness's credibility. This could include conflicts in evidence with another witness, denials of the allegations and reasons why they could not be true. We must remind ourselves that that an honest witness can be mistaken, and a mistaken witness is not necessarily wrong about every fact:

(a) The tribunal can draw conclusions about a witness based on the quality and detail of her account, the consistency of her account and her demeanour during questions
(b) While the demeanour of a witness is a factor the tribunal must look to see if the witness's evidence is supported or contradicted by other evidence. The tribunal must assess oral evidence in the round and not just rely on the demeanour of the witness. A confident witness may give unreliable evidence. A nervous and hesitant witness may give reliable evidence.

Good character: the Tribunal has been told that the doctor has had no previous or subsequent findings made against him. The Tribunal therefore reminds itself that the doctor is less likely to have behaved in the way set out in the Allegation. Character

evidence of itself does not amount to a defence to any of the particulars or the allegation.

However, the Tribunal should bear in mind that whilst evidence of good character is relevant to credibility and propensity in relation to the Allegation the significance of such evidence ought not to be overstated and should not detract from the primary focus on the evidence directly relevant to the alleged wrongdoing: *Martin v Solicitors Regulation Authority [2020] EWHC 3525 (Admin)*.

Allegations of a sexual nature: following the lead in the Crown Court Compendium the Tribunal should consider the following to counter the risk of stereotypes and assumptions about sexual behaviour and reactions to non-consensual sexual conduct. In short, these were that:

1. The fact that a doctor puts their career in jeopardy by acting in the way alleged does not mean that they did not so act Shabir v GMC [2023] EWHC 1772
2. The Tribunal must weigh the inherent probability of the act against the relative improbability of the allegation being fabricated
3. Experience shows that people react differently to the trauma of a serious sexual assault, that there is no one classic response;
4. Some may complain immediately whilst others feel shame and shock and not complain for some time;
5. Experience has shown that inconsistencies in accounts can happen whether a person is telling the truth or not. This is because if someone has a traumatic experience such as the kind alleged in this case, their memory may be affected in different ways. It may affect that person's ability to take in and later recall the experience. Also, some people may go over an event afterwards in their minds many times and their memory may become clearer or can develop over time. But other people may try to avoid thinking about an event at all, and they may then have difficulty in recalling the event accurately. Minor inconsistencies do not mean that evidence is automatically unreliable Pandian v GMC [2024] EWHC 629
6. The Tribunal should not assume that the way a witness gave evidence is an indication of whether or not the allegation is true. Witnesses react to giving evidence about allegations of this nature in a variety of ways. The presence or absence of emotion or distress when giving evidence is not a good indication of whether the person is telling the truth or not. The Tribunal should not assess credibility solely on demeanour Khan v GMC [2021] EWHC 374
7. Where there are disputed allegations of sexual misconduct and a practitioner ('A') and complainant ('B') give conflicting accounts of events, the tribunal should not simply prefer one account to another. The tribunal first needs to assess whether the GMC have discharged the burden of proof that the events as described occurred by considering whether to accept that B's evidence is sufficiently credible in itself and when compared with all the other evidence. If B's evidence is insufficiently credible, there is no need to go further. If B's

evidence is sufficiently credible, the tribunal then needs to consider whether the evidence from B and all the other evidence is to be preferred Roach v General Medical Council [2024] EWHC 1114 (Admin).

8. Sexual motivation means the pursuit of sexual gratification or in pursuit of a future sexual relationship Basson v GMC [2018] EWHC 505
9. Sexual motivation is a state of mind and a state of mind cannot be proved by direct observation. It can only be proved by inference or deduction to be drawn from primary facts as found by the Tribunal and the surrounding circumstances.
10. The Tribunal can find sexual motivation where there is no reasonable alternative explanation
11. There is no need for corroboration Byrne v GMC [2021] EWHC 2237
12. If the Tribunal finds one allegation proved and is satisfied that this establishes a propensity to behave in a particular way then that propensity can be taken into account in deciding whether other allegations are proved Khan v GMC [2021] EWHC 374

Patient A

19. The Tribunal considered whether it found the evidence of Patient A clear, credible and convincing. The Tribunal acknowledged that there may be some discrepancies in the evidence given the passage of time.

20. The Tribunal had some reservations regarding Patient A's written and oral evidence. It reminded itself that Patient A had clear recollection of some events but could not fully recall the complete details of the XXX 2023 appointment. Patient A's lack of recall is supported by Mr D in his statement. The Tribunal also reminded itself that Patient A had admitted to drinking alcohol on the day of the appointment. She accepted drinking XXX prior to her XXX 2023 appointment. The Tribunal accepted that the consumption of alcohol was unlikely to mix well with the medication Patient A was taking. The Tribunal reminded itself that Patient A said that she was in a '*visibly altered*' state at the appointment. Her evidence was that she was XXX. The Tribunal considered that the nature of the circumstances made Patient A vulnerable which would have likely impacted her recollection of events. The Tribunal considered that the passage of time since the incident and Patient A's testimony did not support how clear her evidence was on some points and not on others. The Tribunal accepted that there may be some events that did stick in Patient A's memory, particularly if they were unusual, such as her oral evidence that Dr Hotaki said "*Woohoo*" after slapping her on the bottom which was not noted in her statement. This gave the Tribunal reason to be cautious regarding Patient A's credibility.

21. The Tribunal identified some inconsistencies in her account. The Tribunal bore in mind the advice it had received that that inconsistencies in accounts can happen whether a person is telling the truth or not because if someone has a traumatic experience such as the kind alleged in this case, their memory may be affected in different ways. Minor inconsistencies do not mean that evidence is automatically unreliable. The Tribunal found the

inconsistencies in Patient A's evidence to be sufficiently minor as not to detract from her overall reliability.

22. Patient A's evidence was materially supported by the written evidence of Mr D to whom Patient A disclosed what had happened between her and Dr Hotaki when Mr D confronted her. The fact that Patient A, shortly after what happened, made what can be described as a recent complaint to Mr D in consistent terms lent credibility to her evidence. In addition, Patient A reported matters to XXX Ms C again in terms consistent with Patient A's evidence which again lent credibility to Patient A's evidence. Furthermore, important aspects of Patient A's evidence were accepted by Dr Hotaki in his written statement though he disputed other aspects of her evidence. The Tribunal inferred from all the circumstances that Dr Hotaki accepted that which he thought there was strong proof e.g. preserved text messages and emails (and therefore difficult to deny) and disputed that which he thought the proof was weak (there was no such independent proof).

23. The Tribunal considered that it unlikely that Patient A had fabricated her complaints about Dr Hotaki. She demonstrated even handedness in describing her relationship with Dr Hotaki from 2021 to XXX 2023 as strictly professional. She was measured in setting out what she could not recall in detail. She was even handed in not stating who initiated the hugging and kissing or who started the text/email correspondence. She provided a detailed account parts of which were accepted by Dr Hotaki and supported by the exhibits and statements of Mr D and Ms C. The Tribunal determined that although Patient A may have appeared to be a willing participant during parts of the Allegation, it was her view, once she became less unwell, that Dr Hotaki had taken advantage of her when she had been experiencing an adverse mental health episode.

24. Taking into account all the evidence before it, the Tribunal found Patient A to be a sufficiently credible and reliable witness whereby the Tribunal could rely on her written and oral evidence.

25. The Tribunal noted that Patient A's evidence was that the appointment occurred on XXX 2023, but that Dr Hotaki wrote in his statement that it took place on XXX 2023. The Tribunal had regard to the contemporaneous clinical notes made by Dr Hotaki which indicated that it was more likely than not that the consultation occurred on XXX 2023. The Tribunal was satisfied that it was immaterial whether the consultation took place on XXX or XXX as the Allegation is drafted as, '*On or around* [XXX] *2023'* which the Tribunal is satisfied can encompass either of these dates. Further, the Tribunal determined that a difference of one day does not have an impact on the Allegations that it is being asked to determine.

<u>Allegation 1 (a)</u>

26. The first part of the Allegation is 1a that on or around XXX 2023, during a consultation with Patient A Dr Hotaki hugged Patient A. The Tribunal heard evidence from Patient A that Dr Hotaki hugged her. The Tribunal noted that in Dr Hotaki's statement he stated:

> *'I believe that I probably did hug Patient A at the start of her consultation, as I do for many of my regular patients. It was, however, not a hug that was inappropriate or sexual in nature, it was a form of greeting.'*

He also stated:

> *'Patient A asked me three times if she could have a hug. I went around to her side of the desk, sat next to her on my moveable stool in my clinic and gave her a hug to reassure her.*'

The Tribunal reminded itself that Dr Hotaki's statement is hearsay since it is not agreed, that Dr Hotaki has not attended to give live evidence and be cross-examined and that the Tribunal attached little weight to it. When asked in her live evidence what happened Patient A described that normally Dr Hotaki sat behind a desk. On this occasion he moved to the middle of the room and positively embraced Patient A. She repeated what she set out in her written statement that she touched the hairs on his chest. She rejected any contention that the hug was a greetings hug as Dr Hotaki described in his statement. Given Dr Hotaki's admission that he hugged Patient A this is sufficient alongside Patient A's written and oral evidence for the Tribunal to be satisfied that it is more likely than not he did do. The Tribunal finds it more likely than not that the way this happened was as described by Patient A and not as set out in Dr Hotaki's statement. The Tribunal does not need to find who initiated the hugging, only that Dr Hotaki hugged Patient A.

27. This paragraph of the Allegation is found proved.

Allegation 1 (b)

28. The Tribunal noted that Patient A wrote in her statement that Dr Hotaki kissed her '*passionately on the lips'* and then he gave her a '*peck'* on the lips when she was on the treatment couch waiting to receive her aesthetic treatment.

29. Patient A gave written and live evidence that she may have initiated the kissing and that Dr Hotaki reciprocated and did not stop her from kissing him. Patient A's evidence is supported by the unchallenged evidence of XXX Mr D who states that this is what Patient A told him. Patient A's evidence is also supported by the unchallenged written evidence of Ms C who stated that Patient A told her that Dr Hotaki and she had kissed passionately during one of her appointments with Dr Hotaki. Ms C recalled that she said that the appointment was around 3 weeks ago from the day Patient A and she had this conversation in XXX 2023. Ms C said that Patient A didn't specify who initiated the kiss or provide any further details. In Dr Hotaki's statement he accepts that Patient A '*then started kissing me on the lips. I stopped her from kissing me. On a second occasion: Patient A then moved to the examination table and she tried to kiss me again on one occasion. I asked her to stop*.' When asked whether Dr Hotaki had tried to stop her kissing him Patient A stated in her live evidence that he did not and that he kissed her back even when she pulled away. The Tribunal finds that given the evidence of Patient A, supported and consistent with the unchallenged written evidence of

Mr D and Ms C and given the little weight attached to Dr Hotaki's statement that on a balance of probabilities Dr Hotaki did kiss Patient A on the mouth.

30. The Tribunal considered that, in the circumstances, it is more likely than not that Patient A initiated the kiss, but that Dr Hotaki kissed her back. The Tribunal also considered that, had Patient A kissed him and Dr Hotaki was an unwilling participant then he would have ended their doctor/patient relationship rather than continuing to provide Patient A with treatment.

31. This paragraph of the Allegation is found proved.

Allegation 1 (c)

32. Allegation 1c is that at the same appointment Dr Hotaki slapped Patient A's bottom. Patient A gave written and live evidence that Dr Hotaki slapped her bottom. Her evidence is supported by the unchallenged written evidence of Mr D who stated that this is what she reported to him. In his written statement Dr Hotaki denies that this happened. The Tribunal noted Patient A's description that he slapped her bottom quite hard and said words akin to 'woo hoo' as he did so. This in the Tribunal's opinion had the ring of truth.

33. The Tribunal considered Dr Hotaki's statement and his denial of this allegation but was only able to give this limited weight as the statement had not been formally admitted into evidence.

34. The Tribunal found that it was more likely than not that Dr Hotaki did slap Patient A on the bottom and found this paragraph of the Allegation proved.

Allegation 1 (d)

35. Allegation 1d is that at the same appointment Dr Hotaki said to Patient A "I like the way you dress, because you are a woman of class" or words to that effect. Patient A gave written and oral evidence that she was sure that he said this to her. Dr Hotaki in his written statement did not deny he may have said this but that it may have happened on another occasion. Taking into account the evidence of Patient A and the little weight attached to Dr Hotaki's statement the Tribunal finds on a balance of probabilities that Dr Hotaki said these words to Patient A and this paragraph of the Allegation is found proved.

Allegation 2 (a)

36. Allegation 2a is that in or around XXX 2023, whilst exchanging text messages with Patient A, Dr Hotaki asked Patient A to send him explicit photographs of herself. Patient A gave written and live evidence in support of Allegation 2a. She exhibited some of the intimate photos she sent to Dr Hotaki. Her evidence was supported by the unchallenged written evidence of Ms C. Ms C stated that Patient A told her that she and Dr Hotaki were sexually involved. She shared that they had been texting each other on WhatsApp and exchanging

sexually explicit messages. Patient A did not show Ms C the sexually explicit messages, but Patient A told Ms C that they sent half naked pictures of themselves to each other. Ms C did not know how the messages between Patient A and Dr Hotaki started but Ms C understood from this conversation that this was not the first time they had messaged each other, and Patient A had a chat history with Dr Hotaki and Patient A exchanging sexually explicit messages and pictures. Ms C questioned Patient A about why she was communicating with Dr Hotaki in this way. Patient A explained that she was XXX. Ms C stated that during these three weeks, Patient A never defined Patient A's relationship with Dr Hotaki. Patient A did not say that they were romantically involved, in a relationship, or specify it in any other way. All Patient A mentioned was that she and the doctor were exchanging sexually explicit messages.

37. Patient A's evidence is also supported by Dr Hotaki's statement in which he states: *I engaged in messaging with Patient A, which included receiving intimate photographs from her. I accept that some of these messages were sexually motivated. I deeply regret having engaged in this correspondence and I would like to apologise to Patient A for my conduct in exchanging those messages. Patient A started sending the messages. Within two to three days, Patient A started messaging me frequently and soon I was being sent tens of messages a day. I therefore blocked Patient A's number. I then unblocked Patient A's number when, on* [XXX]*, I saw when she had booked another appointment for* [XXX] *and had paid the deposit of £200.00 [see page 11 in the defence bundle]. I became concerned there had been an issue with her treatment and unblocked her number. Patient A was sending me messages saying that she fancied me and had fallen in love with me. At a point, I started to believe that her feelings were genuine and to my regret, I then began engaging with her messages. I accept the messages were of a sexual nature. I engaged in the messages for two to three days before her appointment on* [XXX]*. I have since deleted the messages, but my recollection is that Patient A's messages were more detailed and explicit than the messages I sent to her BUT Whilst Patient A did send explicit photographs of herself, I did not ask her to send explicit photographs to me. She sent the photographs of her own volition.* Dr Hotaki in his written statement says that he did not ask Patient A to send intimate photos and that she did this of her own volition. When it was put to her in her live evidence that Dr Hotaki denied asking her to send intimate photos Patient A gave evidence that he did ask her. She also denied that Dr Hotaki blocked her as he described.

38. The Tribunal had regard to the contemporaneous messages sent by Mr D to Dr Hotaki in which Mr D referenced the pictures sent by Patient A to Dr Hotaki. Mr D wrote that the messages were sent to Dr Hotaki '*…at your txt request'* [sic]. Dr Hotaki does not dispute this statement in his responses to Mr D and does not defend himself. Mr D exhibited a photo of that text message. Dr Hotaki did not dispute this statement.

39. Taking into account Patient A's evidence, supported by the unchallenged exhibits and the written evidence of Ms C and Mr D and the partial written admissions of Dr Hotaki the Tribunal was satisfied that, more likely than not that Dr Hotaki did ask Patient A to send explicit photographs of herself, and this paragraph of the Allegation is found proved.

Allegation 2 (b) (i) – (iv)

40. The Tribunal determined these paragraphs of the Allegation together. It had regard to Patient A's statement in which she advised that, after sending the photos to him Dr Hotaki messaged her saying, I can see that you are XXX, asking her if she liked anal sex and saying that XXX, that he had wanked for 30 minutes until the tip of his penis was stinging and that he had an erection whilst getting off the train and he had to cover it with his manbag. Further, in his statement, Mr D wrote that Patient A had told him about many of the messages including where Dr Hotaki mentioned, '…*how sore he had made himself from masturbation*.' Mr D stated that Patient A told him about the message from Dr Hotaki in which he stated that he could see she was XXX.

41. The Tribunal noted that it does not have a copy of these messages and that Patient A mentions in her statement that she deleted them from her phone. This is also corroborated in Mr D's statement. Dr Hotaki denies sending these messages in his statement and wrote,

> *'The messages I sent were not as explicit as those detailed in these charges. I note these messages are notably more extreme than the messages for which there is evidence.'*

The Tribunal found it unlikely that Patient A would have fabricated such specific quotes and noted that, throughout his statement, Dr Hotaki has denied the paragraphs of the Allegation where there is no supporting documentary evidence.

42. The Tribunal considered that it could rely on Patient A's evidence supported by that of Mr D and given the little weight attached to Dr Hotaki's written statement. The Tribunal found it more likely than not Dr Hotaki did send these messages, and these paragraphs of the Allegation are found proved.

Allegation 2 b (v) – (vii)

43. In his statement, Mr D wrote that he saw some of the messages that Dr Hotaki had sent Patient A including messages that said, '*you really turn me on*', '*make sure you delete these messages'* and '*I am really looking forward to seeing you again*.'

44. The Tribunal was provided with screenshots Mr D had taken of these messages and Dr Hotaki admits to sending them in his statement, that he sincerely regretted sending them, was '*deeply embarrassed'* by them and that it '*was a gross error of judgement on my part'.*

45. This paragraph of the Allegation is found proved.

Allegation 3 a – d
Allegation 4 (a)

46. The Tribunal was provided with a copy of an email that Dr Hotaki sent to Patient A on XXX 2023 in which he wrote,

> *'I don't want to recommend any other clinics to look after you the way I was and it does hurt and upset me for you to attend any other clinic…I must also say that I do miss you. I have been thinking a lot last one week and I do want you back in my clinic so I can look after your skin.'*

47. Dr Hotaki accepted sending this email.

48. In the light of the evidence before it and Dr Hotaki's acceptance that he sent the email, these paragraphs of the Allegation are found proved.

Allegation 4 (b)

49. The Tribunal was provided with a copy of the email sent by Dr Hotaki to Patient A on XXX 2023 in which he wrote,

> *'I am so happy you are coming back. Let me know please what treatments you wanted to have apart from your VIP treatment so I can prepare everything. We will need plenty of time to do everything.'*

50. In her written statement, Patient A wrote,

> *'Dr Hotaki also offered to give me the "VIP Treatment" and in this context he was offering to have sex with me. The VIP treatment is a real service that Dr Hotaki provides to high end clients. However…in this instance he was offering to have sex with me.'*

51. The Tribunal was provided with a screenshot taken from the clinic's webpage which advertised VIP treatment and advises that '*patients will enjoy exclusive use of the entire clinic by appointment only.'*

52. The Tribunal had regard to the message sent by Mr D to Dr Hotaki in which Mr D referred to '*the liaison you had planned… this afternoon in your office*.'

53. In her witness statement, Ms C wrote,

> *'On* [XXX] *2023, [Patient A] had planned to come to London …[Patient A] mentioned that she would go to Dr Hotaki's clinic…to visit him. To the best of my knowledge, they had arranged this meeting with the intention of having sexual intercourse. I believe this to be the case because [Patient A] told me that Dr Hotaki had cancelled all his patients for the day to free up his schedule for them to meet.'*

54. In her supplementary statement, Ms C wrote,

> *'Following this, on* [XXX] *2023, [Patient A] and I were out and during the night [Patient A] told me that she was going to see Dr Hotaki in the morning with the intention of them performing sexual acts with each other. [Patient A] informed me that Dr Hotaki had cancelled his patients so that 'he can take her over his desk'*

55. In his statement, Dr Hotaki explained,

> *'Any procedure that takes over 4 hours is regarded as a VIP service because the clinic needs to be closed to other patients for the day.'*

56. The Tribunal reminded itself that in his email of XXX, Dr Hotaki wrote,

> *'Let me know please what treatments you wanted to have apart from your VIP treatment…. We will need plenty of time to do everything'*

Dr Hotaki appeared to be asking what treatment Patient A wanted '*apart from'* her '*VIP treatment'* and not as part of it.

57. The Tribunal was satisfied that if Dr Hotaki did not know what treatments Patient A wanted and therefore could not assess whether the treatments requested would surpass the four hour timescale (to be regarded as '*a VIP service'*) it is more likely than not that Dr Hotaki was not referring to his advertised VIP services.

58. The VIP treatment was in the context of the inappropriate relationship between Patient A and Dr Hotaki. Patient A was not a high end client who would be expected to book such treatment. Patient A had neither booked nor paid for VIP treatment. She had never booked or undergone VIP treatment in her many previous appointments. Her treatments had been accommodated within appointments of a duration that did not require the time allotted to 'VIP treatment'.

59. The Tribunal noted that given the unchallenged exhibit of the email, Dr Hotaki's admission that he sent the email Allegation 4b is proved. Though not necessary to determine the strict wording of Allegation 4b the Tribunal considered it necessary and relevant to determine what 'VIP treatment' meant in the context of Patient A. Taking into account the evidence referred to above the Tribunal found it more likely than not that VIP treatment in Patient A's case meant her and Dr Hotaki having sexual relations. The Tribunal rejected Dr Hotaki's alternative explanation.

Allegation 5

60. It is not disputed that Patient A had been diagnosed with XXX for which she takes medication. XXX

61. The Tribunal had regard to the Hotaki Cosmetic Dermatology Medical Questionnaires completed by Patient A in which XXX are listed as her current medications. Further, a screenshot of Patient A's Hotaki Cosmetic Dermatology medical records indicate that her prescription of XXX had increased XXX.

62. In his contemporaneous medical notes written on XXX 2023, Dr Hotaki wrote,

> *'All events triggered* [XXX]. *[Patient A] tells me* [XXX]…
> *Denies any changes to medications or medical history… slight smell of alcohol, says had two glasses of Prosecco.'*

63. In his statement, Dr Hotaki wrote,

> *I was aware that Patient A had* [XXX] *from the initial consultation in* [XXX] *2021.*
>
> *…*
>
> *'With respect to Patient A's mental health on* [XXX] *2023, I did think that she was behaving unusually. I put that down to her having drunk two glasses of prosecco'*

64. The Tribunal reminded itself that Dr Hotaki qualified as a GP and, until the complaint was received, continued to work locum shifts as a GP. The Tribunal was satisfied that the medical records demonstrate that Patient A had been clear with Dr Hotaki from the outset about her medication and dosage. Further the Tribunal was satisfied that as a trained and experienced GP he would have known that XXX outside the normal drugs for XXX indicating significant mental health difficulties.

65. In her oral evidence Patient A informed the Tribunal that she had told Dr Hotaki of her XXX and in her written statement Patient A wrote that she 'realised' that Dr Hotaki had taken advantage of her when she was in a 'vulnerable state'. The Tribunal was satisfied that Dr Hotaki should have known that Patient A was vulnerable. Even if he had been unaware of the condition she was taking this medication for the Tribunal determined that Dr Hotaki should have understood that Patient A had a significant underlying mental health issue. The Tribunal considered that Dr Hotaki had attempted to downplay his understanding of Patient A's adverse mental health.

66. With respect to the appointment on XXX 2023 he admits that Patient A was behaving unusually. He admits that he knew that she had drunk two glasses of prosecco, she was XXX and that she had recently XXX, which had triggered XXX. He accepts that Patient A acted inappropriately on XXX 2023 in the context of there being no similar behaviour in the many previous consultations. The Tribunal consider that it would have been obvious to Dr Hotaki that there was something seriously wrong to explain Patient A's behaviour. The Tribunal

would have expected Dr Hotaki to have ended the consultation and/or called for someone to assist him. He did neither.

67. This paragraph of the Allegation is found proved.

Allegation 6 (a) (i)

68. In his statement Dr Hotaki indicated that there were difficulties in XXX and stated that he did not set out or wish to have an improper relationship with Patient A but accepted that he allowed boundaries to be breached. He described their relationship as '*impulsive and short-lived*.' Dr Hotaki also wrote that he believed that Patient A's feelings for him were genuine and that he was caught off guard by the attention of a younger woman.

69. The Tribunal determined that, whilst Dr Hotaki may not have set out to have an inappropriate relationship with Patient A, there was prolonged and inappropriate contact between them and this contact which took place over the course of several months. The Tribunal determined that Dr Hotaki's conduct, on his own partial admission, was in pursuit of an improper emotional relationship with Patient A. As a doctor he would have known that it was improper to have an intimate and sexual relationship with one of his patients.

70. This paragraph of the Allegation is found proved.

Allegation 6 a (ii)

71. The Tribunal reminded itself of its previous finding that Dr Hotaki did message Patient A that her messages, '*really turn me on'.*

72. In his statement Dr Hotaki wrote,

> *'I accept sending emails on* [XXX] *and* [XXX] *2023 containing the above statements. By this point in time, I had decided that I would stop engaging in sexual communications with Patient A.'*

And

> *'I accept that the messages that I accept sending, namely charges 2(v) to 2(vii) were sexually motivated. I am deeply ashamed of myself for having engaged in these conversations.'*

73. In light of Dr Hotaki's partial admission to paragraphs 2(v-vii) of the Allegation, the Tribunal's previous findings in relation to his conduct at the appointment on XXX, that Dr Hotaki requested Patient A send him explicit photographs of herself, the sexually explicit text messages and that he was implying a sexual relationship when referring to 'VIP treatment', the Tribunal could find no other explanation than that Dr Hotaki's conduct was sexually motivated.

74. This paragraph of the Allegation is found proved.

Allegation 6 (b)

75. The Tribunal reminded itself of its previous finding that Dr Hotaki asked Patient A to delete their messages and in his statement, he wrote,

> *'I did not want those close to me, or Patient A's family to view the messages. My focus was on making sure our families did not discover the conversations.'*

76. The Tribunal was satisfied that the evidence provided proves that Dr Hotaki was attempting to conceal his relationship with and/or conduct towards Patient A and this paragraph of the Allegation is found proved.

Allegation 6 (c)

77. The Tribunal reminded itself of the wording of Dr Hotaki's email to Patient A dated XXX 2023 in which he wrote that he did not want to recommend other clinics '*to look after you the way I was'* and that it '*hurt and upset'* him for her to attend another clinic.

78. The Tribunal determined that the email provided is self-explanatory and sufficient evidence to prove that Dr Hotaki was attempting to maintain Patient A as his patient.

79. This paragraph of the Allegation is found proved.

Allegation 7

80. The Tribunal was provided with a copy of the determination of the interim orders Tribunal dated 8 November 2023. Dr Hotaki was present and legally represented at this hearing. In accordance with Section 41A of the Medical Act 1983, as amended, the interim orders Tribunal determined to impose an interim order of conditions for a period of 15 months. One of the conditions imposed stated,

> 4 a Except in life-threatening emergencies, he must not carry out in person consultations with female patients without a chaperone present.
>
> b He must keep a log detailing every case where he has carried out a consultation with such a patient, which must be signed by the chaperone.
>
> c He must keep a log detailing every case where he has carried out a consultation with such a patient in a life-threatening emergency, without a chaperone present.

d He must give a copy of these logs to the IOT at his next review hearing.

81. A letter sent to the MPTS dated 13 November 2023 indicated that Dr Hotaki was present at the hearing along with his legal representative. The Tribunal determined, therefore, that Dr Hotaki would be aware of the conditions imposed on his registration. This letter also contained a copy of the conditions imposed at the hearing on 8 November 2023.

82. The Tribunal found this paragraph of the Allegation proved.

Allegation 8 (a) and (b)

83. The Tribunal was satisfied on the unchallenged written evidence that the interim order with conditions was renewed on a number of occasions and was in force in February 2025.

84. In her witness statement, Ms B advised that she first met Dr Hotaki at his clinic on 20 February 2025 for an initial consultation,

> *'When I arrived at Dr Hotaki's clinic, I rang the doorbell and Dr Hotaki greeted me personally at the door. When I entered the building, I saw that there was a woman present at the reception desk, however she appeared to be the receptionist for the building itself rather than for Dr Hotaki alone…*
>
> *Throughout my consultation, only Dr Hotaki and I were present. I did not see anybody else at Dr Hotaki's clinic and I was not offered nor given a chaperone*
>
> *…*
>
> *My second appointment with Dr Hotaki took place on 26 February 2025.*
>
> *…*
>
> *At my appointment on 26 February 2025, Dr Hotaki again met me personally on arrival and conducted the appointment entirely himself. He was the only person present in the treatment room at all times, and no one else was involved in my care.*
>
> *After this appointment, I did not see Dr Hotaki again.'*

85. Dr Hotaki did not address this matter in his statement, Ms B's written statement is unchallenged. The Tribunal reminded itself that it had determined not to admit the chaperone logs and statements that were provided by Dr Hotaki for the reasons set out in Annex D.

86. On this basis the Tribunal determined that it must find this paragraph of the Allegation proved as there is no evidence contradicting Ms B.

87. Therefore, this paragraph of the Allegation is found proved.

The Tribunal's overall determination on the facts

88. The Tribunal has determined the facts as follows:

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

1. On or around XXX 2023, during a consultation with Patient A you:

    a. hugged Patient A; **Determined and found proved**

    b. kissed Patient A on the mouth on one or more occasions; **Determined and found proved**

    c. slapped Patient A's bottom; **Determined and found proved**

    d. said to Patient A "I like the way you dress, because you are a woman of class" or words to that effect. **Determined and found proved**

2. In or around XXX 2023, whilst exchanging text messages with Patient A, you:

    a. asked Patient A to send you explicit photographs of herself; **Determined and found proved**

    b. said the following (or words to the effect of) to Patient A:

        i. 'I can see that you are [XXX]'; **Determined and found proved**

        ii. asked Patient A if she liked anal sex as XXX; **Determined and found proved**

        iii. that you had wanked for 30 minutes until the tip of your penis was stinging; **Determined and found proved**

        iv. that you had an erection whilst getting off the train and had to cover it with your manbag; **Determined and found proved**

v. ’yes, we must delete all our messages’;
Determined and found proved

vi. ‘I love your messages, they really turn me on’;
Determined and found proved

vii. ‘I am really looking forward to seeing you again’.
Determined and found proved

3. On XXX 2023, in an email to Patient A, you stated:

a. ‘I don’t want to recommend any other clinics to look after you the way I was’; Determined and found proved

b. ‘it does hurt and upset me for you to attend any other clinic’;
Determined and found proved

c. ‘I must also say that I do miss you’;
Determined and found proved

d. ‘I have been thinking a lot last one week and I do want you back in my clinic so I can look after your skin’. Determined and found proved

4. On XXX 2023, in an email to Patient A, you stated:

a. ‘I am so happy you are coming back’;
Determined and found proved

b. you would give Patient A the ‘VIP treatment’.
Determined and found proved

5. You engaged in the contact as set out in paragraph 1 to 4 when you knew Patient A was vulnerable due to her mental health.
Determined and found proved

6. Your conduct as described at paragraph(s):

a. 1 to 4 was:

i. in pursuit of an improper emotional relationship;
Determined and found proved

ii. sexually motivated;
Determined and found proved

b. 2b ~~were~~ was an attempt to conceal your relationship with and/or conduct towards Patient A;

Amended under Rule 17(6)
Determined and found proved

c. 3 and 4 was an attempt to maintain Patient A as your patient and/or discourage her from seeking alternative medical opinion.
Determined and found proved

7. On 8 November ~~2024~~ 2023, an interim order of conditions ('the Conditions') was placed upon your registration.
Amended under Rule 17(6)
Determined and found proved

8. You failed to comply with the Conditions as set out in Schedule 1, in that you carried out a personal consultation with a female patient, Ms B, without a chaperone present on one or more of the following dates:

a. 20 February 2025; Determined and found proved

b. 26 February 2025. Determined and found proved

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

Determination on Impairment - 16/10/2026

89. 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 were confidential. However, as this case concerns Dr Hotaki's alleged misconduct, a redacted version will be published at the close of the hearing.

The evidence

90. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence as follows.

- Witness statement of Dr F, Responsible Office dated 15 July 2025

Submissions

91. Ms Barbour referred the Tribunal to the 2025 MPTS Sanctions Guidance (the Guidance). Ms Barbour submitted that a finding of current impairment must surely follow the Tribunal's finding at stage one that each part of the Allegation had been proved. She submitted that Dr Hotaki's fitness to practise is currently impaired by virtue of his misconduct. She submitted that there can be no doubt that the facts found proved amount to serious professional misconduct, given the circumstances of the case, the vulnerability of Patient A, the Tribunal's finding that the doctor's actions were sexually motivated and the duration of the inappropriate behaviour. Ms Barbour stated that when patients attend at a clinic for consultation or treatment, they should do so safe in the knowledge that there are strict boundaries in place, and they are entitled to feel safe when they attend with a doctor.

92. Ms Barbour submitted that (in light of the Tribunal's findings) Dr Hotaki's actions amounted to sexual misconduct and an abuse of the trust which Patient A placed in her doctor and the trust the public at large place placed on doctors in general. Ms Barbour reminded the Tribunal that Patient A was a vulnerable patient. She submitted that Dr Hotaki engaged in a series of sexual and sexually motivated acts towards Patient A, including but not limited to kissing and hugging. She stated that Dr Hotaki engaged in prolonged communications in which it was planned that the two of them would meet for further sexual activity under the guise of a clinical consultation. She submitted this was an aggravating feature. Ms Barbour stated that the effect of this behaviour was extremely serious, not only the effect on the individual victim, but also the public at large. She submitted that public confidence in the profession is seriously undermined by actions such as these, and any reasonable practitioner would be appalled by the behaviour.

93. Ms Barbour reminded the Tribunal of Patient A's evidence and about the seismic impact of Dr Hotaki's actions on her on an ongoing basis, continuing to this day. She also reminded the Tribunal of the shame in Patient A's voice when she expressed the embarrassment that she felt at having to discuss these matters with her psychiatrist. She stated that Patient A was concerned that she would not be believed and would be branded a 'troublemaker' as a consequence of Dr Hotaki's serious misconduct.

94. Ms Barbour reminded the Tribunal that the matters in respect of Patient A unfolded in XXX 2023, therefore Good Medical Practice 2013 (GMP) was in force at the time, whereas with Ms B the GMP 2024 guidance was in force at the relevant time. She referred the Tribunal to the paragraphs 1, 53 and 65 in GMP 2013 and paragraph 4 in GMP 2024. Ms Barbour submitted that Dr Hotaki failed to make his patient his first concern, failed to maintain a good relationship with the patient and acted in an untrustworthy manner without integrity. Ms Barbour submitted that Dr Hotaki breached a fundamental and basic tenant of the profession, which is to abide by the requirements imposed on him by his regulator which calls into question the public's trust in the profession.

95. Ms Barbour submitted that overall, the admitted and proven facts in this case demonstrate that Dr Hotaki was in breach of GMP and in breach of the fundamental

principles which govern the patient and doctor relationship. This supports the submission that there has been serious professional misconduct in this case.

96. In relation to paragraph 13 of the Guidance, Ms Barbour submitted that the level of risk is high. She reminded the Tribunal that allegations which are likely to fall at the higher end of the spectrum of seriousness include improper sexual or emotional relationship with patients. She reminded that the Tribunal found proved that Dr Hotaki's actions were of a persistent and repeated nature over a prolonged period. Ms Barbour submitted that Dr Hotaki's behaviour was predatory behaviour which can be characterised as a doctor taking advantage of an opportunity to exploit a person or situation. She submitted that it can be premeditated or opportunistic and something that can happen either inside or outside of the clinical basis.

97. Ms Barbour further submitted that Dr Hotaki's behaviour was directed towards a person with particular vulnerability. She submitted that Patient A was vulnerable because of her longstanding and documented mental health issues, XXX. She reminded the Tribunal that Patient A XXX and had been drinking alcohol on that day and behaving in an erratic fashion and submitted that any proper doctor would have taken the step of ending the consultation.

98. Ms Barbour submitted that Dr Hotaki abused his professional position of power arising because the relationship between the doctor and the individual was not equal. She submitted that this was undoubtedly a reckless disregard for professional standards and the impact that it would have on Patient A.

99. Ms Barbour submitted that by working in breach of his conditions when treating Ms B, Dr Hotaki undermined a system designed to protect the public and with both Patient A and Ms B, he put his own interests before those of the patient.

100. Ms Barbour submitted that there is nothing in this case which could even begin to justify or explain the behaviour that Dr Hotaki engaged in. She stated that Dr Hotaki knew that Patient A was vulnerable, that she was married and he chose to behave in the way that he did in any event.

101. Ms Barbour acknowledged that it is not appropriate for the Tribunal to take into account the doctor's denial as a separate aggravating feature as he is entitled to defend allegations and referred to the case of *Dr Sawati v General Medical Council [2022] EWHC 283 (Admin)*. She stated however, that there is a distinction to be drawn between a doctor who contests a primary fact, such as whether or not an act took place, as opposed to a doctor who accepts that the act took place, but denies the motivation for it, the secondary fact. She submitted that in this case Dr Hotaki did both. She submitted that Dr Hotaki accepted, in a calculated way, those matters which were undeniable because of the concrete documentary proof, for example the text messages but sought to deny any matters where he thought he had a hope of 'getting away with it'. She submitted that the Tribunal is entitled to weigh into the balance very carefully all the matters in respect of how the doctor has responded to the allegations.

102. In relation to insight, Ms Barbour submitted that Dr Hotaki provided an apology to Mr D when the inappropriate relationship was discovered but then continued to behave in a sexually motivated way towards Patient A. Ms Barbour acknowledged that Dr Hotaki undertook a professional boundaries course but provided no evidence of the effect of that course. She submitted that Dr Hotaki has provided little to evidence genuine insight. Further, she submitted that Dr Hotaki has taken limited steps, if any, to reduce the risk of similar allegations occurring. She submitted that he has demonstrated limited insight into his own practice and behaviour.

103. Ms Barbour submitted that Dr Hotaki demonstrated a disregard for the safeguards put in place by his regulator by breaching the conditions which had been imposed on his registration by failing to provide a chaperone when having a consultation with a lone female on two occasions.

104. Ms Barbour submitted that sexual misconduct is difficult to remediate. She submitted that there is no evidence that there has been proper remediation in this case and therefore there is a high likelihood of repetition given the serious and prolonged nature of the instances, and the fact that even when it had been discovered Dr Hotaki continued unabashed.

105. Ms Barbour stated that Dr Hotaki has failed to demonstrate that he considered the Allegation, understood what went wrong and accepted that he should have acted differently. She submitted that given that Dr Hotaki denied the significant parts of the Allegation it is very difficult for him to meet that criteria. She submitted that Dr Hotaki has not provided any evidence that indicates he fully understands the impact or potential impact of his behaviour and stated that his statement is an exercise in minimisation. Ms Barbour submitted that Dr Hotaki has demonstrated a lack of true empathy for the impact that his behaviour had on Patient A, her family and the wider profession. She reminded the tribunal that there has not been a sincere apology, because for there to be a sincere apology, there would need to be an acceptance of all of the facts many of which he denied. She submitted that the steps taken by Dr Hotaki to remediate have begun, but if there is any insight and remediation, it is at best, embryonic.

106. Ms Barbour submitted that the nature of Dr Hotaki's apologies have been, to some extent, self-serving rather than genuine, demonstrated by the fact that there has been a limited acceptance of wrongdoing. She stated that whilst Dr. Hotaki is entitled to deny the allegations and to proffer a defence, the Tribunal is also entitled to weigh into the balance the absence of proper insight.

107. Ms Barbour submitted that Dr Hotaki has sought to minimise the seriousness of his behaviour by proffering denials. He provided an explanation after the event in which he tried to minimise his own role or culpability and sought to blame others. She stated that Dr Hotaki sought to paint Patient A in a particular way which was unfair.

108. Ms Barbour submitted that Dr Hotaki's misconduct is at the higher end of that spectrum of seriousness and that the doctor poses a high current and ongoing risk to public protection in this case. She submitted that all three parts of public protection are engaged here and that the Tribunal must find that this doctor's fitness to practise is impaired.

The relevant legal principles

109. The Tribunal applied the over-arching objective namely the protection of the public. The Tribunal reminded itself that the pursuit of this over-arching objective involves the pursuit of the following objectives:

(a) to protect, promote and maintain the health, safety and well-being of the public,

(b) to promote and maintain public confidence in the medical profession, and

(c) to promote and maintain proper professional standards and conduct for members of that profession.

110. There is no burden or standard of proof at this stage of the proceedings. 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.

111. The Tribunal followed the staged approach set out in the Guidance. The Tribunal directed itself that the Guidance's purpose is not to dictate to the Tribunal how it must proceed, but to assist it in making fair, consistent and transparent decisions.

The Tribunal's determination on impairment

Misconduct

112. Step 2a of the Guidance asks whether the proven facts engage one or more of the grounds for impairment? The proven facts of the Allegation in Dr Hotaki's case engage the category of misconduct. The Guidance defines misconduct as behaviour which could '*consist of acts…arising in or outside of a doctor's working life and includes failing to act appropriately or demonstrating behaviour that falls short of what can reasonably be expected*'. To amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in GMP.

113. The Tribunal was also assisted by caselaw. There is no statutory definition of 'misconduct'. It is a matter for the judgement and experience of the Tribunal. In addition to the definition of misconduct in the Guidance the Tribunal considered Remedy UK Ltd v GMC [2010] EWHC 1245 in which Elias LJ derived the following principles from the authorities: *Misconduct is of two principal kinds: (1) Firstly it may involve sufficiently serious misconduct in the exercise of professional practice such as it can properly be described as misconduct going*

to fitness to practice; (2) second it can involve conduct of a morally culpable or otherwise disgraceful kind which may and often will occur outside the course of professional conduct itself but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.' The Tribunal also considered the guidance in Nandi v GMC [2004] EWHC 2317 where misconduct was defined as conduct which would be regarded as deplorable by fellow practitioners.

Is there a legal basis for considering impairment?

114. The Tribunal considered whether 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.

115. The Tribunal considered relevant paragraphs of GMP (2013) which relate to Allegation 1-6 which occurred in 2023 when GMP (2013) was applicable:

> *1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationship with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
> *…*
> *53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.*
> *…*
> *65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

116. The Tribunal determined that Dr Hotaki's behaviour, as set out in its findings of fact, was in direct breach of the above paragraphs of GMP and amounts to serious professional misconduct. Dr Hotaki had failed to make the care of Patient A his first concern and had instead sought a sexual relationship with her. In the Tribunal's judgement he had failed to act in a trustworthy manner and had acted without integrity in breach of paragraph 1. He had directly breached paragraph 53 by using his professional position to pursue a sexual relationship with Patient A. He had abused Patient A's trust in him and the public trust in the profession by his misconduct breaching paragraph 65.

117. The Tribunal had regard to the fact that the actions of Dr Hotaki towards Patient A have been admitted as being sexually motivated, involved a patient whom Dr Hotaki knew to be vulnerable and took place over a prolonged period. The misconduct demonstrated by Dr Hotaki fell seriously below the standards expected of a registrant. It was considered morally culpable by the Tribunal. Fellow practitioners would find his misconduct to be deplorable.

118. The Tribunal also noted that Dr Hotaki's misconduct was in breach of paragraph 4 of GMP (2024) which applied to Allegation 7-8 which states:

4. You must follow the law, our guidance on professional standards, and other regulations relevant to your work.

The Tribunal found Dr Hotaki to have breached the interim order condition, which required *'Except in life-threatening emergencies, he must not carry out in person consultations with female patients without a chaperone present'.* In the case of Ms B, there was no chaperone present on two separate occasions. The Tribunal found the failure to follow an order of a regulatory tribunal to be a breach of paragraph 4. It found that this misconduct undermined a system designed to protect the public and fell seriously below the standards expected of a registrant.

119. The Tribunal determined that Stage 2a of the Guidance was satisfied. The Tribunal then moved to the next stage in the Guidance and decide whether Dr Hotaki poses any current and ongoing risk to public protection.

Where on the spectrum of seriousness does the allegation lie?

120. The Tribunal considered stage 2b of the Guidance to identify the starting point for assessing seriousness. It took account of the Guidance which stated that certain types of behaviour (such as a serious departure from the professional standards) will usually fall at the higher end of the spectrum of seriousness because the departure from the professional standards amounts to an abuse of, or interference with an individual's dignity and breaches the fundamental tenets of the professions. The Guidance goes on to advise that cases falling at the higher end of seriousness include an improper sexual or emotional relationship with a patient.

121. The Tribunal then looked at the factors in the Guidance which might increase seriousness. The first was where the misconduct was persistent and prolonged. In Dr Hotaki's case the Tribunal found that his misconduct was persistent and prolonged from XXX to XXX of 2023. Even when confronted by XXX, Mr D, Dr Hotaki continued sending inappropriate messages to Patient A.

122. Another aggravating factor is behaviour directed towards a vulnerable person. The Guidance refers to certain characteristics indicating vulnerability include the presence of mental health issues. The Tribunal has found that Patient A was vulnerable, that Dr Hotaki knew she was vulnerable and that he took advantage of that vulnerability.

123. A further aggravating factor is where that of premeditated behaviour is characterised by the doctor having acted intentionally and with planning. In Dr Hotaki's case it may be that he initially acted opportunistically when Patient A started acting in the way she did on XXX 2023. However thereafter he acted intentionally and with planning particularly in relation to arranging the VIP treatment whereby he planned to close his clinic to all but Patient A and himself so that they could have sexual relations.

124. An additional aggravating factor is the abuse of professional position where a doctor misuses their position of power. It arises because the relationship between the doctor and the individual is not equal. The Tribunal has found that Dr Hotaki abused his position as a doctor to take advantage of a vulnerable patient and putting his own interests before that of Patient A (which in itself is a further aggravating factor).

125. Any attempt to hide or avoid responsibility is another aggravating factor. In Dr Hotaki's case he attempted to hide what he had done by deleting emails and text messages and encouraging Patient A to do the same. In his statement he continued to minimise his responsibility for what he had done and the consequences for Patient A.

126. A further aggravating factor is a reckless disregard for professional standards and any undermining of those standards. The Tribunal has already identified the breaches of GMP (2013) and GMP (2024). The Tribunal is satisfied that Dr Hotaki displayed a reckless disregard to GMP and his behaviour undermined the standards expected of a doctor.

127. The Tribunal then determined the starting point for the level of risk to public protection. Where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. In this case applying the Guidance as set out above to the proven misconduct the level of seriousness of the misconduct is high and the starting point for assessing Dr Hotaki's current and ongoing risk to public protection is high.

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

128. The Tribunal referred to Dr Hotaki's witness statement where he mentioned that XXX but there was insufficient detail present. Due to the lack of detail surrounding this, the Tribunal was unable to take a view on what, if any, impact this had on Dr Hotaki, and could not factor this into their consideration.

129. Dr F's statement set out that Dr Hotaki had faced XXX following the initial Allegation, but these appear to have been resolved following XXX. The Tribunal had no further information available to it.

130. Given the absence of any other information provided, the Tribunal determined that there was no relevant context that altered the starting point for assessing risk to be high.

How has Dr Hotaki responded to the allegations?

131. The Tribunal went on to consider Step 2d of the Guidance and consider what evidence there is relating to insight and assess if insight is genuine. It considered what evidence there is relating to remediation to assess if the allegation is remediable, has been remedied and is likely to be repeated and it considered if Dr Hotaki has kept his knowledge and skills up to date.

132. In terms of insight the Tribunal considered if Dr Hotaki understood what happened and accepted how he could have acted differently. The Tribunal noted that Dr Hotaki had filed no statement into these proceedings, had not engaged with case management, had not complied with case management directions nor attended the hearing. Dr Hotaki's statement in the GMC bundle was hearsay and little weight could be attached to it. The Tribunal was not satisfied that Dr Hotaki understood what happened nor accepted how he could have acted differently. The Tribunal noted that Dr Hotaki has admitted to his actions towards Patient A being sexually motivated and being deeply ashamed of said actions. The Tribunal noted that this was one of the only insightful things that could be established from Dr Hotaki's statement, albeit a surface-level piece of insight. His apologies and remorse as set out in his statement came across as self-serving and, therefore, not genuine. The same applied to the apology to NHS England contained in Dr F's statement.

133. None of the evidence available to the Tribunal demonstrated that Dr Hotaki fully understood the impact or potential impact of his behaviour on Patient A or her family. Dr Hotaki admitted those parts of the Allegation for which there was strong proof and denied those parts for which there was not. This again came across as self-serving. Dr Hotaki expressed no clear empathy for Patient A. There was no direct evidence he had taken or was taking steps to remediate and to identify how he would act differently in the future to avoid similar issues arising. Dr F's report indicated that Dr Hotaki had been told to attend a three day professional boundaries course, that he had done so and had provided a certificate of completion but had failed (despite two requests to do so) to provide a reflective statement. The Tribunal noted that he had not attended that course of his own volition. There was no evidence that he had sought appropriate support and advice and/or was engaging with support. There was no evidence of any steps Dr Hotaki had put in place to manage any risks to patients. The Tribunal also noted that while Dr Hotaki had co-operated with earlier investigations by providing a witness statement and had co-operated in the ways set out in Dr F's statement and had attended two interim order hearings (and arranged legal representation for those hearings) he then failed to engage with the process leading up to this hearing or engage in the hearing.

134. In terms of remediation the Tribunal asked if the Allegation is remediable. The Tribunal considered that cases of sexual misconduct are difficult to remediate. The Tribunal asked has the Allegation been remedied. In Dr Hotaki's case the answer is no given Dr Hotaki's lack of engagement and the limited evidence as set out above. The Tribunal asked is the Allegation likely to be repeated. In Dr Hotaki's case the Tribunal considered that there was a risk of repetition given the insight was lacking as was that relating to remediation.

135. The Tribunal noted that Dr Hotaki is a very experienced doctor, having qualified 32 years ago, and owning and running his own clinic for 7 years. Because of this time served as a clinician, the Tribunal considered that it is incomprehensible that he would fail to recognise his responsibilities as a doctor and the professional standards set out by the GMC.

136. In terms of keeping his professional skills up to date Dr Hotaki had provided no evidence of this to the Tribunal.

137. The Tribunal determined in light of the above that Dr Hotaki's ongoing and current risk to public protection is high.

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

138. The Tribunal determined that Dr Hotaki's misconduct engages all three limbs of public protection. It determined that he poses a risk to patient safety and that the profession would be brought into disrepute if his practice was to not be found impaired.

139. The Tribunal concluded that Dr Hotaki's misconduct fell seriously below the standards expected of a doctor and it undermines the maintenance and upholding of proper professional standards.

140. The Tribunal determined that any relevant context did not affect the seriousness of the allegations. It also determined that, as no evidence of insight or remediation has been presented, a real risk of repetition is present. Therefore, the Tribunal determined that Dr Hotaki poses a high current and ongoing risk to public protection.

141. The Tribunal has therefore determined that Dr Hotaki's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 20/10/2026

142. 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 were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Hotaki's alleged misconduct a redacted version will be published at the close of the hearing.

143. The Tribunal did not receive any new evidence at this stage of the proceedings.

Submissions

144. Throughout her submissions Ms Barbour referred the Tribunal to Section 3 of the MPTS Guidance on Sanctions (the Guidance). Ms Barbour submitted that the appropriate sanction in this case is one of erasure. Ms Barbour reminded the Tribunal that the purpose of these proceedings is not to punish the doctor but to ensure that where a doctor has been found to have committed serious misconduct and presents a high current and ongoing risk to public protection and is not fit to practise that it is necessary and proportionate to remove him from the Medical Register.

145. Ms Barbour reminded the Tribunal that there are two separate types of misconduct in this case, one of sexual misconduct and secondly the breach of conditions, one of which may inform the other. Ms Barbour reminded the Tribunal that it must be satisfied that the sanction imposed is proportionate and appropriate. Ms Barbour further reminded the Tribunal that it found a number of aggravating features in a case that was already at the upper end of the spectrum of seriousness.

146. Ms Barbour submitted that there are no exceptional circumstances that would warrant taking no action in this case. The sanction of undertakings was not available given Dr Hotaki's lack of engagement. She submitted that conditions are unlikely to be a proportionate response where the misconduct fell at the higher end of the spectrum of seriousness. Ms Barbour also submitted that there are no conditions which could meet the gravamen of this case and Dr Hotaki has been found to be in breach of conditions in any case. Regarding suspension, Ms Barbour submitted that would fall far short from what is necessary and proportionate. She submitted that the proven facts are so serious that they indicate they are incompatible with registration which is consistent with erasure. Ms Barbour submitted that the Tribunal has seen the harm that has been caused by Dr Hotaki's actions to Patient A, her family and the profession as a whole. She reminded the Tribunal that it found that the doctor has shown a persistent lack of insight into the seriousness of the allegation, there has been minimisation and that there is an absence of sufficient evidence of insight or remediation.

147. Ms Barbour reminded the Tribunal that it should not draw an adverse inference from Dr Hotaki's non-attendance.

Legal Advice

148. The Tribunal received the following legal advice:

> Sanction: Stage Three: what is the appropriate sanction, if any (Rule 17(2)(n))
> Overriding objective: In considering the issue of sanction the Tribunal must apply the over-arching objective of protecting the public which involves the pursuit of the following objectives (s1(1B) —
>
> > (a) to protect, promote and maintain the health, safety and well-being of the public,
> >
> > (b) to promote and maintain public confidence in the medical profession, and
> >
> > (c) to promote and maintain proper professional standards and conduct for members of that profession.
>
> Approach: There is no burden or standard of proof. Sanction is a matter for the Tribunal's judgement. The doctor's absence in itself is not an aggravating feature. The Tribunal should take into account the Guidance which provides a staged approach. The purpose of the Guidance is not to dictate to the Tribunal how it must proceed but

to assist the Tribunal to making fair, consistent and transparent decisions (GMC v Gilbert [2026] EWCA Civ 53).

Step 3 of the Guidance is for the Tribunal to consider what sanction is proportionate i.e. is needed but no more than necessary to protect the public. It should review the decision on impairment and consider the level of current and ongoing risk the doctor poses to public protection. It should refer to the sanctions bandings. It should consider whether there is relevant evidence relating to the impact a certain type of sanction will have and/or relevant references and testimonials and what impact, if any, they have. Once it has determined sanction the Tribunal should stand back and check if it is proportionate to meet the level of current and ongoing risk posed to public protection.

The Sanctions available:

(a) No action – only in exceptional circumstances. Exceptional circumstances are unusual, special and uncommon, so such cases are likely to be very rare.
(b) Warning – only applies if the doctor was found not to be impaired (s35D(3) Medical Act 1983).
(c) Undertakings – these have to be agreed by GMC and the practitioner:
(d) Put conditions on his registration for up to 3 years (s35D(2)(c)) Medical Act 1983) with or without a review for up to 3 years
(e) Suspension for up to 12 months with or without requirements (s35D(2)(b) Medical Act 1983). Note: no conditions can be attached to suspension but the tribunal can make suggestions as to what might be helpful to enable the doctor to resume practice.
(f) Erasure from the medical register (s35D(2)(a) Medical Act 1983)

When making its decision the Tribunal should remind itself of its earlier conclusions at the facts and impairment stages to ensure that the Tribunal has been, and remain, consistent with those previous findings and have regard to the high level of current and ongoing risk to one or more of the three parts of public protection posed by the doctor.

The Tribunal should determine a sanction that is required but is no more than necessary to achieve public protection, approaching the question by considering if the least restrictive action is appropriate, and not making a final decision until the options immediately above and below the action the MPT is minded to take, have also been assessed.

When considering the impact on those affected by the decision, the interests of individual patients and members of the public may include the impact that taking a specific type of action is likely to have on the delivery of health services in a particular speciality or within a defined geographical location. However, whilst there may be a public interest in facilitating a doctor's return to safe practice, the decision on what sanction is required needs to reflect the level of current and ongoing risk to one or more of the three parts of public protection that has been identified, and which takes

into account the seriousness of the allegations, and must be consistent with the MPTS' legal role to protect the public.

The interests of the doctor will include the impact on their career. This means when deciding what sanction is required, it may be appropriate to consider any increased impact a specific outcome would have on an individual doctor compared to others, considering their specific circumstances. However, case law is clear that the need to protect the public always outweighs the interests of any individual medical professional. And while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary.

In terms of conditions the Guidance advises that they 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 and/or supervision
c. the doctor is willing to remediate, and
d. the Tribunal is satisfied the doctor will comply with them.

The Guidance advises that 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.

In terms of suspension the Guidance advises that this sanction applies where the doctor's behaviour is such that their ability to practise safely and effectively is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

The Guidance advises that 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 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.

The Guidance advises that erasure is available for those cases where a doctor's behaviour is incompatible with continued registration at this point in time. It means

the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

The Guidance advises that 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 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.

The Guidance provides guide bandings. In relation to sexual misconduct the bandings for a high level risk to public protection are: Suspension of 12 months to Erasure. Once the Tribunal has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising its decision, the Tribunal must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. The Tribunal should also remind itself of its decision on how the case engaged one of more of the three parts of public protection with reference to their decision on impairment.

The Tribunal's determination should show that it has considered its earlier conclusions at the facts and impairment stages and had regard to the level of current and ongoing risk posed by the doctor with reference to the parts of public protection that are engaged; patient safety, public confidence and/or maintenance of professional standards.

Caselaw states that in cases of misconduct the presence or absence of an explanation from the registrant as to why they acted in the way alleged and of a demonstration of an understanding of what caused them to act in that way are very significant elements in the assessment both of the level of the registrant's insight and of the risk of repetition of the misconduct. It is necessary for insight to be particular, rather than general, and of practical application as well as merely theoretical; the relevant insight has to be with reference to the particular actions and the particular misconduct of the registrant whose conduct is in question.

In terms of good character public interest is of the utmost importance. Given that in a disciplinary context an unblemished past record and positive evidence of good

character will be the norm, the weight to be given to personal mitigation in a serious case is likely to be limited. The *Chief Constable of Thames Valley Police v A Police Misconduct Panel v PC Hafeez Javeed* [2023] EWHC 2693 (KB). Personal areas of mitigation should be treated with caution in the regulatory context *Owusu-Yianoma v Bar Standards Board* [2023] EWHC 2785 (Admin).

If a tribunal rejects a submission that a doctor should be erased it must give clear reasons for its conclusion that striking off would be disproportionate. A generalised assertion that erasure or striking off would be disproportionate and that the conduct was not incompatible with continued registration will be inadequate and will justify the conclusion that the tribunal has not properly understood the gravity of the case before it (*GMC v Khetyar* [2018] EWHC 813 (Admin)). An express reliance on the "overly punitive" effect on the registrant of striking off runs contrary to the proper approach identified in *Bolton v Law Society* [1994] 1 WLR 512; The reputation of the profession is more important than the fortunes of any individual member. The essential issue remains maintaining public confidence in the professions and matters of personal mitigation (which do not concern the seriousness of the underlying conduct or its impact upon public confidence) are of less weight (Professional Standards Authority for Health and Social Care v NMC (Jalloh) [2023] EWHC 3331 (Admin)).

Caselaw shows that erasure for sexual misconduct is not automatic *GMC v Ahmed* [2022] EWHC 403 and *GMC v Gilbert* [2026] EWCA Civ 53

The Tribunal's determination on sanction

149. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the high level of seriousness of the misconduct and the high current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding for sexual misconduct referred to above.

No action

150. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

151. The sanction of no action requires the finding of 'exceptional circumstances'. The Tribunal finds no exceptional circumstances in Dr Hotaki's case so this sanction does not apply in his case.

Undertakings

152. Undertakings can only apply if agreed to by both the doctor and the GMC. In this case Dr Hotaki has not engaged in these proceedings and has not attended the hearing so

undertakings cannot be considered or agreed so do not apply in his case. In addition, undertakings would not be a proportionate response in light of the serious misconduct identified in this case.

Conditions

153. The Tribunal had regard to paragraph 30 of the Guidance:

> *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.*

154. The Tribunal considered its previous determination on impairment that the sexual misconduct was at the higher end of the spectrum of seriousness. In that determination it had highlighted the many aggravating features which further increased the seriousness of its findings. It had also highlighted factors suggesting an underlying problem with Dr Hotaki's attitude including his lack of insight and genuine remorse, his lack of empathy and his self-serving admissions and denials. These factors were further aggravating by the finding that Dr Hotaki had breached the conditions imposed at the interim orders tribunal when he was present and legally represented. The Tribunal agreed with the above Guidance that in these circumstances conditions were not a proportionate response.

155. The Tribunal considered the factors set out in the Guidance where conditions are likely to be workable. In Dr Hotaki's case he had shown a lack of meaningful insight as set out in the Tribunal's determination on impairment. The Tribunal could not formulate workable and measurable conditions to address the behavioural issues identified. Dr Hotaki has not engaged in these proceedings or attended the hearing. In addition, the Tribunal was not satisfied that Dr Hotaki had demonstrated a willingness to remediate. Further, the Tribunal reminded itself that Dr Hotaki has already breached interim conditions previously imposed. Not only had he breached the interim order tribunal conditions but, as set out in Dr F's letter, he had failed to comply with two requests to provide a reflective statement following his attendance on a professional boundaries course. The Tribunal, therefore, could not be satisfied that any conditions imposed by this Tribunal would be complied with.

156. The Tribunal determined that conditions would not be a proportionate or workable sanction, would fail to protect public safety, would fail to promote and maintain public confidence in the profession and would fail to uphold professional standards.

Suspension

157. The Tribunal then went on to consider whether imposing a period of suspension on Dr Hotaki's registration would be appropriate and proportionate.

158. In determining whether to impose an order of suspension the Tribunal had regard to paragraph 54 (c)of the Guidance;

> *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.*

159. The Tribunal also considered the sanctions banding for sexual misconduct which suggestions a sanction range of suspension for 12 months to erasure.

160. The Tribunal reminded itself of its previous findings that Dr Hotaki poses a high current and ongoing risk to public protection. It reminded itself of the many aggravating factors identified in its impairment determination. These included Patient A's vulnerability; the misconduct being sexually motivated; the reckless disregard for professional standards and the serious impact his misconduct had on Patient A and her family. His behaviour significantly undermined the position of trust placed in doctors by the public and the standards expected of a doctor.

161. The Tribunal reminded itself of the Guidance as to when suspension might be a proportionate sanction. Firstly, as set out above, conditions are not appropriate or workable. Secondly suspension may be appropriate where the level of current and ongoing risk to public protection is such that it cannot be safely managed by conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into their deficiencies and remediate. In this case the level of current and ongoing risk to public protection is high. The Tribunal is not satisfied that this high level of risk can be safely managed by suspension. Given the lack of engagement in these proceedings, the lack of attendance at the hearing and the breach of the interim order the Tribunal has no confidence that a period of suspension would result in Dr Hotaki gaining insight and undertaking the required remediation.

162. The next consideration in the Guidance is that the level of current and ongoing risk to public protection is such that suspension is needed to maintain public confidence in the profession and maintain professional standards. The Tribunal has borne in mind the Guidance banding for cases of high risk sexual misconduct namely 12 months suspension to erasure. In Dr Hotaki's case there were a significant number of aggravating factors making the sexual conduct particularly serious indicating that sanction fell towards erasure rather than 12 months suspension. In addition, the sexual misconduct was aggravated by the failure to comply with the interim order of conditions. This factor supported the appropriate sanction falling towards erasure rather than 12 months suspension when considered on balance. The Tribunal was not satisfied that a period of suspension would protect, promote and maintain the health, safety and well-being of the public. It took into account the prolonged period of the misconduct, that it exploited a vulnerable patient, it involved planning (e.g. arranging the 'VIP treatment' as set out in the Tribunal's determination on the facts and on impairment) and that there remained a risk of repetition. The Tribunal did not consider that suspension would promote and maintain public confidence in the profession given how serious the

sexual misconduct was. The seriousness was further compounded by the breach of the conditions. The Tribunal did not consider that suspension would promote and maintain proper professional standards and conduct for members of the profession. Doctors would find Dr Hotaki's misconduct deplorable and disgraceful as would right thinking members of the public.

163. The Tribunal determined that the sanction of suspension was neither proportionate, nor appropriate nor workable in Dr Hotaki's case.

Erasure

164. The Tribunal was satisfied that it had evidence that Dr Hotaki's conduct caused serious emotional harm to Patient A and her family as evidenced in her medical notes, in her written and oral evidence and as evidenced in the statement of Mr D.

165. Whilst the Tribunal did not draw an adverse inference from Dr Hotaki's non-attendance, it found that it did not have evidence that Dr Hotaki appropriately understands the gravity of his misconduct. The Tribunal reminded itself of its finding that Dr Hotaki had only provided surface-level insight and that minimal evidence of remediation, in the form of a boundaries course which was undertaken some considerable time after the incident, has been received. He had failed to provide a reflective statement despite two requests to do so.

166. The Tribunal took account of the Guidance as to when erasure may be the proportionate response. Firstly, as already determined by the Tribunal, conditions are not appropriate or workable and suspension is not sufficient to protect the public.

167. Secondly erasure may be appropriate where 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. The Tribunal was satisfied that it had evidence that Dr Hotaki's conduct caused serious harm to Patient A and her family as evidenced in her medical notes and in her written and oral evidence. The Tribunal was further satisfied that the high risk of current and ongoing harm identified by the Tribunal cannot be mitigated sufficiently by putting conditions or suspension in place for the reasons already set out in this determination.

168. Thirdly the Tribunal was satisfied that Dr Hotaki had shown a persistent lack of insight into the seriousness of the Allegation about his behaviour and its actual consequences. When confronted by [Mr D] he had apologised but then renewed his sexual misconduct. He had expressed no genuine empathy for Patient A or her family. He had shown no understanding of Patient A's vulnerability despite being aware of her considerable mental health issues as set out in the Tribunal's determination on impairment. His remorse appeared to be centred on the consequences for him rather than for Patient A and her family. He had attempted to hide his misconduct by deleting messages and texts and encouraging Patient A to do the same. The Tribunal had regard to the Guidance where caselaw states that the absence of an appropriate explanation from the doctor as to why he had acted as he did must be

considered. The failure by Dr Hotaki to demonstrate an understanding of what caused him to act as he did is a very significant element in assessing the level of insight and the risk of repetition. In Dr Hotaki's case his insight was neither particular nor of practical application. The weight given to his past good character was limited given the seriousness of the misconduct.

169. Fourthly the Tribunal had identified in its determination on impairment the seriousness of Dr Hotaki's misconduct and the many aggravating factors that increased seriousness. This had resulted in the finding that as there was a sufficiently high current and ongoing risk to public protection, the Tribunal was satisfied that the effect of Dr Hotaki continuing to hold registration would undermine public confidence in the profession.

170. As already stated the Tribunal considered the sanctions banding of 12 months suspension to erasure that in balance whereby Dr Hotaki's case fell at the more serious end of that banding namely erasure.

171. Having reached a provisional view that the appropriate sanction was erasure the Tribunal the asked if there was any additional relevant evidence that may assist in deciding the proportionate sanction. In this case there was no additional evidence to consider.

172. The Tribunal then looked again at the less serious sanction of suspension in order to review its provisional determination that the necessary and proportionate sanction is erasure. The Tribunal could find no factors to change its provisional determination.

173. The Tribunal was satisfied that erasure is the only proportionate outcome in this case and determined that the appropriate sanction was one of erasure.

Determination on Immediate Order - 20/10/2026

174. This determination was handed down in public.

175. Having determined to erase Dr Hotaki's name from the Medical Register the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

176. Ms Barbour referred the Tribunal to the Guidance and submitted that there should be an immediate order in this case. Ms Barbour submitted that it is necessary to protect members of the public and also in the public interest to impose an interim order. Ms Barbour reminded the Tribunal that the facts found proved in this case were extremely serious and it found that there was a high level of ongoing risk with a risk of repetition.

177. Ms Barbour reminded the Tribunal that it is not usually appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where the doctor poses a risk to patient safety, or the risk to one or more parts of public protection is high, or immediate action is needed to maintain public confidence in the medical profession. Ms Barbour submitted that this is such a case. Ms Barbour further submitted that if no immediate order were made today, it would mean that Dr Hotaki would have unrestricted registration for the 28 day appeal period until the substantive order takes effect.

178. Ms Barbour informed the Tribunal that there is currently an interim order in place and submitted that this should be revoked.

The Tribunal's determination

179. The Tribunal had regard to all relevant paragraphs of the Guidance and in particular paragraph 84:

> 84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:
>
> a. the doctor poses a risk to patient safety
> b. the risk to one or more parts of public protection is high, and/or
> c. immediate action is needed to maintain public confidence in the medical profession.

180. The Tribunal determined that given its findings regarding the level of seriousness and the high current and ongoing risk to public protection, it would not be appropriate or proportionate to allow Dr Hotaki unrestricted clinical practice until the substantive order takes effect.

181. This means that Dr Hotaki's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. 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.

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

183. This concludes this case.

ANNEX A - 13/10/2026
Service and Proceeding in the doctor's absence

184. This determination was handed down in public.

185. Dr Hotaki was neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

186. The Tribunal was provided with a copy of a service bundle from the GMC. It was provided with a screenshot from the GMC's Siebel database which showed Dr Hotaki's registered postal address. The Tribunal also had regard to the GMC's Rule 34(9) letter which was sent to Dr Hotaki's registered postal by Special Delivery and to his registered email address on 1 June 2026. A delivery receipt for the email was received on the same day. The hard copy Rule 34(9) letter was returned marked 'returned to sender' on 4 June 2026. A further copy was sent by 1st class post on 4 June 2026. The GMC Notice of Allegation letter was sent by Special Delivery to Dr Hotaki's registered addresses on 2 September 2026.

187. The MPTS Notice of hearing letter ('NoH') was sent to Dr Hotaki's registered email address on 2 September 2026 and by special delivery and first class to his registered postal address on 4 September 2026. The special delivery NoH was returned on 7 September 2026.

188. Ms Barbour informed the Tribunal that Dr Hotaki has not been in contact with the GMC for quite some time. Ms Barbour took the Tribunal thought the documents provided and submitted that the Tribunal can be well satisfied that service has been affected in line with the Rules. Ms Barbour informed the Tribunal that this is the second listing of this hearing and that there are witnesses waiting to give evidence. She stated there has been no communication from Dr Hotaki requesting an adjournment, there has been no good reason given for his non- attendance and there is no application for the hearing to be held on another date. Ms Barbour invited the Tribunal to proceed in the doctor's absence.

The Tribunal's Decision

Service

189. The Tribunal is satisfied that the notice of hearing in the format set out in r15 of the Rules with a least 28 days' notice had been properly served by post on Dr Hotaki pursuant to r40. The Tribunal was satisfied that service has been affected in accordance with the Rules and that Dr Hotaki ought to know that this hearing is taking place. The Tribunal reminded itself that there was no requirement for the GMC to prove that Dr Hotaki had received the relevant notices only that they had been served as set out in rule 40.

Proceeding in absence

190. The Tribunal noted that Dr Hotaki has not engaged with the GMC for some time and has not made an application to adjourn.

191. The Tribunal took into account the following considerations. It considered the nature and circumstances of the doctor's behaviour in absenting himself and in particular whether the behaviour was voluntary and whether he had plainly waived the right to be present. The Tribunal was satisfied that Dr Hotaki had failed to engage with the case management hearings for this hearing. He had failed to comply with any case management directions sent to him by email at his registered email address. He had not arranged legal representation for the case management hearings or for this hearing. The Tribunal noted that he had previously arranged legal representation for and had attended two interim order hearings. The Tribunal noted that at the case management hearing on 28 April 2026 the case management officer noted that Dr Hotaki's former legal representatives had indicated that Dr Hotaki did not wish to engage in these proceedings and requested that there be no further correspondence be sent to him save where it is mandatory due to legislation The Tribunal was satisfied that he had waived the right to representation for this hearing and had plainly waived the right to be present for this hearing.

192. The Tribunal considered the extent of the disadvantage to Dr Hotaki in not being able to present his account of events and the risk of the Tribunal reaching an improper conclusion in his absence. The Tribunal noted that Dr Hotaki had engaged with the GMC investigation by supplying a detailed witness statement and that this provided some reassurance that the Tribunal could take account of Dr Hotaki's case as set out in that statement.

193. The Tribunal was not satisfied that if it adjourned that an adjournment would result in Dr Hotaki attending that future hearing. There was no explanation for his lack of engagement with and failure to attend this hearing to provide any reassurance that he might attend a future hearing.

194. The Tribunal took account of the likely length of any adjournment which could be six months or more in the future. It took account that this was the second listing of the hearing. The Tribunal took account of the general public interest and general assumption that delay is the enemy of justice and fairness and that a hearing should be held within a reasonable time.

195. The Tribunal considered the effect of delay on the memories of witnesses and the stress for witnesses in a sensitive case like this one.

196. The Tribunal considered the differences between a criminal trial and the hearing of disciplinary allegations by a professional regulator whose objective is the protection of the public. The important regulatory objective encompassed the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners. It noted the absence of any available means to enforce attendance by a doctor in contrast to those available to enforce attendance by a defendant in a criminal trial. The Tribunal took into account the public interest in relation to standards of healthcare and that it would run entirely counter to

the protection, promotion and maintenance of the health and safety of the public if a doctor could effectively frustrate the process where he had failed to engage in the process.

197. The Tribunal considered the consequential cost and delay to other cases if the hearing did not proceed. The Tribunal noted that it is difficult to fill vacated days at short notice so adjournments are likely to lead to wasted valuable hearing days.

198. The Tribunal considered the burden on medical practitioners, as there is with all professionals subject to a regulatory regime, to engage with the regulator, both in relation to the investigation and the ultimate resolution of allegations made against them. That is part of the responsibility to which they sign up when being admitted to the profession. The onus is on Dr Hotaki to take steps to attend the hearing and arrange representation if he wished to do so and that although attendance by the practitioner is of prime importance, it cannot be determinative due to the adverse impact on the effective and efficient running of hearings.

199. The Tribunal noted that its discretion whether or not to proceed must be exercised having regard to all the circumstances of which the Tribunal is aware with fairness to the practitioner being a prime consideration but with fairness to the GMC and the interests of the public also taken into account. No regulatory system can operate on the basis that a failure to attend should lead to an adjournment particularly if the doctor had disengaged from the process or adopted an 'ostrich like attitude'. Any culture of adjournment is to be deprecated. The system cannot then operate efficiently or effectively.

200. Having carefully considered the above factors the Tribunal was satisfied that the factors supporting the hearing proceeding in Dr Hotaki's absence clearly outweighed those that supported a further adjournment. The Tribunal therefore determined to proceed with the hearing in Dr Hotaki's absence.

ANNEX B - 13/10/2026
Application to adduce further evidence

201. This application was handed down in public.

202. Ms Barbour on behalf of the General Medical Council (GMC) made an application under Rule 34 of the Rules to admit further evidence into these proceedings. The further evidence related to Dr Hotaki's interim order confirming the making of the initial interim order with conditions and confirming the subsequent orders renewing the interim order with conditions up to February 2026. The further evidence had been omitted from the initial bundles provided to the Tribunal and Dr Hotaki in advance of the hearing. She submitted that it would be fair to admit the further evidence and that it is relevant. Ms Barbour submitted that there is no prejudice to any party, and it is important that the Tribunal have all of the available information.

The Tribunal's Decision

203. Throughout its deliberations the Tribunal had regard to Rule 34(1) of the GMC Fitness to Practise 2004 Rules, which states:

> *'34.*
> *(1) 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.'*

204. The Tribunal was satisfied that these documents are relevant to the case and are not prejudicial to Dr Hotaki. These documents are in regard to information which is in Dr Hotaki's knowledge as he was present and legally represented when the interim order with conditions was made and for its first renewal. He was therefore aware of the making of the interim order and the conditions that applied to him. The Tribunal could see no unfairness or prejudice to Dr Hotaki in admitting evidence of factual matters he was aware of including subsequent renewals of the interim order when he was not present but which he was duly notified of.

205. The Tribunal considered that it is in the public interest to determine if the doctor has breached imposed conditions and therefore has determined to grant the application and admit the further evidence.

ANNEX C - 13/10/2026
Application to amend the allegation

206. This application was handed down in public.

207. On day one of the proceedings, Ms Barbour made an application pursuant to Rule 17(6) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to amend the Allegation.

208. Ms Barbour submitted that paragraph 6(b) of the Allegation should be amended from,

> *2b were an attempt to conceal your relationship with and/or conduct towards Patient A;*

To

> *2b was an attempt to conceal your relationship with and/or conduct towards Patient A;*

209. Further, Ms Barbour submitted that paragraph 7 of the Allegation should be amended to refer to 2023 and not to 2024 as drafted.

210. Ms Barbour submitted that the amendments amounted to correcting typographical errors.

The Tribunal's Decision

211. The Tribunal took into account the submissions made by the GMC and considered Rule 17(6) of the Rules, which states:

> *'17.*
> *…*
> *(6) Where, at any time, it appears to the Medical Practitioners Tribunal that—*
> *(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*
> *(b) the amendment can be made without injustice, it may, after hearing the parties, amend the allegation in appropriate terms.'*

212. The Tribunal was satisfied that the first suggested amendment was a grammatical error which if granted would not cause any injustice to Dr Hotaki. The change did not alter the nature of the Allegation. The Tribunal determined to permit the amendment.

213. The Tribunal considered that the second suggested amendment was more material since it corrected an error as to the date of the making of the interim order with conditions. The unamended Allegation referred to the interim order with conditions being made on 8 November 2024 when the evidence clearly showed that the interim order was made on 8 November 2023. Dr Hotaki was present and legally represented at the hearing on 8 November 2023 which led to the making of the interim order. He was well aware of the correct date. The Tribunal could see no injustice or unfairness to Dr Hotaki in correcting the error in the Allegation. The amendment confirmed the date of the interim order which was not a matter of dispute. This was a matter within Dr Hotaki's knowledge which he could have responded to had he engaged with the case management hearings and orders for this hearing and had he engaged in this hearing. The amendment did not alter the GMC's case against the doctor.

214. The Tribunal was satisfied that the second amendment, if granted, would correct an obvious error and would not cause any injustice to Dr Hotaki. The Tribunal determined to permit the second amendment.

ANNEX D - 13/10/2026
Application to adduce further evidence

215. 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 were confidential. This determination will be handed down in

private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Hotaki's alleged misconduct a redacted version will be published at the close of the hearing.

216. On day two of the case Ms Barbour drew the Tribunal's attention to some material provided by Dr Hotaki that she submitted should not be adduced as further evidence. Ms Barbour reminded the Tribunal that there are rules surrounding hearsay evidence which is, generally, inadmissible unless there is a good reason why it should be admitted. Ms Barbour reminded the Tribunal that evidence can be admitted under 34 (1) of the Rules.

217. Ms Barbour submitted that the Tribunal should see the documents, but that they ought not to be admitted in evidence. Ms Barbour acknowledged that Dr Hotaki is neither here or represented but the Tribunal has the responsibility to properly test the GMC's case and assess the doctor's position.

218. Ms Barbour submitted that Dr Hotaki provided documents from someone called Ms E which is not a section 9 witness statement. Ms Barbour informed the Tribunal that Ms E wrote that she acts as Dr Hotaki's chaperone when he is seeing female patients and claimed that she was present as a chaperone on 20 February 2025. Further, Ms Barbour submitted that there is a document from someone called Ms G who claimed they were present on 26 February 2025. Ms Barbour submitted that these documents do not meet the test for admission.

219. Ms Barbour drew the Tribunal's attention to the test as set out in the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin).* Ms Barbour submitted that these documents are at stark odds with the evidence that the Tribunal has in proper evidential form from Ms B. Ms Barbour submitted that Dr Hotaki may well have manufactured this evidence in order to support his case. Ms Barbour submitted that the Tribunal should consider whether there is a good reason for the non-attendance of these individuals and whether the party who seeks to rely on them has taken reasonable steps to secure their attendance.

220. Ms Barbour drew the Tribunal's attention to the case of *El Karout v Nursing And Midwifery Council [2019] EWHC 28 (Admin) (11 January 2019)* and reminded the Tribunal that if it is not proper to admit the evidence in the first place, weight is not something that comes into consideration.

221. Ms Barbour reminded the Tribunal that Dr Hotaki has provided a witness statement, but he has not come before this Tribunal in order to stand by the witness statement, it has not been brought into evidence by him declaring that his contents are true, it is not agreed and so has the status of hearsay. Ms Barbour stated that she does not say that the Tribunal should exclude Dr Hotaki's witness statement as it is a formal witness statement and it has been provided by him in a proper form. However, she submitted that the Tribunal should give it limited weight as Dr Hotaki has not attended in order to bring his witness statement

actually into evidence and Ms Barbour has not been able on behalf of the GMC to engage in cross-examination to test the contents of his witness statement.

The Tribunal's decision

222. The Tribunal has reminded itself of Rule 34 of the Rules that it 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. The Tribunal then reminded itself of the relevant parts of the test as set out in Thorneycroft,

> *"(i) …*
> *(ii) the nature and extent of the challenge to the contents of the statements;*
> *(iii) whether there was any suggestion that the witness had reasons to fabricate their allegations;*
> *(iv) the seriousness of the charge, taking into account the impact which adverse findings might have on the Appellant's career;*
> *(v) whether there was a good reason for the non-attendance of the witnesses;*
> *(vi) whether the Respondent had taken reasonable steps to secure their attendance..."*

223. The Tribunal considered that the documents received are not specific and do not clarify which appointments the authors were present at as a chaperone. Further, the Tribunal cannot question the authors of these documents as they have not been called as witnesses. Further, these documents have not been filed with MPTS Case Management in an acceptable format and the Tribunal reminded itself that the GMC submits that this evidence may well have been manufactured by Dr Hotaki.

224. The Tribunal considered that Dr Hotaki's witness statement has more standing as it is in the correct format however it has not been submitted as his formal statement and Dr Hotaki has seemingly withdrawn his engagement from these proceedings.

225. The Tribunal considered the test as set out in *Thorneycroft* and reminded itself of Ms Barbour's submissions that the GMC challenges the nature and extent of the evidence. The Tribunal reminded itself that no good reason given for the attendance of the witnesses as no attempts have been made to produce them. The Tribunal has no information regarding the circumstances in which these documents were produced.

226. The Tribunal, having had regard to the relevant case law, is satisfied that it should not admit these documents into evidence.

ANNEX E - 15/10/2026

Application to adduce further evidence,
Application to recall Patient A to give further oral evidence
Application to call Ms C to give oral evidence

227. 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 were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Hotaki's alleged misconduct a redacted version will be published at the close of the hearing.

228. On day two of the case Ms Barbour drew the Tribunal's attention to an updated witness statement provided by Ms C with an accompanying exhibit of an email dated 13 October 2026. Ms Barbour submitted that the statement should be admitted in to evidence as the Tribunal should have an understanding of the full picture of what Ms C has to say.

229. Regarding whether Patient A should be recalled to give further evidence, Ms Barbour submitted that the Tribunal should consider whether there are any matters that are of genuine importance to the fact finding issues, which would require the Tribunal to ask questions of Patient A if it had had this updated witness statement of Ms C at the time it was preparing its questions for Patient A. Ms Barbour reminded the Tribunal that Patient A is a vulnerable witness.

230. Ms Barbour submitted that the matters which are outlined in this supplementary witness statement are not such that the Tribunal would necessarily have had questions for Patient A. Ms Barbour informed the Tribunal that some of what is mentioned is not strictly relevant to the questions which are before this Tribunal. Ms Barbour informed the Tribunal that Ms C had XXX which are not relevant.

231. Ms Barbour submitted that the Tribunal should cross-reference the two witness statements which have been prepared by Ms C because of the concept of memory slip and the fact that witnesses may believe that they have a good memory of something which happened to them, but which in fact is not quite right. Ms Barbour submitted that there is XXX

232. Ms Barbour submitted that there has been a significant passage of time since Ms C gave her original witness statement and even more time since the discussions that she had with Patient A. Ms Barbour stated that Ms C's memory and view of matters must surely have been tainted by XXX.

233. Ms Barbour submitted that even if there was "consent" between Patient A and Dr Hotaki, even if both parties appear to be willing participants in a sexual encounter, that does not mean that it is appropriate and it does not mean that it is not a regulatory matter.

The Tribunal's decision

234. The Tribunal noted that this information was disclosed as part of the duty on regulator to disclose any information which may undermine its case or which may assist the doctor.

Admitting further statement of Ms C

235. The Tribunal has reminded itself of Rule 34 of the Rules that it 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.

236. The Tribunal considered that some of Ms C's supplemental statement is relevant to the matters that it must consider. It expanded and clarified points in her original statement. The Tribunal would be able to cross reference the two statements to assess the reliability of Ms C's statements and to what extent either or both statements supported the written and oral evidence of Patient A. Parts of the statement refers to Patient A's character. The Tribunal was satisfied that these parts of Ms C's supplemental statement were not relevant to the determination of the facts of the Allegation before the Tribunal which concerned the alleged actions of Dr Hotaki. As to who initiated what was alleged was not a key aspect for determining the Allegation. The Tribunal was well able to put out of its mind any parts which it found irrelevant.

237. The Tribunal noted that Dr Hotaki was not present at the hearing and had no notice nor knowledge of the admission of Ms C supplemental statement and exhibit. The Tribunal determined that it is fair to Dr Hotaki to admit this evidence as there is nothing in Ms C's supplemental statement and exhibit that goes against him or the response that he provided in his written statement. Indeed the supplemental statement was an attempt by Ms C to be fair to Dr Hotaki. The Tribunal was satisfied that it is fair to admit this statement as it would cause no injustice to Dr Hotaki and had the potential to assist his case.

238. The Tribunal determined to admit this statement into evidence.

Recalling Patient A

239. The Tribunal has borne in mind that Patient A is a vulnerable witness. She has been opened about her vulnerabilities including XXX, her adverse mental health and difficulties in her personal life. The Tribunal noted from Patient A's statement that she did not remember some of the consultation in question. The Tribunal reminded itself that it is normal in cases alleging sexual misconduct for the recollection of the alleged victim not to be wholly consistent. The Tribunal asked itself if it is was necessary and proportionate to recall Patient A to answer points raised in Ms C's supplemental statement. The Tribunal did not consider it necessary to recall Patient A. The Tribunal was able to cross reference Ms C's supplemental statement with Ms C's original statement and then (having conducted that exercise) consider

whether Ms C's overall written evidence supported or did not support Patient A's written and oral evidence. It was not necessary for Patient A to be recalled for the Tribunal to undertake that process. It was also unnecessary for the determination of the facts of the Allegation to put XXX comments in Ms C's supplemental statement to Patient A. These XXX comments were not relevant to the issues to be determined. Given Patient A's vulnerability it was not proportionate for her to be recalled.

240. The Tribunal determined not to recall Patient A to give further oral evidence.

Calling Ms C to give oral evidence

241. The Tribunal determined that nothing would be gained from calling Ms C to give oral evidence. The Tribunal took into account the passage of time since the alleged incidents and XXX with Patient A and the making of the supplemental statement over 3 years later. As stated above the Tribunal can cross reference Ms C's supplemental statement with her original statement and then consider her written evidence as a whole. The Tribunal could then consider how Ms C's evidence as a whole supported or did not support Patient A's evidence. This process did not require Ms C to give live evidence and be questioned by the GMC or the Tribunal. The Tribunal also determined that it is required to consider Dr Hotaki's actions and not Patient A's character as described by Ms C. The Tribunal noted that Ms C disapproved of Patient A's conduct in her original statement. The Tribunal was satisfied that Ms C's description of Patient A's character in both her original and her supplemental statement is not, overall, at odds with what Patient A herself has already acknowledged. None of these factors made it necessary or proportionate for Ms C to be called to give evidence.

242. The Tribunal was satisfied that it does not need to call Ms C to give oral evidence.

Schedule 1

1.

a. Except in life-threatening emergencies, he must not carry out in person consultations with female patients without a chaperone present;

b. He must keep a log detailing every case where he has carried out a consultation with such a patient, which must be signed by the chaperone;

c. He must keep a log detailing every case where he has carried out a consultation with such a patient in a life-threatening emergency, without a chaperone present;

d. He must give a copy of these logs to the IOT at his next review hearing.