PUBLIC RECORD

Dates: 01/06/2026 - 04/06/2026

Doctor:	Dr Roshan PATEL
GMC reference number:	7085153
Primary medical qualification:	MB BS 2010 University of London

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

Summary of outcome

Suspension, 6 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Louise Sweet
Lay Tribunal Member:	Mr Andrew Waite
Registrant Tribunal Member:	Dr Susan Ellerby

Tribunal Clerk:	Mrs Jennifer Ireland (01/06/2026 to 03/06/2026) Mr Alexander Currie (01/06/2026 to 04/06/2026)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Ben Rich, Counsel, instructed by Gordons Solicitors
GMC Representative:	Mr Peter Byrne, 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 and Impairment - 03/06/2026

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 matters heard as evidence were confidential. This determination will be handed down in private but, as this case concerns Dr Patel's alleged misconduct and conviction, a redacted version will be published at the close of the hearing.

Background

2. Dr Patel qualified in 2010 from the University of London with an MBBS and completed Foundation Training within the South East London Foundation School. Dr Patel subsequently undertook specialty training in anaesthesia with the North East and Central London rotation, based primarily at Barts Health NHS Trust, including the Royal London Hospital and St Bartholomew's Hospital. At the time of the events, Dr Patel was practising as an ST5 anaesthetic registrar at King George Hospital (the Hospital).

3. Before the incident referred to in the allegations, Dr Patel had previously referred himself to the GMC in December 2015 XXX.

4. On 14 October 2020 Dr Patel again self-referred to the GMC XXX.

5. On 25 May 2022 Dr Patel reported XXX to the GMC. XXX.

6. In November 2025, there was one further misuse of drugs which involved the recreational use of XXX post-dating the incident that led to the allegations, more detail is given about this in Dr Patel's evidence, summarised at paragraph 15 below.

7. The facts that led to the allegation at Dr Patel's hearing relate to his misconduct and subsequent criminal conviction. On 26 March 2024, Dr Patel stole a partially used syringe of XXX, a controlled drug, after being instructed to discard it. Dr Patel then self-administered this drug in the hospital bathroom where he was working and was subsequently found semi-conscious by colleagues. On the same day Dr Patel referred himself to the GMC.

8. Dr Patel admitted the allegations to the GMC. At the first opportunity he pleaded guilty to theft and possession of a controlled drug of Class A on 15 April 2025 at Barkingside Magistrate's Court. On the 19 May 2025 Dr Patel was sentenced to a 12-month Community Order with a rehabilitation activity requirement and an unpaid work requirement.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Patel is as follows:

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

1. On 26 March 2024 whilst on shift you self-administered a partially used syringe of XXX in theatres at King George Hospital ('the Hospital'). **Admitted and found proved.**

2. On 15 April 2025 at Barkingside Magistrates' Court you were convicted of:

    a. theft on 26 March 2024 of a XXX syringe belonging to the Hospital at Ilford in the Borough of Redbridge contrary to section 1(1) and 7 of the Theft Act 1968; **Admitted and found proved.**

    b. on 26 March 2024 possession of a quantity of XXX, a controlled drug of class A in contravention of section 5(1) of the Misuse of Drugs Act 1971. **Admitted and found proved.**

3. On 19 May 2025 you were sentenced to a:

    a. 12mth community order with the following requirements:

i. rehabilitation activity requirement order for up to a maximum of 20 days; **Admitted and found proved.**

ii. unpaid work requirement order for 80 hours; **Admitted and found proved.**

b. forfeiture and destruction order under Section 27 of the Misuse of Drugs Act 1971 in respect of the offence at paragraph 2(b) above. **Admitted and found proved.**

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

a. misconduct in respect of paragraph 1; **To be determined.**

b. conviction in respect of paragraphs 2 and 3. **To be determined.**

The Admitted Facts

10. At the outset of these proceedings, through his Counsel Mr Rich, Dr Patel made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the facts of the Allegation as admitted and found proved.

Determination on Impairment

11. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Patel's fitness to practise is impaired by reason of misconduct and/or his conviction for criminal offences.

The Evidence

12. The Tribunal had regard to the documentary evidence provided by the parties at this stage of the hearing. This evidence included but was not limited to:

a) Self referral from Dr Patel dated 26 March 2024.
b) Various comments regarding the allegations in phone call notes and letters of various dates.
c) Certificate of conviction dated 19 May 2025.

d) Dr Patel's rule 7 response dated 31 August 2025.
e) XXX
f) Dr Patel also provided various CPD records, his notes of his mentoring sessions and a number of testimonials.
g) Dr Patel provided a written statement to the Tribunal, dated 27 April 2026, and gave oral evidence at the hearing.

Dr Patel's evidence

13. Dr Patel expanded on his witness statement. He set out his history of XXX. Dr Patel explained the help he has sought XXX. He accepted the facts were similar to the current allegations he faced. He stated that XXX. He explained that he had been trainee of the year but had felt pressured due to the COVID-19 pandemic and working long hours in a stressful environment.

14. Following this XXX Dr Patel stated he had felt '*constantly judged*' due to others knowing about XXX. He felt that he was '*putting on a performance'* and ticking the boxes but really felt worse every day. He explained that he could not see clearly that he should have left anaesthetics. He stated in March 2022 he felt incredibly isolated.

15. XXX. After his conviction on 15 April 2025, he left anaesthetics. He stated his future was uncertain. He applied for GP training. After not hearing from the Deanery, he never thought he would work as a doctor again. In November 2025, whilst at his friend's house, he accepted that he had recreationally used XXX. He had an exhausting day packing up his house and '*did not really think about it'*. He accepted that he had not been candid about this with his mentor until XXX January 2026.

16. Dr Patel said he had been supported by his colleagues to change his specialism. He has sold his flat with a view to working in a new city. He has been a GP trainee since February 2026. He stated that there was no GP access to controlled drugs. He said that GPs prescribe electronically and prescriptions are reviewed for everyone.

17. Dr Patel accepted that he had promised himself he would not XXX. He accepted the breaches of the undertakings imposed showed that he was not able to meet his promise to himself, despite trying. He explained he had now moved past the '*must try harder'* solution XXX. He accepted his regulator had given him opportunities.

18. Dr Patel set out his childhood background. He had had a difficult upbringing. He left home at 15 years old. XXX. He had, until recently, been estranged from his family. He had,

after these allegations, reconnected with his father. He had found his father to be supportive. He stated he now had people he could turn to if he needed support. He felt more in control of who he told about his circumstances. He said that he was in a lower risk environment. In response to questions from the Tribunal he accepted he would move GP settings and be required to do two hospital placements as part of his training. He had no access to opiates and did not expect he would in the future. Further, he explained that, for example, opiate administration in the community for palliative care was done by specialist nurses.

19. Dr Patel explained how he had moved from seeing the misconduct as merely XXX to understanding the impact of his misconduct and his conviction on patient safety and public confidence in him and the profession as a whole. He had joined two groups to assist him. Both he had found supportive and helped him understand his issues as well as relevant reading. He was continuing to work on the impact his childhood has had on him.

Submissions

Submissions on behalf of the GMC

20. Mr Byrne, Counsel, submitted that Dr Patel's fitness to practise is impaired by reason of conviction and misconduct. Mr Byrne submitted all three parts of public protection are engaged. These are to protect and promote the health, safety and wellbeing of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain professional standards and conduct for members of the medical profession. He referred the Tribunal to the relevant sections of the MPTS Guidance for Tribunals (the MPTS Guidance) *(MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e)).*

21. Mr Byrne reminded the Tribunal of the facts of the case. Dr Patel stole a class A drug and self-administered XXX whilst at work, which left him unfit to carry out his duties for the remainder of the shift. Mr Byrne submitted that multiple features are engaged in this case. Mr Byrne highlighted the risk of harm to patients and bringing the medical profession into disrepute. Mr Byrne submitted that this case is at the higher end of the spectrum of seriousness.

22. Mr Byrne submitted that the defining feature in this case is dishonesty in a professional role and that overall, the misconduct falls at the higher end of the spectrum when all features are taken together. Mr Byrne emphasised some parts of paragraph 36 of the MPTS Guidance which sets out features that increase the seriousness:

i. *Behaviour being persistent and repeated* – he noted that XXX had occurred repeatedly and been in both Dr Patel's professional practice and private life recreationally.

ii. *Relevant fitness to practise history* – Mr Byrne said the Tribunal should not double count relevant fitness to practise history with the fact that the behaviour was persistent or repeated but asked the Tribunal to note Dr Patel had multiple opportunities to address his behaviour through GMC undertakings. He submitted that repetition of behaviour indicates that issues were not addressed and showed a disregard of regulatory frameworks.

iii. *Abuse of professional position* – Mr Byrne submitted that Dr Patel took the opportunity to acquire a controlled drug due to his professional position, which represents an abuse of his position and the trust placed in him by his employer.

iv. *Reckless disregard for patient safety or professional standards* – Dr Patel should have known that his behaviour or performance risked causing harm to patients. Dr Patel should have taken steps to prevent such risk.

v. *Undermining collaborative working* – Mr Byrne submitted that Dr Patel's actions undermined collaborative working as he became incapacitated and unavailable for his work.

23. Mr Byrne submitted Dr Patel's remediation was undermined by his fitness to practise history XXX. Mr Byrne noted that Dr Patel had a history of not being able to comply with undertakings.

24. Mr Byrne also submitted Dr Patel had limitations to his insight and candour and drew the Tribunal's attention to Dr Patel's letter he sent to GMC case examiners dated 31 August 2025. Dr Patel had stated when addressing the risk of repetition '*My difficulties were confined to the anaesthetic environment, where daily exposure to opioids, lack of privacy, and constant team changes created risks I could not manage. [XXX]'*. Mr Byrne reminded the Tribunal that Dr Patel had in fact used XXX after this letter, in November 2025 and had only disclosed this fact after XXX.

25. Mr Byrne submitted that the Tribunal should take care to apply a nuanced approach when considering Dr Patel's evidence that removing himself from anaesthetics would fully remove his ability to source drugs.

26. Mr Byrne acknowledged there were some factors in Dr Patel's context and response that may reduce the risk downwards. He acknowledged the work done to attempt to remediate but submitted this case would still remain at the higher end of the spectrum of seriousness.

<u>Submissions on behalf of Dr Patel</u>

27. Mr Rich, Counsel, asked the Tribunal to step back and look at the case as a whole. He reminded the Tribunal of the context involved in this case. Dr Patel is XXX. Mr Rich reminded the Tribunal that the XXX was taken opportunistically. Mr Rich accepted the dishonesty was serious, nonetheless he submitted there was a spectrum of seriousness, and this did not fall at the higher end. He submitted the focus of the Tribunal should be around Dr Patel taking drugs and not being available for patients rather than the theft of a syringe of drugs (to be disposed of in any event) which he submitted is not the most serious theft. Mr Rich submitted the risk to patients was indirect and, though this should still be considered, should not be exaggerated.

28. Mr Rich submitted Dr Patel does not have an attitudinal problem but rather XXX. Mr Rich submitted that though Dr Patel's behaviour was not isolated, the repetition and XXX are characteristic of XXX. Mr Rich submitted Dr Patel had taken significant steps to XXX and, on balance, the repetition of the behaviour should not increase seriousness too greatly.

29. Mr Rich addressed Dr Patel's letter to GMC case examiners, dated 31 August 2025, that Mr Byrne referred to in his submission. Mr Rich submitted that Dr Patel's primary issue was with anaesthetics and that Dr Patel's letter was not an attempt to fool the case examiners but rather was a reasonable description of the state of mind he had at the time. This had now changed.

30. Mr Rich acknowledged that Dr Patel had opportunity to self-administer opioids due to his professional position. However, Mr Rich emphasised that Dr Patel was not using his position to exploit and take something from someone else or to abuse another person's trust. Mr Rich referred to the submission that Dr Patel had shown a reckless disregard of professional standards, and reminded the Tribunal that XXX when the incident occurred.

31. Mr Rich reminded the Tribunal of Dr Patel's difficult upbringing and how that had informed his need to prove himself and to not ask for help. Mr Rich submitted that Dr Patel had substantially overcome this. Referral was made to the evidence of mentorship logs from Dr Patel's mentors, which detail the reflection and work done on developing his insight. Mr Rich quoted Dr Patel's reflection statement in his letter to Dr B dated 16 April 2024, where Dr Patel wrote *'[XXX], this does not reduce my professional responsibility for the consequences of my behaviour'.* Mr Rich submitted this was evidence that Dr Patel had developed good insight XXX, though perhaps explaining his conduct does not provide justification for it.

32. Mr Rich drew the Tribunal's attention to the comprehensive programme of reflection Dr Patel had carried out to understand his wrongdoing. He referred to his continued

professional development (CPD), documents in evidence such as Dr C's report (his GP trainer), Dr Patel's involvement XXX, and reconciliation with his father as all examples of this.

33. Mr Rich accepted that XXX is hard to remediate but Dr Patel has shown evidence of significant progress. Dr Patel acknowledges that there's always XXX, but Mr Rich submitted that it has been substantially remediated. He stated that the November 2025 XXX by Dr Patel reflected his poor judgement. He submitted that it is not in the same category as XXX. Mr Rich further submitted the Tribunal can conclude that opioid use is unlikely to be repeated, XXX.

34. Mr Rich submitted that Dr Patel accepts that a finding of impairment must be made regarding public confidence in the profession and upholding standards. He submitted, however, the evidence of considerable work done by Dr Patel is relevant. Though hard for Dr Patel to show XXX is extremely low, Mr Rich reminded the Tribunal that there is a good deal of evidence that the risk is now substantially reduced.

The relevant legal principles

35. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

36. In approaching the decision around misconduct, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

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

a) where on the spectrum of seriousness the allegation lies, based on the facts found proved;
b) the impact of any relevant context known about Dr Patel and/or his working environment; and

c) how Dr Patel has responded to the allegations.

38. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report as adapted in *CHRE v NMC and Grant* [2011] EWHC 927(admin). The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

> *' ..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that he:*
>
> *a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession;*
>
> *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

39. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

The Tribunal's determination on impairment

40. The Tribunal had regard to the submissions provided by the parties, GMP (2024) and the MPTS Guidance. The Tribunal has followed section three of the MPTS Guidance (*MPT Hearings > Part B - Stage 2: impairment*) in terms of steps 2(a) to (e).

Is there a legal basis for considering impairment?

41. The Tribunal had regard to the statutory overarching objective, in terms of public protection. It must act in a way that:

a) protects, promotes and maintains the health, safety and well-being of the public ('patient safety');
b) promotes and maintains public confidence in the profession ('public confidence'); and
c) promotes and maintains proper professional standards and conduct for members of those professions ('uphold professional standards').

42. The Tribunal noted there were two potential bases for impairment on the facts of this case.

Basis 1: Conviction

43. The Tribunal noted that it was agreed and accepted by parties that a legal basis for impairment on the grounds of conviction was established.

44. The Tribunal took into consideration that the legal basis for this case is a conviction for theft of a partially used syringe of XXX from the Hospital where Dr Patel worked. The Tribunal accepted that dishonesty offences have different levels of seriousness, theft from your employer is a serious offence of dishonesty. Dr Patel was sentenced to a 12-month Community Order, with both rehabilitation activity and unpaid work requirements. The Tribunal was satisfied that the legal basis for considering impairment had been met.

Basis 2: Misconduct

45. The misconduct involved the XXX of a partially used syringe of XXX, causing his own collapse whilst on duty. The Tribunal considered whether the facts, as admitted and 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.

46. The Tribunal considered that Dr Patel's actions had put himself at considerable risk. Further, he had also indirectly put patients at risk as his actions had meant that resources were diverted away from patients. Colleagues were required to care for him rather than other patients and he made himself unavailable for the remainder of his scheduled shift.

47. The Tribunal was satisfied that this amounted to misconduct, which was serious and it was satisfied this legal basis for impairment had been met.

Where on the spectrum of seriousness does the allegation lie?

48. The Tribunal considered where on the spectrum of seriousness its deliberations should begin. The Tribunal considered paragraph 28 of the Guidance in relation to allegations usually falling at the lower end of the spectrum of seriousness.

49. The Tribunal determined that this was not an appropriate starting level given the nature of the conviction which did not result in a discharge or fine.

50. The Tribunal then had regard to paragraph 31 of the Guidance which sets out allegations that are likely to fall at the higher end of the spectrum of seriousness including, but are not limited to:

> *'…a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)'*

51. The Tribunal accepted this was not the case. This offence was for theft from his employer of a syringe containing controlled drugs which were then self-administered, rendering Dr Patel unconscious whilst on duty in the Hospital. He then failed to complete his shift whilst he was examined at the Hospital. Whilst the Tribunal considered that this may not be a high value theft, taken with the misconduct it did not fall at the lowest end of the spectrum of seriousness.

52. The Tribunal noted that Dr Patel had breached fundamental tenet of the medical profession as to honesty and probity. The Tribunal noted that he has abused his position as a doctor to steal from his employer. The Tribunal was of the view that his misconduct had also put himself at risk and he had put patients at potential risk by diverting resources from them.

53. The Tribunal considered the following factors, as set out in the table set out at paragraph 36 in the MPTS Guidance, to be engaged when considering features which may increase seriousness:

> *'Behaviour or poor performance will be persistent or repeated where the same, or similar, act(s) or omission(s) occur(s) multiple times and/or where an act or omission continues over a prolonged period. Persistent or repeated behaviour can be seen inside or outside a doctor's working life…'*

54. When considering the risk of repetition, the Tribunal noted that Dr Patel had previous engagement with his regulator. He had been the subject of undertakings XXX. He has XXX in breach of those undertakings. Dr Patel had also been the subject of a police caution in 2022 for similar conduct, XXX.

55. The Tribunal was also of the view that Dr Patel had shown a reckless disregard for patient safety. He ought to have known the risks involved to patients in his misconduct, namely taking drugs at work whilst on duty.

56. Whilst the Tribunal understood that XXX the Tribunal was of the view that Dr Patel had been given opportunities to put steps in place to avoid any such risk and he had not been successful.

57. The Tribunal was of the view that there was ample evidence of an ongoing risk to the public.

58. The Tribunal therefore determined that the nature of Dr Patel's misconduct which led to his convictions could not be described as medium and was at the high end on the spectrum of seriousness.

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

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

60. The Tribunal took into consideration the evidence before it, which demonstrates that Dr Patel had been XXX. He had experienced XXX prior to the incident that brought him before this Tribunal. The Tribunal was of the view that the fact of XXX may provide explanation for how Dr Patel acted however it could not provide justification for his conduct.

61. The Tribunal had regard to the evidence before it about Dr Patel's working environment at the material time. It considered that Dr Patel was working in a high-risk environment for him. As an anaesthetic registrar, Dr Patel had potential access to opiate medications on a regular basis. The Tribunal noted that Dr Patel accepts that he should have taken steps much sooner to remove himself from the environment.

62. The Tribunal also took into consideration Dr Patel's social history. It noted his evidence of his difficult childhood and subsequent estrangement from his family. It accepted that his difficult upbringing had led to Dr Patel feeling isolated. The Tribunal noted that at the time of the incident he had no support network and acknowledged that, to an extent, his lack of network led to him being unable to deal with the emotional matters which had contributed to XXX.

63. The Tribunal noted that Dr Patel has taken steps to address his social isolation, including rebuilding his relationship with his father and XXX. Since the allegations he had XXX. He was now confiding in two close friends who were also in the medical profession but not working alongside him.

How has Dr Patel responded to the allegations?

64. The Tribunal next considered Dr Patel's response to the allegation. The Tribunal noted the MPTS Guidance that it should consider the evidence available to it to establish if Dr Patel has: (a) shown insight into his own behaviour and whether that insight is genuine; (b) taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation; and (c) kept his knowledge and skills up to date.

65. The Tribunal also noted from the MPTS Guidance that evidence of insight and remediation will have a different impact on the assessment of current and ongoing risk to public protection in each case, depending on the nature of the allegation and individual circumstances of the case. In cases where the allegation falls at the higher end of the spectrum of seriousness, and therefore the starting point for assessing current and ongoing risk to public protection is high, evidence of insight and remediation will usually carry less weight and therefore will have less impact, if any, on the assessment of current and ongoing risk to public protection. This is because the risk to public protection arising from these allegations is generally more difficult to address.

Insight

66. The Tribunal assessed the extent of Dr Patel's insight into his misconduct. The Tribunal acknowledged that Dr Patel had self-referred, had cooperated with the investigation by the Police and that he has fully cooperated with these regulatory proceedings. Further, Dr Patel fully admitted the allegation before the Tribunal and has not sought to minimise the seriousness of his actions.

67. Dr Patel provided a written statement and gave oral evidence before the Tribunal. Considering all the information before it, the Tribunal was of the opinion that Dr Patel had begun to make steps towards insight but at this stage it was still developing. As set out he now had a good relationship with his father whom he described as supportive. He has started to demonstrate insight and understanding around how his upbringing has impacted him and his conduct.

68. Dr Patel has now removed himself from the very high-risk environment, of anaesthetics, where he had regular access to opiates and where this misconduct took place. However, the Tribunal was of the view that there were likely to be times where there would be access to controlled drugs in the future. The Tribunal were not confident that he had thought through potential access to drugs in his training hospital rotations or as a more senior doctor.

69. The Tribunal also noted his lack of candidness over XXX use with those supporting him after the events with which they are concerned. He did not admit the use of XXX to his mentor XXX. When Dr Patel explained this in evidence he described it as '*purely social*' and that '*he did not really think about it*'. Although this did not involve the use of opiates this caused the Tribunal concern over his insight into how such conduct was not befitting of a doctor and how it might adversely impact the reputation of the medical profession as a whole. The Tribunal were of the view this demonstrated his insight is still developing.

Remediation

70. The Tribunal next carefully considered whether Dr Patel has provided any evidence that he has remedied his misconduct. The Tribunal acknowledged that cases of this nature are difficult to remediate. However, the Tribunal considered that there are steps that a practitioner can take and strategies that they can develop to demonstrate a reduction in the risk that they will behave in a similar way in future.

71. The Tribunal reviewed documentation provided by Dr Patel. It found that he has provided evidence of CPD relevant to his training and also to his misconduct, including attendance at a Probity and Ethics course in February 2026.

72. The Tribunal took into consideration meeting notes for his support meetings with the Deanery and his mentoring sessions. The Tribunal noted that in a meeting with the Deanery on 17 April 2024:

> *'RP said he has to wait and see what happens with the GMC but does not feel they would do much different to the undertakings he currently has on his registration.'*

73. Whilst this was not long after his misconduct the Tribunal were of the view that this was a surprising comment given his multiple interactions with the regulator and the fact he already had XXX. It suggested a lack of developed insight.

74. The Tribunal also reviewed all the mentoring records and accepted that he has since started to realise the gravity and impact of his conduct on himself and the profession. It was of the view this is an improving picture but not yet complete.

75. The Tribunal also took into consideration XXX. In his evidence, Dr Patel told the Tribunal that his engagement with XXX had helped him to engage properly XXX, as well as to rebuild his relationship with his father.

76. The Tribunal was of the view that, whilst this engagement is to his credit, his insight XXX and what led to his conduct and conviction is only just developing. It was the view of the Tribunal that Dr Patel has not yet fully appreciated the hard road ahead to maintain his XXX and the need to have a support system in place when he is struggling.

77. When considering the risk of repetition, the Tribunal accepted that XXX.

78. The Tribunal acknowledged that this XXX reduces the risk of XXX but does not remove it. It was of the view that even a low risk of repetition in the context of the clinical environment has potentially serious consequences for both Dr Patel and public safety.

79. The Tribunal acknowledged that Dr Patel has made efforts towards remediation and was at the start of developing his insight. However, it was of the view that the risk to the public arising from the facts of this case is more difficult to address, given the longstanding history of XXX and the opportunities given which have not been successful.

80. XXX

81. XXX

82. The Tribunal was of the view that it was difficult to quantify the risk of repetition but concluded on all of the facts that the current risk was not low and was at the very least medium. The Tribunal noted Dr Patel had only just started his GP training and had yet to be tested in more stressful circumstances or for any real length of time since he has been back in the workplace.

83. The Tribunal took into account that Dr Patel is currently in his first year as a GP Trainee. There was nothing before the Tribunal that would indicate that he has failed to keep his knowledge and skills up to date such that this creates a current and ongoing risk to public protection. There were no concerns raised about his skills. The testimonials demonstrate that he is highly regarded as a trainee. He has been supported in a career change to GP by the

Deanery and his colleagues. The Tribunal considered that the fact that his knowledge and skills appear to be up to date did not directly impact on the Tribunal's assessment of current and ongoing risk to public protection.

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

84. The Tribunal then considered, overall, whether Dr Patel poses any current and ongoing risk to public protection which may require restrictive action on his registration and make its decision on impairment.

85. The Tribunal reviewed its findings at the Guidance above. It has found that Dr Patel's misconduct and conviction, which involved the theft of a syringe containing XXX, a controlled opiate drug, and self-administering whilst on shift and collapsing, lies at the highest category of seriousness. The Tribunal has considered the known personal contextual factors relating to Dr Patel and has taken into account his response to the allegation. The Tribunal found Dr Patel's insight and remediation to be still in the early stages. The Tribunal accepted that although this work reduced the risk of repetition and to the wider public interest, it did not go far enough to reduce the risk from high.

86. The Tribunal noted that questions still remain as to whether Dr Patel will be able to safely practise, given XXX, whilst under supervision by the GMC. The Tribunal found that, whilst the public may be sympathetic to a doctor with XXX, they would be concerned by XXX and the risk of repetition. The Tribunal also concluded that a reasonable member of the public would be concerned about a doctor who had stolen drugs from a hospital to self-administer whilst on shift to the point of incapacitation. The Tribunal noted that Dr Patel had received a previous police caution for similar conduct and that the public would also be extremely concerned by a doctor continuing to practise unrestricted in this context.

87. The Tribunal also considered that Dr Patel's misconduct had put patients at a potential risk of harm and he had risked patient safety, by taking controlled opiate drugs at work.

88. The Tribunal found that Dr Patel's conduct fell at the higher end of the spectrum of seriousness and that he continues to present a current and ongoing risk to the public for both the misconduct and conviction heads of impairment. It found that all three parts of public protection were engaged in this case.

89. The Tribunal has therefore determined that Dr Patel's fitness to practise is impaired by reason of misconduct and due to his conviction for a criminal offence.

Determination on Sanction - 04/06/2026

90. The Tribunal exercised its powers under Rule 41 of Rules, to sit in private when matters heard as evidence were confidential. This determination will be handed down in private due to the confidential nature of some of the matters heard as evidence. However, as this case concerns Dr Patel's misconduct and conviction, a redacted version will be published at the close of the hearing.

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

The Evidence

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

Submissions

Submissions on behalf of the GMC

93. On behalf of the GMC, Mr Byrne submitted that a period of suspension would be the correct and appropriate sanction in Dr Patel's case. Mr Byrne submitted that the Tribunal's finding of impairment makes it necessary to take some action to protect the public. Mr Byrne noted that the Tribunal had determined that all three parts of the overarching objective of public protection are engaged in this case.

94. Mr Byrne quoted from the Tribunal's impairment determination, which had found that Dr Patel's conduct fell at the higher end of the spectrum of seriousness, and that his insight and remediation were both still at an early stage.

95. Mr Byrne submitted that there were no exceptional circumstances that would justify the Tribunal taking no action in this case and thus did not put this forward as an appropriate sanction on behalf of the GMC.

96. Mr Byrne put forward submissions regarding conditions on Dr Patel. Mr Byrne quoted paragraph 19 and 20 of the *MPTS Guidance for Tribunals (the MPTS Guidance) (MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction)* which reads:

> *19. '…The purpose of putting in place a sanction of conditions is to provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection is being adequately managed.'*
>
> *20. 'Where conditions are put in place, they should be appropriate, workable, and measurable.'*

97. Mr Byrne submitted that as the risk to public protection is so high, conditions would not be appropriate and would not meet the three limbs of the overarching objective.

98. Mr Byrne submitted that conditions would not be workable and referred to paragraph 23 of the MPTS Guidance.

> *23. 'Conditions are likely to be workable where:*
>
> *a. the doctor has shown insight*
> *b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
> *c. the doctor is willing to remediate*
> *d. the MPT is satisfied the doctor will comply with them.'*

99. Mr Byrne stated that Dr Patel, though willing to remediate, is at an early stage of this development. It is not clear if time spent subject to conditions would be sufficient to address the findings. Conditions also wouldn't meet public concerns as Dr Patel has previously taken undertakings which historically have not worked. This impacts the workability of conditions, in Mr Byrne's submission. Mr Byrne submitted that conditions could be measurable, with respect of Dr Patel's misuse of drugs and aspects he should be engaging with in his professional and personal life.

100. Mr Byrne referred to paragraph 30 of the MPTS Guidance regarding proportionality and submitted that as Dr Patel's behaviour fell at the higher end of the spectrum of seriousness, conditions are unlikely to be a proportionate response.

30. 'Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.'

101. Mr Byrne then turned to his submissions on a suspension of Dr Patel's medical registration. He referred to paragraph 45 of the MPTS Guidance to help his submission for why suspension would be an appropriate sanction.

45. 'Suspension may be proportionate in cases where some, or all, of the following factors are present:

a. conditions are not appropriate, measurable and/or workable

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'

102. Mr Byrne submitted that as all three limbs of public protection are engaged, suspension would be a proportionate response. Mr Byrne reminded the Tribunal of their impairment findings. Whilst the Tribunal had accepted a reduction in the risk of repetition, it didn't go far enough to reduce the risk from high.

103. Mr Byrne referred to paragraph 47 of the MPTS Guidance regarding when a short suspension may be appropriate in cases where behaviour fell at the higher end of the spectrum of seriousness, which Mr Byrne submitted that it had. Mr Byrne submitted that patient safety was still an issue and drew the Tribunal's attention to paragraph 47 of the MPTS Guidance.

47. 'A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards.'

104. Mr Byrne acknowledged the evidence of relevant context, insight and remediation from Dr Patel. He submitted that this had decreased the level of ongoing risk. Mr Byrne however submitted that a period of suspension should be imposed on public confidence and maintenance of professional standards grounds.

105. Mr Byrne drew the Tribunal's attention to the sanctions banding on paragraph 62 of the MPTS Guidance and submitted that there was still a high level of seriousness even after accounting for adjustments for Dr Patel's relevant context, insight and remediation.

106. Mr Byrne briefly went over erasure as a sanction option. He submitted that this was not being put forward by the GMC as an appropriate sanction, as Dr Patel's behaviour was not fundamentally incompatible with continued registration. Mr Byrne also submitted that the proportionality factors that may make erasure an appropriate response listed in paragraph 57 of the MPTS Guidance had not been met in Dr Patel's case.

107. Mr Byrne concluded his submissions by saying that based on the sanctions bandings in paragraph 62 of the MPTS Guidance, that the high conviction band suggests 12 months suspension to erasure, and submitted that 12 months suspension would be an appropriate sanction in this case.

Submissions on behalf of Dr Patel

108. On behalf of Dr Patel, Mr Rich submitted that Dr Patel had found the Tribunal's impairment decision to be fair but wished to remind the Tribunal that Dr Patel had only just got himself into a stable and lower risk working position. Dr Patel also accepts his insight still has further to go. Mr Rich reminded the Tribunal of the mitigating aspects and positive factors in their impairment decision such as Dr Patel's childhood background, becoming less socially isolated and renewing his relationship with his father.

109. Mr Rich referred to the impairment determination and reminded the Tribunal of their finding that XXX. Mr Rich reminded the Tribunal that Dr Patel had removed himself from the high-risk area of anaesthetics to a lower risk area of GP training. Dr Patel acknowledged within his evidence and mentoring discussions that the two aspects for him to remediate and XXX were to not place himself in difficult situations for him to cope with and to make changes within himself. Mr Rich submitted that Dr Patel does have insight that isn't complete, and his remediation is an improving picture.

110. Mr Rich submitted that Dr Patel has only been in his GP training for a few months. This makes it difficult to show the Tribunal this is the fundamental change which Dr Patel

feels it to be and acknowledges that it will be some time before he can put himself in a position to say this is a fundamental difference.

111. Mr Rich submitted that Dr Patel is clearly in a different position than he was during his XXX considering what he was currently doing, likely to do in future and Dr Patel's own social and personal situation. Mr Rich submitted that Dr Patel now has support structures around him, such as his father, mentors, friends and XXX, that are aware of his difficulties and are supportive.

112. Mr Rich submitted that XXX is remediable and Dr Patel can show remediation that could satisfy the Tribunal through conditions. Mr Rich submitted that conditions could be toughened to prevent handling of medications and suggested that there is no requirement for a GP to physically handle medications and Dr Patel's hospital rotations would not start until next year anyway.

113. Mr Rich submitted that if the Tribunal decides a period of suspension would be a more appropriate sanction, this could offer Dr Patel an opportunity to develop his insight further. Mr Rich referred to paragraph 45b of the MPTS Guidance to support this conclusion. Mr Rich suggested that Dr Patel has made progress with insight and remediation but acknowledges his fault and shortcomings and that there is still some distance to go.

114. Mr Rich moved to submissions on a sanction of erasure. Mr Rich suggested erasure would be disproportionate in this case. Mr Rich submitted that suspension would protect the public whilst insight and remediation develop.

115. Mr Rich reminded the Tribunal that Dr Patel has had XXX and suggested this long period of XXX could assure the Tribunal. Mr Rich submitted that Dr Patel's case is not one where the public cannot be protected while he develops into a safe doctor. The risk of harm can be lessened by a period of suspension. Mr Rich further suggested there has not been a persistent lack of insight. He submitted that it has been developing but is still incomplete. Mr Rich submitted that public confidence would not be damaged by allowing the possibility of Dr Patel's return to practise given the previous findings by the Tribunal around context.

116. Mr Rich submitted that a minimum duration of suspension would be necessary to achieve the required ends of the Tribunal. Dr Patel can provide value to the public if he can be brought back to practise safely and effectively. Mr Rich also reminded the Tribunal that Dr Patel would be able to retain his GP training number with a shorter suspension, whereas a longer period of suspension would likely lead to its loss for Dr Patel.

117. Mr Rich went over Dr Patel's recent developments in his insight. Dr Patel now appreciates the issue is not just about taking drugs but is also about putting himself in situations where there would be less pressure and temptation. Dr Patel's previous attitude of just *'trying harder'* has moved to an understanding that the fundamental circumstances need to change. Mr Rich submits that these fundamental circumstances have now changed for Dr Patel. Mr Rich also reminded the Tribunal of the good impression of Dr Patel given through his colleague's support in testimonials.

118. Regarding the sanctions banding, Mr Rich reminded the Tribunal that these are not *'tram lines'* and submitted that the evidence should persuade the Tribunal that Dr Patel has the skills and capacity to be a good and safe doctor. Dr Patel now has the attitude to his conduct needed to bring him in a position where he could safely practise again at some point without restrictions in Mr Rich's submission. Dr Patel accepts he will have to get in a position where a future Tribunal would accept he could return to practise; Mr Rich submits that the Tribunal should allow that to happen as soon as possible given the safety and public interest requirements identified.

The Tribunal's Determination on Sanction

119. In making its determination on sanction the Tribunal reminded itself the sanction imposed must be appropriate proportionate and fair and that sanctions are not intended to be punitive but may have a punitive effect and that the need to protect the public always outweighs the interests of any individual medical professional.

120. The Tribunal reminded itself briefly of the facts of the case. On 26 March 2024 Dr Patel stole a partially used syringe of XXX, a controlled drug, after being instructed to discard it. Dr Patel then self-administered this drug in the hospital bathroom where he was working and was subsequently found semi-conscious by colleagues. On the same day Dr Patel referred himself to the GMC.

121. Dr Patel admitted the allegations to the GMC. At the first opportunity he pleaded guilty to theft and possession of a controlled drug of Class A on 15 April 2025 at Barkingside Magistrate's Court. On the 19 May 2025 Dr Patel was sentenced to a 12-month Community Order with a rehabilitation activity requirement and an unpaid work requirement.

122. In making its decision on sanction, the Tribunal has reviewed its decision on the facts and impairment and has considered there remained a high level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions bandings for cases that involve convictions, dishonesty and XXX. It has also considered the impact of any specific

sanction. It has reminded itself of the mentor session notes, the evidence of remediation and the testimonials provided on behalf of Dr Patel.

123. The Tribunal noted the different starting points for each of the case types identified in the banding table. It was of the view that the facts of this case crossed over all three types of case. It noted that this was a conviction case and that the conviction was one for dishonesty. This was a conviction that did not result in a custodial sentence. This was a conviction for dishonesty that would not have occurred but for XXX. The Tribunal noted that it was not suggested that Dr Patel has any deep-seated trait of dishonesty, but his conviction/ misconduct were both because of XXX.

124. The Tribunal also noted that the misconduct arose as a direct result of XXX. The Tribunal must therefore be careful to balance each of those factors before deciding sanction.

No action

125. The Tribunal considered the option of taking no action in Dr Patel's case. The Tribunal reminded itself that both parties agreed within their sanction submissions that Dr Patel's case did not contain exceptional circumstances that would justify a Tribunal taking no action. The Tribunal found that taking no action would not adequately meet the relevant public safety concerns present in this case. Therefore, the Tribunal determined that taking no action would not be appropriate.

Conditions

126. Given the XXX context to this case the Tribunal gave fair consideration to whether conditions could be imposed on Dr Patel to meet the concerns raised. It noted whilst the conviction and misconduct were serious they arose from XXX.

127. The Tribunal noted that Dr Patel's XXX supervisor, Dr A, suggested imposition of conditions would be appropriate in this case. The Tribunal agreed, to some extent, that conditions XXX and no exposure to possession of controlled drugs in his professional life could be workable. However, it was of the view that conditions were not appropriate as Dr Patel had XXX whilst being supervised by his regulator when undertakings were imposed. Undertakings would not be dissimilar to conditions.

128. The Tribunal were also of the view that conditions would not be an appropriate way to address the overarching objective, conditions would not safely manage the risk Dr Patel

currently posed nor would they adequately uphold professional standards or maintain public confidence.

129. In all the circumstances the Tribunal were of the view that the imposition of conditions would not meet the serious public protection concerns raised by the facts of this case.

Suspension

130. The Tribunal reviewed paragraph 41 of the Guidance regarding suspension and was of the view this was relevant as XXX is having an impact on his ability to practise safely and XXX.

131. The Tribunal noted paragraphs 44 and 45 of the relevant section of the 2025 Guidance, which state:

> *'44. Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.'*
>
> *45. 'Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a. conditions are not appropriate, measurable and/or workable*
> *b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
> *c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and or/ maintain standards'*

132. The Tribunal acknowledged that dishonesty in any form is serious, although there are different degrees of dishonesty. This was not the most serious dishonesty but as stated with the self-administering of the drugs whilst at work could have had serious consequences.

133. The Tribunal took into account its assessment on insight and remediation at the impairment stage and noted its concerns regarding limited but developing insight and

remediation and that he has not yet taken sufficient steps to reduce the risk of repetition or restore public confidence.

134. The Tribunal noted that Dr Patel is a good doctor who is well regarded by colleagues and who will provide a valuable service to the public as a GP if permitted to remain in practice.

Erasure

135. The Tribunal then went onto consider whether erasure was the most appropriate and proportionate sanction, as required by the 2025 Guidance. It had regard to paragraphs 55 and 57 of the relevant section of the 2025 Guidance, which provides:

> *'55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'*
>
> *'57. Erasure may be the proportionate response where:*
>
> a. *Conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> b. *The doctor's behaviour or performance is such that it caused serious harm and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> c. *The doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
> d. *The seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession'*

136. Although the misconduct found proved was serious, the Tribunal was not satisfied that it was so serious that it warranted complete removal from the register. It determined that erasure would be disproportionate, having regard to the steps Dr Patel has taken so far to remediate his actions.

137. Further, it was satisfied that it was possible for Dr Patel to successfully XXX, remediate his conduct and to further develop his insight. Consequently, the Tribunal did not find that Dr Patel's conviction and misconduct was incompatible with continued registration.

138. The Tribunal was satisfied that the public can be protected and professional standards upheld through a period of suspension. The Tribunal was also satisfied that, in the circumstances as outlined above, public confidence would not be undermined by allowing Dr Patel to continue to hold registration, despite the seriousness of the facts admitted and the current and ongoing risk to public protection.

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

Length of Sanction

140. In determining the length of suspension, the Tribunal had regard to paragraph 46 of the relevant section of the 2025 Guidance which states:

> *'46. The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:*
>
> *a. The assessment of the level of current and ongoing risk to public protection posed by the doctor*
> *b. The reasons for assessing suspension as being the proportionate response*
> *c. The amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or*
> *d. The amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice'*

141. The Tribunal noted that the GMC had advocated for the highest level of suspension as this was a conviction case. As previously set out the Tribunal were of the view that the facts of this case crossed 3 sanction bandings. It was careful to note the type of dishonesty that led to the conviction. As stated, this was not a high value theft but of a syringe of controlled

drugs to be disposed of. As the Tribunal noted the dishonesty would not have happened without XXX.

142. The Tribunal took into account the work that Dr Patel had done to remediate his conduct, to gain insight and attempt to restore public confidence in him and the medical profession as a whole.

143. The Tribunal noted the effect a suspension at the highest end would have on Dr Patel personally and would potentially deprive the public of the services of a good doctor in the future.

144. Considering all the facts the Tribunal were of the view that a suspension of 6 months was the appropriate and proportionate response in this case.

Review

145. The Tribunal determined to direct a review of Dr Patel's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing; the onus will be on Dr Patel to demonstrate how he has sufficiently developed insight and remediated his misconduct.

146. It therefore may assist the reviewing Tribunal if Dr Patel provides:

a) Evidence of insight and remediation.
b) Evidence of coping strategies to deal with stressful situations.
c) XXX.
d) Evidence from those providing him support.

Determination on Immediate Order - 04/06/2026

147. 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 Patel's alleged conviction and misconduct a redacted version will be published at the close of the hearing.

148. Having determined that Dr Patel is to have his registration suspended for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Patel's registration should be subject to an immediate order.

Submissions

149. On behalf of the GMC, Mr Byrne submitted the GMC do not seek an immediate order in this case. Mr Byrne referred to paragraph 83 and 84 of the *MPTS Guidance for Tribunals (the MPTS Guidance) (MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction).* After, Mr Byrne acknowledged the level of risk noted by the Tribunal in their earlier determinations, but he and the GMC were content that on the facts of this case, the order of suspension need not be immediate.

150. On behalf of Dr Patel, Mr Rich submitted that an immediate order is not necessary. Mr Rich submitted that Dr Patel's current undertakings still restrict him to prescribing in ways that are approved by his Responsible Officer. Mr Rich submitted that his Responsible Officer can read the determination and decide if any restrictions are needed and manage any residual risks.

151. Mr Rich submitted that Dr Patel has been XXX and has been working successfully for four months under his current undertakings. Mr Rich submitted that Dr Patel is under constant supervision despite the undertakings not being formal conditions.

152. Mr Rich reminded the Tribunal that the effect on Dr Patel was considered in the previous determinations. Mr Rich submitted that if Dr Patel can work for 28 days with undertakings and supervision, if the order were immediate Dr Patel would not be able to finish his first GP training rotation.

The Tribunal's Determination

153. The Tribunal considered paragraph 84 of the MPTS Guidance regarding when immediate orders should be imposed.

> *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.'*

154. The Tribunal noted that Dr Patel will be in a GP training setting with careful monitoring, in an environment where his previous misconduct is well-known. The Tribunal have been informed further that Dr Patel is still the subject of undertakings with the GMC. Therefore, in the short term, this mitigates the risk and the Tribunal are satisfied that, in the short term, the public are adequately protected. The Tribunal are of the view immediate action is not needed to maintain confidence in the medical profession because the conviction and misconduct has been marked by a suspension of 6 months.

155. This means that Dr Patel's registration will be suspended in 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Patel does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.