PUBLIC RECORD

Dates: 05/08/2026 - 07/08/2026

Doctor:	Dr Sudip CHOWDHURY
GMC reference number:	7075626
Primary medical qualification:	MB BS 2004 University of Calcutta

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application granted

Tribunal:

Legally Qualified Chair	Miss Shamaila Qureshi
Lay Tribunal Member:	Mrs Barbara Larkin
Registrant Tribunal Member:	Dr John Baxendale

Tribunal Clerk:	Ms Ciara Fogarty

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Colette Renton, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on restoration following disciplinary erasure – 07/08/2026

1. The Tribunal has convened to consider Dr Chowdhury's application to be restored to the medical register following his erasure for disciplinary reasons in September 2020.

2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended (the Act) and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended (the Rules).

3. This is Dr Chowdhury's first application to be restored to the medical register.

Background

4. Dr Chowdhury qualified in 2004 from the University of Calcutta. At the time of the events that ultimately led to his erasure from the medical register, Dr Chowdhury was undertaking a Postgraduate Diploma in Child Health accredited by the University of Leeds and at the time was a Specialist Trainee in Paediatrics (ST6).

5. The circumstances that led to Dr Chowdhury's erasure were first considered by a Medical Practitioners Tribunal in October 2019 (the 2019 Tribunal). Dr Chowdhury did not attend the hearing, although he had previously engaged with the GMC during its investigation by providing a Rule 7 response. The Tribunal found proved that, on 19 March 2018, Dr Chowdhury knowingly submitted an assignment to the University of Leeds containing work that had been plagiarised and which was not his own. The Tribunal found that Dr Chowdhury knew the assignment contained plagiarised work, knew he should not submit plagiarised work, and concluded that his submission of the assignment was dishonest.

6. The 2019 Tribunal also found proved that, prior to his Annual Review of Competence Progression (ARCP), Dr Chowdhury failed to declare on his Form R that he had been investigated and found guilty of plagiarism by the University of Leeds. He knew that he ought to have made that declaration. However, whilst the Tribunal found the omission from the Form R proved, it did not find that aspect of the allegation to be dishonest because he mentioned it verbally at the ARCP interview and referenced it in his reflective statement on the day prior to the meeting.

7. In reaching its determination on impairment, the 2019 Tribunal concluded that Dr Chowdhury's dishonesty represented a serious breach of the fundamental tenets of the profession and amounted to serious misconduct. The 2019 Tribunal was concerned that, despite accepting he had committed plagiarism, Dr Chowdhury continued to maintain that his actions were the result of "carelessness" and "error" rather than deliberate dishonesty. It found that Dr Chowdhury had demonstrated only very limited insight into his misconduct, provided insufficient evidence of meaningful remediation and had failed to demonstrate an understanding of the seriousness of his dishonest conduct. The 2019 Tribunal concluded that there remained a risk of repetition and that a finding of current impairment was necessary to maintain public confidence in the profession and uphold proper professional standards.

8. In considering sanction, the 2019 Tribunal accepted that the misconduct was serious but concluded that it was not, at that stage, fundamentally incompatible with continued registration. It determined that a period of suspension of nine months would provide Dr Chowdhury with an opportunity to develop insight into his dishonesty and undertake appropriate remediation, noting that there were no concerns regarding his clinical competence. The 2019 Tribunal therefore imposed a suspension order for a period of nine months and directed a review before the expiry of the order.

9. The 2019 Tribunal indicated that a future reviewing Tribunal may be assisted by evidence including a reflective statement addressing the dishonest conduct, evidence of remediation and learning, evidence demonstrating that Dr Chowdhury had maintained his clinical knowledge and skills and kept his continuing professional development up to date, together with testimonials and any other relevant evidence.

10. Dr Chowdhury's case was first reviewed by a Medical Practitioners Tribunal on the 5 August 2020 (the 2020 Tribunal). Dr Chowdhury did not attend the review hearing, which proceeded in his absence. The 2020 Tribunal found that Dr Chowdhury had not provided any evidence that he had reflected upon or remediated his dishonest misconduct, nor had he

demonstrated that he had maintained his medical knowledge, clinical skills or continuing professional development during the period of suspension.

11. The 2020 Tribunal also noted email correspondence dated 24 June 2020 from Dr Chowdhury indicating that the ''outcome did not matter'' and that he no longer wished to ''to be registered with the GMC or ever work in the UK in the future'' and further commented that his treatment, ''after giving 8 years of service to the NHS is appalling''. The 2020 Tribunal found that this demonstrated a lack of meaningful engagement with the regulatory process.

12. The 2020 Tribunal concluded that Dr Chowdhury had failed to use the period of suspension to address the concerns identified by the 2019 Tribunal and had shown no meaningful development of insight or remediation. It considered that Dr Chowdhury continued to minimise the seriousness of his dishonest conduct, had failed to recognise the opportunity afforded by the review process and had demonstrated a persistent lack of engagement with his regulator.

13. The 2020 Tribunal concluded that Dr Chowdhury's fitness to practise remained impaired and that a further period of suspension would serve no useful purpose, as there was no evidence that Dr Chowdhury would engage with or utilise any further period of suspension to remediate his misconduct. It determined Dr Chowdhury's misconduct to be fundamentally incompatible with continued registration on the medical register and as such determined to impose a sanction of erasure.

The Current Restoration Hearing

The evidence

14. The Tribunal has taken into account all the relevant evidence that it has received, both oral and documentary.

15. Dr Chowdhury provided his own witness statements dated 21 June 2026 and 6 and 8 July 2026. He also gave oral evidence at the hearing.

Documentary evidence

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

Email from Dr Chowdhury dated 21 June 2026 enclosing:

- UD8 form
- Insight, reflection and remediation statement
- Annexure A-Professional Continuity
- Annexure B- Certificate of Good Standing
- Annexure C-CPD Portfolio
- Annexure D-FPND Certificate
- Annexure E-Clinical Employment References
- Annexure F-Fortis Hospital Governance contracts
- Annexure G-Publications and Research
- Annexure H-Ethics and CPD Training
- Annexure I-Post Graduate Diploma in Business Management-University of Manchester
- Annexure J-AI in Healthcare Course from JHU
- Annexure K-Community Service
- Annexure L-Medical teaching contract 2
- Annexure M-Clinical
- Psychologist letter of support
- Life support certifications
- Return to UK practice plan
- Determinations from MPT hearing dated October 2019
- Letter of confirmation – Authorship of 'Understanding Behavioural Issues: A Practical Guide for Parents' dated 3 July 2026
- Clinical Psychologist – additional letter of support dated 7 July 2026
- Testimonial bundle from Dr Chowdhury's colleagues in the medical field in India dated August 2026

Summary of evidence

17. The Tribunal received an addendum to Dr Chowdhury's statement dated 21 June 2026. In that addendum, Dr Chowdhury disclosed that Dr A, whose letter of support was included within his bundle, had been his treating Clinical Psychologist between August 2021 and February 2023. He further disclosed that, following the conclusion of that therapeutic relationship, they had become professional collaborators and were co-authoring a book on child behaviour and development. Dr Chowdhury explained that he had included Dr A's letter

because she was the only professional with first-hand knowledge of the reflective work he had undertaken during therapy. He stated that he wished to make the Tribunal aware of their subsequent professional association so that her evidence could be assessed with full transparency. Dr A also provided a further letter clarifying her professional position in this regard.

18. Dr Chowdhury gave oral evidence in support of his application and informed the Tribunal that he now understood the seriousness of the facts, that his behaviour was inexcusable and he apologised for his actions. He accepted in their entirety the findings of the previous Tribunals, acknowledging that he had deliberately submitted plagiarised academic work and had subsequently failed to make full prior disclosure to the ARCP panel. He accepted that his previous characterisation of his misconduct as carelessness reflected a lack of insight and stated that he now recognised his actions as deliberate dishonesty. He described the reflective work he had undertaken with his psychologist over an 18-month period, including cognitive behavioural therapy, mindfulness and simulated scenarios designed to explore his responses to ethical dilemmas. He said this work had enabled him to identify underlying behavioural patterns, including avoidance and attempting to minimise difficult situations, and had fundamentally changed the way he approached professional responsibility.

19. Dr Chowdhury stated how he has developed his insight and kept his clinical knowledge and skills up to date. He gave evidence that, since his erasure, he had remained in clinical practice as a Consultant in Paediatrics and Neonatology in India, initially at Manipal Hospitals and subsequently at Fortis Hospitals, where he had practised without complaint or regulatory concern for the last 6 years. He referred to certificates of good standing from the relevant medical councils, positive references from senior colleagues, his continuing professional development, postgraduate qualifications, fellowships, teaching and mentoring activities, and his involvement in hospital governance committees. He also referred to his authorship of a forthcoming book and explained that these activities demonstrated that he had maintained his clinical knowledge and skills.

20. When questioned further about dishonesty, Dr Chowdhury stated that he now understood the seriousness of his previous misconduct and accepted that, at the time, he had sought to “take a shortcut because of academic pressure.” He explained that he no longer sought to avoid difficult situations and take shortcuts and instead intended to address concerns openly, engage promptly with complaints or regulatory processes, inform

supervisors where appropriate, and use feedback as a learning opportunity in order to ensure that he would not repeat his dishonesty if academic pressures were present in the future.

21. He referred to his return to UK practice plan contained within his bundle and outlined the professional safeguards he intended to adopt if restored to the Register, including early engagement with employers and regulators, participation in governance and appraisal processes, and continued ethics training.

22. In response to questions from Ms Renton, Counsel for the GMC, Dr Chowdhury gave evidence regarding the importance of honesty in maintaining public confidence in the medical profession. He stated that patients placed considerable trust in doctors at times of vulnerability and that dishonest conduct undermined that trust. He accepted that his previous misconduct had damaged public confidence but maintained that genuine insight, remediation and sustained changed behaviour could help restore confidence in an individual practitioner.

23. Dr Chowdhury was also questioned about two ethics courses included within his bundle. He explained that one course had formed part of his annual professional development and the other had been undertaken as part of his hospital governance responsibilities. He said the courses reinforced the importance of candour, transparency, fairness and ethical decision-making and denied that they had been undertaken solely to support his restoration application.

24. Finally, Dr Chowdhury was questioned about his return to UK practice plan. He accepted that, before returning to NHS practice, he would need to complete some UK-specific training, including Advanced Paediatric Life Support and Level 3 Child Protection training. He also confirmed that he did not intend to apply immediately for consultant posts but planned to return initially in a specialty doctor role before progressing through the portfolio pathway towards specialist registration.

Submissions on behalf of the GMC

25. On behalf of the GMC, Ms Colette Renton, submitted that the GMC adopted a neutral position in relation to Dr Chowdhury's application for restoration and invited the Tribunal to determine the application in accordance with the relevant guidance.

26. Ms Renton submitted that the circumstances which had led to Dr Chowdhury's erasure were serious. She reminded the Tribunal that dishonesty was recognised within the relevant guidance as being at the more serious end of the spectrum of misconduct. She submitted that, in addition to the dishonest acts found proved by the original Tribunal, there had been a sustained lack of engagement with the regulatory process and a poor attitude towards those proceedings, which the original Tribunal had treated as aggravating features. She submitted that the seriousness of the misconduct was reflected by the fact that the sanction of erasure had been imposed.

27. In relation to insight, remediation and acceptance of responsibility, Ms Renton submitted that it was a matter for the Tribunal to assess Dr Chowdhury's oral and written evidence and determine the weight to attach to his submissions as to the insight he had developed and the steps he had taken to address the concerns identified by the previous Tribunals.

28. Turning to the risk of repetition, Ms Renton submitted that this was also a matter for the Tribunal's assessment. She observed that dishonesty could be particularly difficult to remediate because a Tribunal could not regulate an individual's mindset and therefore the risk of repetition can be difficult to assess. She submitted that the Tribunal should therefore consider whether Dr Chowdhury had provided sufficient reassurance, through his conduct and professional life since his erasure, that the risk of repetition had been reduced.

29. Ms Renton submitted that the Tribunal should also consider the evidence of the steps Dr Chowdhury had taken since his erasure. In relation to the testimonials contained within the bundle, she informed the Tribunal that five of the six testimonials had been verified by the GMC, with the authors confirming that the contents were accurate for the purposes of the hearing. She submitted that one testimonial had not been verified and that the Tribunal might therefore consider attaching less weight to that reference, although the weight to be given to it was ultimately a matter for the Tribunal. She noted Dr Chowdhury's explanation that the author had been on long-term leave and was therefore unavailable to verify the reference.

30. Finally, Ms Renton submitted that the Tribunal should consider whether Dr Chowdhury had demonstrated that he had maintained his knowledge and skills and had satisfied the Tribunal that he was fit to return to unrestricted practice. She submitted that, in determining the application, the Tribunal would need to consider whether restoration would satisfy the overarching objective. She reminded the Tribunal that the previous Tribunals'

principal concerns had related to maintaining public confidence in the profession and upholding proper professional standards, and invited the Tribunal to give particular consideration to those aspects of the overarching objective.

Dr Chowdhury's submissions

31. Dr Chowdhury submitted that he does not seek to undermine the findings made by the previous Tribunal which erased him and that he accepted those findings in full and approaches this application on the basis that his misconduct by dishonesty was serious as well as his attitude and his lack of engagement.

32. He submitted that the new evidence supported that Dr Chowdhury has genuine and developed insight into the seriousness of his misconduct, has demonstrated meaningful remediation directed to the identified failings and that there is a low risk of repetition. In addition to this he has developed a realistic and safe plan for a return to practice outlined in his return to work document.

33. Dr Chowdhury submitted that he had demonstrated that the deficiencies identified by the previous Tribunal had been sufficiently addressed through the insight he has developed, the remediation he has undertaken, and his subsequent education, professional development and achievements. He submitted that his application was not based on the passage of time alone but on the evidence he had provided to the Tribunal.

34. Dr Chowdhury submitted that he had fully accepted the findings of the 2019 Tribunal, including the finding that he had acted deliberately and dishonestly. He further submitted that he had provided an honest account of the 2020 review hearing and his failure to engage with that process, without seeking to minimise or justify his conduct.

35. Dr Chowdhury submitted that, since his erasure, he had maintained an unblemished clinical record over more than six years of consultant-level practice at major hospitals in India, during which he had received no complaints, adverse incidents or regulatory findings. He referred to the postgraduate qualifications and professional development he had undertaken, including his fellowship in Paediatric Nutrition and Development from NHCA Singapore and his postgraduate diploma in business administration management from the University of Manchester, which incorporated learning on governance and ethics.

36. Dr Chowdhury submitted that he had demonstrated a change in his behaviour in relation to openness and disclosure, referring to his NHS applications in which he had deliberately disclosed his regulatory history. He also relied upon the positive testimonials provided by colleagues who were aware of his regulatory background and who had nevertheless spoken positively about his integrity, honesty and professional practice.

37. Dr Chowdhury submitted that he now understood his misconduct at the appropriate level, recognising it not as carelessness or an error but as deliberate dishonesty, followed by a sustained lack of insight. He submitted that he had maintained his knowledge and skills through continuing professional development, recent clinical certifications, including Paediatric Advanced Life Support (PALS) and Basic Life Support (BLS), and other educational activities, which he submitted demonstrated his continued clinical competence and commitment to safe practice.

38. Dr Chowdhury invited the Tribunal to conclude that the risk of repetition is now low based upon the passage of 6 years since erasure, acceptance of wrong doing, absence of any further regulatory concerns, his improved insight and remediation along with his realistic planned route back to practice.

39. In conclusion, Dr Chowdhury submitted that he was now a more honest and self-aware practitioner who was committed to protecting the public and upholding the standards of the profession. He respectfully invited the Tribunal to grant his application for restoration to the medical register to enable him to return to practice within a regulated environment and complete the portfolio pathway towards specialist registration in the United Kingdom.

The Tribunal's approach

40. The Tribunal reminded itself that its power to restore a practitioner to the medical register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's legal duty to protect the public.

41. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Chowdhury's name to the medical register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Chowdhury's name should be restored to the medical register, it can do so only without restrictions on their practice.

42. Throughout its consideration of Dr Chowdhury's application for restoration, the Tribunal was guided by the approach laid out in the MPTS '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure'* (the guidance May 2026).

43. The Tribunal reminded itself that the onus is on Dr Chowdhury to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the previous Tribunals' findings on facts, impairment and sanction.

44. The guidance sets out that the test for the Tribunal to apply when considering restoration is:

> ***B2*** *"Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective? The overarching objective is the MPTs legal role to protect the public."*
>
> ***B3*** *To decide if the test for restoration is met, the MPT will therefore assess whether the doctor continues to pose any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response i.e. their fitness to practise is impaired. Where they no longer do so, the test for restoration will be met.*

45. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

a. the circumstances that led to disciplinary erasure;
b. whether Dr Chowdhury has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills;
c. what Dr Chowdhury has done since his name was erased from the register;
d. the steps Dr Chowdhury has taken to keep his knowledge and skills up to date; and
e. the lapse of time since erasure.

and then go on to determine whether restoration will achieve public protection considering any factors relevant to the original erasure and the new information.

The Tribunal's decision

46. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Chowdhury is fit to practise.

The circumstances that led to disciplinary erasure

47. In its deliberations the Tribunal had regard to the following paragraphs of the guidance:

> *'**B5** The MPT will be provided with copies of the previous MPT or panel's determinations. This will enable them to fully consider the background to the restoration application and identify the specific past concerns about the doctor's fitness to practise.*
>
> ***B6** The reasons given by the previous MPT or panel to direct erasure will help the MPT understand why erasure was the only proportionate means by which public protection could be achieved. The previous determination may also contain helpful information about the doctor's level of insight and remediation at the time of erasure.'*

48. The Tribunal carefully considered the determinations of the 2019 Tribunal and the 2020 Review Tribunal in order to identify the specific concerns that had resulted in Dr Chowdhury's suspension and subsequent erasure from the medical register.

49. The Tribunal noted that the 2019 Tribunal had found that Dr Chowdhury had deliberately submitted work that was not his own and had subsequently failed to make an adequate disclosure to the relevant ARCP panel. It had found that his conduct was dishonest and amounted to serious misconduct. The Tribunal noted that the 2019 Tribunal stated:

> *''22.The Tribunal concluded that Dr Chowdhury has very limited insight into his dishonesty and the submission of plagiarised work. There is little evidence of any real or relevant remediation by Dr Chowdhury before the Tribunal. The Tribunal was of the view that it could not be assured that Dr Chowdhury would not repeat his actions in the future.*

23. The Tribunal determined that Dr Chowdhury's dishonest misconduct and his lack of insight and remediation warranted a finding of impairment. Further, a finding of impairment was necessary to promote and maintain proper professional standards of conduct of members of the profession and maintain public confidence in the profession. Therefore, Dr Chowdhury's fitness to practise is currently impaired by reason of his misconduct.''

50. The Tribunal noted that the 2019 Tribunal had imposed a period of nine months suspension and directed a review. It considered that the previous Tribunal had adopted a measured approach and had provided Dr Chowdhury with a further opportunity to demonstrate insight, remediation and an understanding of the seriousness of his misconduct.

51. The Tribunal further noted that, at the time of the 2019 hearing, Dr Chowdhury had described the submission of the plagiarised work as a careless mistake. The 2019 Tribunal had considered that this demonstrated limited recognition of the deliberate and dishonest nature of his actions.

52. The Tribunal also had regard to the 2019 Tribunal's findings that Dr Chowdhury had not fully understood the seriousness of his dishonesty, the impact of his conduct upon public confidence in the profession, or the need to engage openly and fully with the regulatory process. It noted that Dr Chowdhury had been expected to use the period of suspension to develop his insight and demonstrate that such conduct would not be repeated.

53. The Tribunal then considered the circumstances which led to Dr Chowdhury's erasure at the 2020 review hearing. It noted that Dr Chowdhury had not attended the review hearing and had not meaningfully engaged with the review process. The 2020 Tribunal had received no evidence demonstrating that he had developed insight, remediated the concerns, maintained his knowledge and skills or addressed the attitudinal issues identified by the 2019 Tribunal.

54. The Tribunal noted that the 2020 review determination, which stated:

'' 22. The Tribunal noted that Dr Chowdhury has not provided any evidence of reflection or remediation, nor testimonials or evidence at all. In the absence of any such evidence from Dr Chowdhury addressing concerns previously identified, taken together with his email stating that the outcome of this hearing does not matter to

him, the Tribunal determined that Dr Chowdhury has not demonstrated any insight or remediation since the 2019 Tribunal.

23. Due to the lack of insight, remediation, engagement with his regulator and lack of evidence of maintenance of skills and knowledge, the Tribunal was satisfied that, the need to promote and maintain public confidence in the medical profession and the need to promote and maintain proper professional standards and conduct for members of the profession would be undermined if a finding of impairment were not made in this case. The Tribunal therefore determined that a finding of impaired fitness to practise was necessary in order to satisfy the second and third limbs of its statutory overarching objective as set out above.''

''25. Dishonesty, especially where persistent and/or covered up… Persistent lack of insight into the seriousness of their actions or the consequences." The Tribunal took into account Dr Chowdhury's previous dishonest behaviour, his lack of insight and remediation. It took the view that this has been aggravated by his non-engagement with his regulator and his disrespectful attitude to the regulatory process.

26. The Tribunal decided that continued registration is fundamentally incompatible with that of a registered medical practitioner.''

55. The 2020 Tribunal considered that Dr Chowdhury's failure to attend and engage with the review hearing had significantly exacerbated the existing concerns. In particular, it reinforced the previous concerns regarding his attitude towards the regulatory process and deprived the 2020 Tribunal of any reassurance that he had understood or addressed his misconduct.

56. The Tribunal noted that the erasure had not resulted solely from the original act of dishonesty. It followed the findings of serious dishonesty, Dr Chowdhury's limited insight and minimisation of his conduct, and his subsequent failure to engage with the review process or provide evidence that the concerns had been accepted or remedied.

57. The Tribunal bore all of those findings firmly in mind when considering Dr Chowdhury's present application. It recognised that the concerns which had led to his disciplinary erasure were serious and related not only to his dishonest conduct, but also to his sustained lack of insight, his attitude towards the regulatory process and the absence, at

the time of the review hearing, of evidence demonstrating remediation or reduced risk of repetition.

Whether Dr Chowdhury has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

58. The Tribunal had regard to paragraphs B7 – B10 of the guidance and in particular:

'B7 It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.

B8 Evidence of the doctor's current level of insight will be a significant factor for the MPT in assessing the risk the doctor may repeat the previous misconduct or poor performance that resulted in them being erased from the medical register.

B9 To assess the doctor's response to the matters that led to erasure, the MPT should consider the evidence available to them to establish if the doctor has:

a. shown insight into their own practice, behaviour and/or impact of a health condition

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.

B10 The MPT should assess these matters by applying the guidance in Step 2d: consider how the doctor has responded to the allegation(s) of Part B: impairment in Section three: MPT hearings of the MPTS guidance for tribunals (Doctors).'

59. The Tribunal noted that the 2019 Tribunal had concluded that Dr Chowdhury had demonstrated limited insight into his dishonest conduct. It therefore considered whether Dr Chowdhury had now demonstrated genuine insight into the matters that led to his erasure.

60. The Tribunal had regard to Dr Chowdhury's written reflective statements and his oral evidence before it. The Tribunal noted that, unlike at the original hearing, Dr Chowdhury no longer sought to characterise his conduct as carelessness. Instead, he accepted that he had

acted deliberately and dishonestly. He acknowledged that, at the time, academic pressure had motivated him to seek a shortcut rather than complete the work honestly. He explained that he no longer approached professional difficulties in that manner and that he now sought to address concerns openly and directly rather than avoid them.

61. The Tribunal found it significant that Dr Chowdhury accepted the findings of both previous Tribunals without qualification. He did not seek to challenge or undermine those findings and accepted that the criticisms made of his conduct and his lack of insight were justified. The Tribunal was satisfied that Dr Chowdhury had taken full responsibility for his actions and acknowledged that his dishonesty, together with his subsequent failure to engage with the regulatory process, had been wrong.

62. The Tribunal also noted that, at the review hearing in 2020, Dr Chowdhury had sent an email dated June 2020 in which he indicated that the outcome of the proceedings did not matter to him, that he did not wish to practise in the United Kingdom and that he considered how he had been treated was ''appalling''. The Tribunal considered that this demonstrated his attitude towards the regulatory process at that time. However, having considered his oral evidence before the present Tribunal, it was satisfied that Dr Chowdhury had moved away from that position and now fully recognised the importance of engaging openly and constructively with regulatory proceedings.

63. The Tribunal considered that Dr Chowdhury demonstrated a genuine appreciation of the wider impact of his dishonest conduct, not only upon the reputation of the profession but also upon public confidence in doctors. It was satisfied that he understood why honesty and integrity were fundamental professional obligations and accepted that his previous conduct had fallen significantly short of those standards.

64. The Tribunal had regard to the letter from Dr A. The Tribunal noted Dr A's opinion that Dr Chowdhury had moved beyond his previous defensive and avoidant behaviours and had developed genuine insight into the underlying causes of his misconduct. The Tribunal further noted Dr A's professional opinion that Dr Chowdhury now openly acknowledged his deliberate dishonesty, had accepted responsibility for his actions and presented a low risk of repeating the behaviours that had led to his erasure. The Tribunal noted that Dr A confirms that Dr Chowdhury was transparent about his erasure and worked with her to address successfully the underlining behavioural and cognitive patterns that contributed to the omission and the subsequent erasure. It had regard to the following:

"Insight, Accountability, and Psychological Growth

Over the 18 months that I had worked with him, Dr. Chowdhury has demonstrated a deep, unrestricted commitment to understanding his past actions. A primary area of therapeutic focus has been addressing a past tendency to avoid complex or overwhelming stressors which I believe was a maladaptive coping mechanism that heavily factored into the events leading to his erasure.

Through structured cognitive and behavioral interventions, Dr. Chowdhury has achieved the following critical milestones:

- ***Active Ownership:*** *He has moved past defensive rationalization to fully accept total accountability for his past professional misconduct. He recognizes the gravity of the offense and its impact on the overarching reputation of the medical profession.*
- ***Proactive Problem-Solving:*** *He has successfully removed avoidance behaviors. Our sessions have focused heavily on developing strategies to confront professional challenges, bureaucratic hurdles, and high-pressure scenarios directly and "head-on."*
- ***Resilience and Transparency:*** *Throughout his current practice, Dr. Chowdhury has consistently applied these strategies. Rather than retreating from difficult situations, he now actively seeks out transparency, immediate communication, and robust peer oversight."*

65. The Tribunal also considered the evidence of remediation. It noted that Dr Chowdhury had undertaken a range of postgraduate qualifications, continuing professional development activities and ethics training since his erasure. In particular, the Tribunal had regard to the World Medical Association ethics course and the further ethics training contained within his bundle. During his oral evidence, Dr Chowdhury explained that these courses reinforced the importance of candour, honesty and ethical decision-making, including the professional duty to make disclosures even where doing so may be contrary to one's own interests. Although these courses had been completed shortly before his restoration application, the Tribunal accepted Dr Chowdhury's explanation that ethics training formed part of his continuing professional development and that one of the courses had been undertaken as part of his governance responsibilities. The Tribunal was satisfied that these courses represented genuine remediation rather than an attempt simply to strengthen his restoration application.

66. The Tribunal also attached weight to the verified testimonial evidence. It noted that a number of referees described Dr Chowdhury as demonstrating honesty, integrity and high

ethical standards in his professional practice. In particular, the Tribunal had regard to the testimonial of Dr B, who stated that Dr Chowdhury:

> '*Beyond his clinical ability, Dr. Sudip embodies professional integrity. He is meticulous, ethical, and transparent in all his interactions with colleagues and families. His honesty in communication—whether discussing diagnoses, prognoses, or treatment limitations—builds trust and strengthens patient-doctor relationships.''*

The Tribunal noted the following from Dr C:

> *''What truly distinguishes Dr. Sudip is his integrity. He is honest, reliable, and ethically grounded – a combination that inspires trust in both colleagues and families. His communication with parents is compassionate yet transparent, enabling them to feel supported, informed, and confident in the care being provided.''*

The Tribunal noted the following from Dr D:

> *''I particularly wish to highlight his honesty, reliability, and integrity. He has consistently demonstrated ethical decision-making, full transparency in clinical communication, and a sense of responsibility that is rare and commendable. His interactions with families are empathetic yet truthful, helping them feel informed and reassured.''*

67. The Tribunal considered that these testimonials, together with the evidence of his clinical practice, supported Dr Chowdhury's assertion that he had demonstrated sustained behavioural change over a significant period.

68. Having considered the evidence as a whole, the Tribunal was satisfied that Dr Chowdhury had demonstrated genuine insight into the matters that led to his erasure. It found that he had fully accepted responsibility for his dishonest conduct, no longer sought to minimise it, and had developed a genuine understanding of why his actions were fundamentally incompatible with the standards expected of a registered medical practitioner.

69. The Tribunal was further satisfied that Dr Chowdhury had actively addressed the deficiencies identified by the previous Tribunals through sustained reflection, psychological intervention, ethics training, continuing professional development, postgraduate education and his subsequent professional conduct. It therefore concluded that Dr Chowdhury had

demonstrated sufficient insight, had taken full responsibility for his previous misconduct and had adequately addressed the shortcomings identified by the previous Tribunals.

What Dr Chowdhury has done since his name was erased from the register

70. The Tribunal had regard to the following paragraphs of the guidance:

> *'**B11** The MPT should also consider any activities the doctor has undertaken since they were erased from the register and decide whether these are relevant to assessing their current fitness to practise. Examples of matters things which may have a bearing on the MPT's decision are:*
>
> - *the doctor has obtained employment in a field related to medicine and used it to keep up to date with developments in their specialty*
> - *the doctor has undertaken research or teaching in a relevant field*
> - *the doctor has completed a professional or academic qualification such as a PhD, diploma or MSc in a relevant subject'*

71. The Tribunal considered the documentary and oral evidence relating to the activities Dr Chowdhury had undertaken since his erasure from the Medical Register.

72. The Tribunal noted that, since June 2019, Dr Chowdhury had remained in continuous employment as a Consultant Paediatrician in India. It noted that he had practised in a regulated healthcare environment, initially at Manipal Hospitals and subsequently at Fortis Hospitals, under the oversight of the relevant medical regulator, the Delhi Medical Council. The Tribunal considered that Dr Chowdhury had therefore remained engaged in unrestricted clinical practice within his specialty throughout the period following his erasure.

73. The Tribunal noted that, during this time, Dr Chowdhury had continued to undertake a broad range of clinical responsibilities and had developed his professional career. It further noted that he had undertaken teaching and lecturing activities, including teaching medical professionals, and had continued to contribute to medical education.

74. The Tribunal also had regard to the evidence that Dr Chowdhury had undertaken research and academic work. In particular, it noted that he had co-authored a book relating to child behavioural matters and had enrolled in further study, including artificial intelligence in healthcare. The Tribunal considered that these activities demonstrated Dr Chowdhury's continued engagement with developments relevant to his field of practice.

75. The Tribunal further noted that Dr Chowdhury had completed a number of postgraduate qualifications and professional development activities since his erasure. It had regard to his reflective statement, professional ethics training, continuing professional development certificates and governance-related learning, together with the supporting documentary evidence contained within the bundle.

76. The Tribunal also considered Dr Chowdhury's Return to UK Practice Plan, which set out a structured roadmap for his return to medical practice within the United Kingdom. The Tribunal considered this to be objective evidence that Dr Chowdhury had carefully considered the steps required before returning to UK practice.

77. The Tribunal attached weight to the verified testimonial evidence, which consistently described Dr Chowdhury's clinical practice, professionalism, integrity and patient care during the period following his erasure. The Tribunal considered that these testimonials provided independent evidence of Dr Chowdhury's continued professional development and his sustained commitment to practising medicine to a high standard.

78. Having considered all of the evidence, the Tribunal was satisfied that Dr Chowdhury had undertaken a substantial range of relevant professional, academic and educational activities since his erasure. It concluded that these activities were relevant to its assessment of his current fitness to practise and demonstrated that he had continued to develop professionally throughout the period he had been erased from the Medical Register.

<u>The steps Dr Chowdhury has taken to keep his knowledge and skills up to date</u>

79. The Tribunal had regard to paragraphs B12-B17 of the guidance and in particular:

> *'**B12** The doctor will not have had clinical contact with patients in the UK for a minimum of five years. The onus is on the doctor to demonstrate they have kept their knowledge and skills up to date and are safe to resume unrestricted practice. This is required irrespective of the grounds for impairment that led to erasure.'*

80. The Tribunal noted that, although Dr Chowdhury had not practised medicine in the United Kingdom since his erasure, he had remained in continuous full-time clinical practice as a Consultant Paediatrician in India throughout that period.

81. The Tribunal had regard to Dr Chowdhury's reflective statement and the documentary evidence demonstrating that he had maintained his clinical knowledge and skills through clinical practice in India and continuing professional development, online educational courses, clinical learning and professional ethics training. The Tribunal also noted that Dr Chowdhury had co-authored a book relating to child behaviour and had continued to engage in academic and educational activities alongside his clinical practice.

82. The Tribunal noted that Dr Chowdhury remained in active clinical practice and demonstrated an ongoing commitment to learning and professional development. It accepted that he recognised the importance of continuing to update his knowledge and skills throughout his career.

83. The Tribunal also attached weight to the testimonial evidence from colleagues, which consistently referred to Dr Chowdhury's clinical ability, patient care, honesty and professional integrity. It considered that these testimonials provided independent support for Dr Chowdhury's evidence that he had maintained his competence whilst practising overseas. The Tribunal also took into account certificates of good standing which were provided from Delhi Medical Council, Haryana Medical Council and West Bengal Medical Council in relation to his overseas practice.

84. Having considered all of the evidence, the Tribunal was satisfied that Dr Chowdhury had demonstrated that he had kept his knowledge and skills up to date in accordance with paragraph B12 of the guidance. The Tribunal was further satisfied that he had demonstrated that he was safe to resume unrestricted practice and would not pose a risk to public protection.

<u>The lapse of time since erasure</u>

85. The Tribunal has regard to the following paragraph of the guidance:

> ***B18*** *The length of time that has elapsed since the doctor was erased may be relevant to the MPT's decision, although it will not necessarily equate to the doctor no longer posing a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.*
>
> *'**B19** Conversely, the longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a*

degree that may place patients at risk. MPTs should pay close regard to how the doctor has maintained their knowledge and skills during a lengthy period away from the register.'

86. The Tribunal recognised that a period of six years had elapsed since Dr Chowdhury was erased from the Medical Register in 2020. It therefore carefully considered whether the passage of time had adversely affected his ability to return safely to unrestricted practice.

87. The Tribunal was satisfied that the concerns which led to Dr Chowdhury's erasure did not arise from deficiencies in his clinical competence or concerns relating to patient safety. Rather, they arose from serious dishonest misconduct, a lack of insight and his failure to engage with the regulatory process.

88. The Tribunal found that the passage of time had not resulted in Dr Chowdhury becoming deskilled. It was satisfied that, throughout the period since his erasure, Dr Chowdhury had remained in continuous clinical practice as a Consultant Paediatrician and had maintained his knowledge and skills through ongoing clinical work and continuing professional development.

89. The Tribunal was satisfied that Dr Chowdhury had used the period following his erasure constructively. It found that he had reflected upon his misconduct, developed genuine insight, undertaken appropriate remediation and demonstrated sustained professional development. The Tribunal considered that he had taken full advantage of the time since his erasure to address the concerns identified by the previous Tribunals.

90. Having reviewed the previous Tribunal determinations alongside the evidence before it, the Tribunal was satisfied that Dr Chowdhury had provided sufficient evidence of remediation and maintained his knowledge and skills since his erasure in 2020.

91. The Tribunal was further satisfied that Dr Chowdhury did not pose a risk to patients or to the wider public were he to return to unrestricted practice. It considered that a well-informed member of the public, having regard to the seriousness of the original misconduct, the period of erasure, the evidence of sustained remediation and Dr Chowdhury's continued clinical practice, would retain confidence in the profession and in the regulatory process.

92. Accordingly, the Tribunal concluded that the lapse of time since Dr Chowdhury's erasure did not weigh against restoration. Rather, it was satisfied that Dr Chowdhury had

used that period to achieve a sufficient degree of insight, remediation and professional development to support restoration, consistent with the overarching objective of protecting the public, maintaining public confidence in the profession and upholding proper professional standards.

Will restoration achieve public protection?

93. Having made the above findings as to whether Dr Chowdhury is fit to practise, the Tribunal went on to balance its findings about the doctor's fitness to practise against whether restoration will achieve public protection. This balancing exercise involved careful consideration of each of the three parts of public protection which are to:

- 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.

Protecting, promoting and maintaining the health, safety and well-being of the public

94. The Tribunal was satisfied that restoration would not compromise public protection. It had found that Dr Chowdhury had demonstrated genuine insight into the matters that led to his erasure, had taken full responsibility for his misconduct and had undertaken meaningful remediation. The Tribunal was also satisfied that he had remained in continuous clinical practice since his erasure, had maintained his knowledge and skills and had demonstrated that he was safe to resume unrestricted practice. It noted that the original findings did not relate to deficiencies in Dr Chowdhury's clinical competence or concerns regarding patient safety. The Tribunal therefore concluded that Dr Chowdhury did not pose a risk to patients or to the wider public.

Promoting and maintaining public confidence in the profession

95. The Tribunal recognised that the misconduct which led to Dr Chowdhury's erasure was serious and involved deliberate dishonesty. It also recognised that his failure to engage with the regulatory process had significantly aggravated the concerns identified by the previous Tribunals. However, the Tribunal considered that Dr Chowdhury had now fully accepted those findings, had demonstrated genuine remorse and insight, and had provided substantial evidence of sustained remediation over a significant period of time. The Tribunal

considered that a well-informed member of the public, having considered the seriousness of the original misconduct alongside the evidence of Dr Chowdhury's sustained reflection, remediation and professional development, would have confidence that restoration was appropriate in the circumstances and would support this limb of public protection.

Promoting and maintaining proper professional standards and conduct

96. The Tribunal was satisfied that restoration would promote and maintain proper professional standards and conduct. It considered that Dr Chowdhury had accepted that his previous conduct had fallen fundamentally below the standards expected of a registered medical practitioner and had demonstrated a clear commitment to honesty, integrity and professionalism. It noted his continued engagement with ethics training, professional development, governance responsibilities and reflective practice, together with the independent testimonial evidence describing his honesty and integrity in practice. The Tribunal was satisfied that Dr Chowdhury had demonstrated that he now understood and would uphold the professional standards expected of a registered doctor.

97. Having considered each limb of the overarching objective, the Tribunal concluded that Dr Chowdhury had demonstrated sufficient insight, remediation and professional development to satisfy it that restoration would achieve public protection. The Tribunal was satisfied that Dr Chowdhury was fit to resume unrestricted practice and that restoring his name to the medical register would be consistent with protecting the public, maintaining public confidence in the profession and upholding proper professional standards and conduct.

98. Accordingly, the Tribunal determined to direct that Dr Chowdhury's name be restored to the Medical Register.

99. That concludes the case.