PUBLIC RECORD

Dates: 20/08/2026 - 21/08/2026

Doctor: Dr Vinesh NARAYAN

GMC reference number: 5208737

Primary medical qualification: MB BS 1999 University of Kerala

Type of case

Review – Misconduct

XXX

Outcome on impairment

Not impaired

XXX

Summary of outcome

Suspension, 9 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Jonathan Storey
Registrant Tribunal Member:	Dr Helen McCormack
Registrant Tribunal Member:	Dr Maya Naravi

Tribunal Clerk:	Miss Maria Khan

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr William Eaglestone, 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 Impairment - 21/08/2026

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules'). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Narayan's alleged misconduct, a redacted version will be published at the close of the hearing.

2. At this review hearing the Tribunal was required to decide, in accordance with Rule 22(1)(f) of the Rules, whether Dr Narayan's's fitness to practise remained impaired by reason of misconduct XXX.

Background

3. Dr Narayan qualified in 1999 from the University of Kerala, India, and moved to the UK in 2002. At the time of the alleged misconduct, Dr Narayan was practising as a substantive Consultant Psychiatrist from 2010 to 2018 in the Five Boroughs Partnership. He then worked as a locum Consultant Psychiatrist at Devon Partnership NHS Trust (the Trust) from 2018 to 2021 and took on further locum roles into 2022. At the time of XXX he was not undertaking any medical work as he had relinquished his licence to practise in October 2023.

The 2025 Tribunal

4. Dr Narayan's case was first considered by a Medical Practitioners Tribunal ('MPT') from 21 July 2025 to 13 August 2025, addressing two matters. The first was a complaint from Ms A, XXX of coercive and controlling behaviour by him throughout their relationship XXX.

5. XXX. Dr Narayan also made an admission, that on one or more occasion between XXX and XXX, he gave Ms A private prescriptions for diazepam.

6. Dr Narayan made further admissions during his oral evidence that, on one or more occasions between XXX and XXX, he hit Ms A with a wooden kitchen spoon on the back and/or bum; that he told Ms A he was just joking and did not mean to, or words to that effect, after Ms A told him not to bite her lip as she did not like it; that, on one or more occasion in or around XXX, he threw food at Ms A whilst having dinner together; and that on one or more occasion in or around XXX whilst at Ms A's flat, he bought Ms A underwear, asked her to wear it and then tied her to a chair.

7. The Tribunal determined and found proved that Dr Narayan had, on more than one occasion in or around the first couple of months of his relationship with Ms A XXX, held her up against a wall by her throat and told her, '*it is what women in the West like*', or words to that effect, after Ms A told him she did not like it.

8. The Tribunal found proved that, on more than one occasion between XXX and XXX, Dr Narayan would bite Ms A's mouth and/or tongue when kissing her and was forceful when having sex with Ms A, and that when Ms A had told him she did not like having food thrown at her, Dr Narayan told her, '*it is what women in the West like*', or words to that effect.

9. The Tribunal also found proved that, in XXX, after tying Ms A to a chair at her flat whilst she was wearing underwear he had bought her, Dr Narayan then proceeded to use a knife to cut Ms A's underwear off before leaving the flat. The Tribunal further found proved that, on more than one occasion from XXX onwards, Dr Narayan was mentally abusive in that he sent letters, cards and presents in the post, and would call and message Ms A excessively which resulted in her changing her email address and phone number at least twice.

10. The Tribunal was satisfied that Dr Narayan's conduct towards Ms A amounted to controlling and/or coercive behaviour within the meaning of S.76 of the Serious Crime Act 2015. The Tribunal was also satisfied that his behaviour had a serious effect on Ms A and that, as a medical professional who was also prescribing medication for her, Dr Narayan knew or ought to have known that his conduct would have such an effect.

11. XXX

12. XXX

13. The Tribunal had regard to the steps taken by Dr Narayan to remedy his misconduct. It considered that although Dr Narayan had completed some online CPD, he had neither reflected on this in his reflective statement nor had he demonstrated the need to change his behaviour should he be in an intimate relationship in the future.

14. The Tribunal bore in mind that Dr Narayan had – as was his right – denied that he had engaged in controlling or coercive behaviour towards Ms A. XXX.

15. The Tribunal bore in mind that a finding of misconduct was also made against Dr Narayan during MPTS proceedings in 2016. It considered that Dr Narayan's insight had not progressed since then and that he had limited insight into his misconduct at the time of the 2025 Tribunal.

16. XXX. The Tribunal took the view that, despite XXX, Dr Narayan should have understood the impact of his actions and been aware of the guidelines in GMP that he breached. As such, the Tribunal could not be satisfied that there was no risk of repetition.

17. The 2025 Tribunal determined to impose a 12-month period of suspension. It determined that this length of time would mark the serious nature of Dr Narayan's misconduct while allowing him the opportunity to refresh his clinical knowedge and skills in order that they were up to date and that he would therefore be able to safely practise medicine again, as he had been out of practice for three years. XXX.

18. The Tribunal also determined to direct a review of Dr Narayan's case and listed the following evidence that Dr Narayan could provide for the reviewing Tribunal:

- XXX;
- Evidence of insight into his misconduct;
- Evidence of remediation including reflective notes;
- Courses into coercive and controlling behaviour XXX together with his reflections on what he learnt from the courses and how he would put his learning into practice;
- Evidence of him bringing his clinical knowledge and skills up to date including any relevant CPD;
- Action plan on how he intends to return to clinical practice;
- Any relevant testimonials.

Today's Review Hearing

19. This was the first review of Dr Narayan's case.

The Evidence

20. The Tribunal took into account all the evidence received, both oral and documentary.

21. Dr Narayan provided XXX a reflective statement in relation to his misconduct, XXX dated 5 May 2026. Dr Narayan also gave oral evidence at the hearing.

22. The Tribunal also received:

- Record of Determinations for the 2025 hearing;
- XXX

- Testimonials from family and friends;
- Dr Narayan's action plan for return to clinical practice;
- Evidence of CPD activities along with certificates of completion, and Dr Narayan's reflections on these activities.

Submissions

23. On behalf of the GMC, Mr William Eaglestone, Counsel, submitted that the GMC was neutral as to whether Dr Narayan's fitness to practise remained impaired by reason of misconduct.

24. XXX

25. XXX

26. XXX

27. XXX

28. In response, Dr Narayan submitted that his fitness to practise was no longer impaired by reason of misconduct. He said that he had complied with all the recommendations from the 2025 Tribunal and had provided written and oral evidence demonstrating insight, remediation and reflection. This included relevant courses XXX. He had also completed relevant CPD in preparation for a return to clinical practice and had provided a return to work plan and several testimonials.

29. Dr Narayan submitted that his insight into his misconduct had significantly increased, particularly his understanding of the impact of his conduct on Ms A and on the profession more widely. He relied on his extensive oral evidence which he said had been given openly, honestly and transparently. Dr Narayan submitted that the risk of repetition was now minimal, noting that there had been no further complaints of a similar nature and that he had applied what he had learned to his subsequent friendships with members of the opposite sex.

30. XXX

The Relevant Legal Principles

31. The Tribunal reminded itself that the decision as to whether Dr Narayan's fitness to practise remained impaired was a matter for the Tribunal's judgement alone. As noted above, the 2025 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal was aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

32. This Tribunal was required to determine whether Dr Narayan's fitness to practise was impaired today, taking into account Dr Narayan's conduct at the time of the events and any relevant factors since then such as whether the matters were remediable, whether they had been remedied, and any likelihood of repetition.

The Tribunal's Determination on Impairment

33. In reaching its conclusions on Dr Narayan's fitness to practice, the Tribunal was assisted by the *Guidance for MPTS tribunals Section three: MPT hearings – review hearings.*

34. In particular, it took account of *Step 1a: consider what has happened since the previous MPT's decision*, and bore in mind the following questions:

- What was the 2025 Tribunal's assessment of risk to public protection and the reasons given for it?
- What new evidence has been received since the 2025 Tribunal hearing and what impact does it have?
- What evidence is there of insight and is Dr Narayan's insight genuine?
- What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?
- Has the doctor kept their knowledge and skills up to date?
- Has the risk to public protection that previously required restrictive action in response changed and if so, how?

Misconduct

35. The Tribunal noted that the 2025 Tribunal had identified concerns regarding the adequacy of Dr Narayan's insight into his misconduct. It therefore considered carefully the further evidence he had provided since that hearing. This included his detailed reflective work undertaken in psychotherapy sessions, relevant courses concerning coercive behaviour, XXX and professional standards, and his reflections on prescribing and the impact of his conduct upon Ms A. XXX.

36. The Tribunal was particularly assisted by Dr Narayan's evidence, which it found to be open, credible and sincere. It was satisfied that he had developed genuine insight into the nature and seriousness of his misconduct. He had demonstrated clear remorse and had taken appropriate steps to remedy his behaviour through relevant education, training and reflection. Dr Narayan was also open and honest with others, sharing his experience within a peer group of doctors who had gone, or were going through, similar regulatory proceedings. XXX.

37. The Tribunal retained some reservations about whether Dr Narayan had yet reached a full appreciation of the challenges of returning to clinical practice. It was, however, entirely satisfied that Dr Narayan had done all that he could be reasonably expected of him to

address his misconduct and understand the root causes of it. In oral evidence he demonstrated not only what he had done to address the concerns found proved by the 2025 Tribunal but also how he would, in future, apply his learning and reflections. The Tribunal concluded that his insight was genuine, that the previous concerns had been adequately remedied, and that the risk of repetition was now low.

38. This Tribunal therefore determined that Dr Narayan's fitness to practise was no longer impaired by reason of misconduct.

XXX

39. XXX

40. XXX

41. XXX

42. XXX

43. XXX

44. XXX. For the reasons given above, the Tribunal determined that his fitness to practise was no longer impaired by reason of misconduct.

XXX