

PUBLIC RECORD

Date: 25/09/2026

Doctor: Dr Vivek VATIKUTTI

GMC reference number: 5187449

Primary medical qualification: MB BS 1995 Manipal Academy

Type of case Outcome on impairment

Review – Misconduct Impaired

XXX XXX

Summary of outcome

Suspension, 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Kerry Smith
Registrant Tribunal Member:	Dr Aamna Khan
Registrant Tribunal Member:	Dr Richard Whiteside
Tribunal Clerk:	Ciara Fogarty

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Harriet Dixon, 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 - 25/09/2026

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 Vatikutti's misconduct a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Vatikutti's fitness to practise is impaired by reason of misconduct XXX.

The Outcome of Applications Made During the Impairment Stage

3. In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules'), the Tribunal granted the GMC's application for the hearing to be heard partly in private. It noted that the case concerned matters relating to XXX and that, whilst the misconduct and XXX concerns were linked, aspects relating solely to the facts of the misconduct could be addressed separately and in public. The Tribunal determined that matters relating to XXX, or where the misconduct was inextricably linked to XXX, should be heard in private and, those aspects of the misconduct which could properly be separated from XXX concerns, should be heard in public. The Tribunal considered this approach appropriately balanced the principle of open justice with Dr Vatikutti's right to privacy.

4. The Tribunal granted an application, made by Ms Harriet Dixon, Counsel for the GMC, pursuant to Rule 40 of the Rules, to proceed in Dr Vatikutti's absence. The Tribunal's full decision on the application is included at Annex A.

Background

5. Dr Vatikutti qualified in 1995 with a Bachelor of Medicine and Bachelor of Surgery (MBBS) from Manipal Academy, India. At the time of the events which are the subject of these proceedings, Dr Vatikutti was practising as a Surgical Registrar at Warrington and Halton Teaching Hospitals NHS Foundation Trust.

The 2025 Tribunal

6. The hearing took place in December 2025, and the facts found proved related to Dr Vatikutti's misconduct XXX.

7. On 22 September 2023, Dr Vatikutti attended a shift as a Surgical Registrar at Warrington and Halton Teaching Hospitals NHS Foundation Trust whilst under the influence of alcohol. Concerns were raised after alcohol was smelt on Dr Vatikutti's breath during a surgical handover and subsequent testing confirmed the presence of alcohol in his blood. The matter was subsequently referred to the GMC following an investigation by the Trust. The 2025 Tribunal found the facts relating to the misconduct proved.

8. XXX

9. The 2025 Tribunal determined that Dr Vatikutti's fitness to practise was impaired by reason of misconduct XXX. It found that his misconduct and XXX were inextricably linked. The 2025 Tribunal considered that he had very little insight into the misconduct and the patient safety issues arising. Moreover, the Tribunal was not satisfied that Dr Vatikutti had sufficiently remediated his misconduct XXX and concluded that, due to his lack of adequate insight and insufficient remediation, there remained a high risk of repetition of the misconduct XXX. It concluded that this posed a potential risk to patient safety and public confidence would inevitably be undermined if a finding of impairment was not made. There was no evidence Dr Vatikutti had kept up to date with his Continuing Professional Development (CPD). The 2025 Tribunal concluded a finding of impaired fitness to practise was required to protect, promote and maintain the health, safety and well-being of the public, and to promote and maintain confidence in the profession.

10. The 2025 Tribunal determined that conditions would not be sufficient or workable, noting Dr Vatikutti's limited insight and what it described as an attitudinal barrier to meaningful engagement with conditions. It therefore determined to suspend Dr Vatikutti's registration for a period of nine months, with a review. In determining the length of suspension, the 2025 Tribunal considered that Dr Vatikutti required sufficient time to develop meaningful insight and remediate XXX his misconduct XXX.

11. The 2025 Tribunal directed that a review hearing take place shortly before the end of the period of suspension. It stated that, at the review hearing, the onus would be on Dr Vatikutti to demonstrate further evidence of his insight and remediation.

The Evidence

12. The Tribunal has taken into account all the evidence received. The Tribunal received:

- ROP evidence reminder letter from the GMC to Dr Vatikutti: dated 11 May 2026
- MPT ROP suitability decision: dated 23 June 2026
- Reminder emails from the GMC to Dr Vatikutti attaching a paralegal introduction letter: dated 10 July to 15 July 2026
- GMC telephone note re. phone call attempt to Dr Vatikutti: dated 16 July 2026
- Letter from the MPTS notifying Dr Vatikutti of his upcoming review hearing: dated 5 August 2026
- December 2025 Record of Determinations
- December 2025 Bundle

Submissions

13. On behalf of the GMC, Ms Harriet Dixon, Counsel, submitted that Dr Vatikutti's fitness to practise remains impaired by reason of XXX his misconduct XXX.

14. Ms Dixon submitted that the 2025 Tribunal had determined that Dr Vatikutti presented a high risk to public protection and of repetition of his misconduct, having regard to his limited insight and minimisation of the seriousness of his conduct. In particular, the 2025 Tribunal had found that Dr Vatikutti had little insight into the patient safety risks arising from attending work whilst under the influence of alcohol and was not satisfied that he had remediated either his misconduct or XXX.

15. Ms Dixon submitted that there was no evidence before the Tribunal to demonstrate that the level of risk identified by the 2025 Tribunal had reduced. Dr Vatikutti had chosen not to attend the review hearing and had provided no evidence of further insight or remediation, notwithstanding that the 2025 Tribunal had expressly stated that the onus would be upon him at review to demonstrate further evidence of both.

16. In relation to XXX, Ms Dixon submitted XXX that the Tribunal may consider Dr Vatikutti's failure to engage with XXX, together with his wider lack of engagement with the proceedings, to be reflective of a continuing lack of insight.

17. XXX

18. Ms Dixon also drew the Tribunal's attention to the absence of evidence that Dr Vatikutti had maintained his clinical knowledge and skills. Dr Vatikutti had been out of clinical practice since 2023 and there had similarly been no evidence before the 2025 Tribunal that he had kept his knowledge and skills up to date. She submitted that the additional period out of practice, in the absence of evidence of maintaining his skills, potentially increased the risk to public protection.

19. Taking these matters together, Ms Dixon submitted that the risk to public protection identified by the 2025 Tribunal remained high. In particular, the risk to patient safety arising from Dr Vatikutti relapsing and attending work whilst under the influence of alcohol remained in the absence of evidence that XXX.

20. Ms Dixon further submitted that public confidence in the medical profession would be undermined if a finding of impairment were not made in circumstances where Dr Vatikutti had attended work whilst under the influence of alcohol and had subsequently failed to engage with XXX. She also submitted that a finding of impairment remained necessary to uphold proper professional standards.

21. Accordingly, Ms Dixon invited the Tribunal to determine that Dr Vatikutti's fitness to practise remains impaired by reason of his misconduct XXX.

The Relevant Legal Principles

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

23. This Tribunal must determine whether Dr Vatikutti's fitness to practise is impaired today, taking into account Dr Vatikutti's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

24. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

The Tribunal's Determination on Impairment

XXX

XXX

25. XXX

26. XXX

XXX

27. XXX

28. XXX

XXX

29. XXX

30. XXX

XXX

31. XXX

32. XXX

33. XXX

Misconduct

What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired?

34. The Tribunal noted that the 2025 Tribunal had determined that Dr Vatikutti's misconduct was very serious and that his fitness to practise was impaired by reason of that misconduct. In particular, the 2025 Tribunal had found that Dr Vatikutti had very little insight into the patient safety implications of attending work whilst under the influence of alcohol and that he had not adequately remediated his misconduct.

35. The 2025 Tribunal considered that there remained a high risk of repetition and determined that a finding of impairment was required in respect of all three limbs of the overarching objective.

What has happened since the last assessment of risk and what impact does this have?

36. The Tribunal considered that there was no evidence before it that Dr Vatikutti had taken any meaningful steps to address his misconduct since the 2025 Tribunal's determination. There was no evidence of reflection, training, continuing professional development or other remediation directed towards the concerns identified by the 2025 Tribunal.

37. The Tribunal also noted that Dr Vatikutti had been out of clinical practice since 2023. There was no evidence that he had taken steps to maintain his clinical knowledge and skills during that prolonged period away from practice. The Tribunal considered that the additional period out of practice, without evidence of maintaining his knowledge and skills, gave rise to an additional concern in relation to the risk to public protection.

How has the doctor responded to the previous Tribunal's findings?

38. The Tribunal had no evidence before it that Dr Vatikutti had meaningfully reflected upon or developed insight into the misconduct found by the 2025 Tribunal. He had not provided any written reflections, evidence of relevant training or CPD, or any other evidence demonstrating remediation.

39. The Tribunal was mindful that Dr Vatikutti had been expressly forewarned by the 2025 Tribunal that the onus would be upon him at this review to demonstrate further evidence of insight and remediation. Notwithstanding this, Dr Vatikutti had not engaged with the review proceedings or provided evidence demonstrating any development of his insight.

40. In those circumstances, the Tribunal considered that there was nothing before it which demonstrated that Dr Vatikutti had addressed the concerns underlying the 2025 Tribunal's findings.

Has the risk to public protection requiring restrictive action in response changed and, if so, how?

41. The Tribunal determined that there was no evidence that the risk identified by the 2025 Tribunal had reduced. It remained concerned by the absence of evidence of insight or remediation and by the lack of evidence that Dr Vatikutti had maintained his clinical knowledge and skills during his prolonged period out of practice.

42. The Tribunal considered that the risk remained high. It further considered that Dr Vatikutti's prolonged absence from clinical practice, without evidence of CPD or other steps to maintain his knowledge and skills, potentially increased the risk to public protection.

43. The Tribunal therefore had no basis upon which to depart from the findings of the 2025 Tribunal and could not be satisfied that the risk of repetition had reduced.

44. The Tribunal considered that a finding of impairment remained necessary to protect, promote and maintain the health, safety and wellbeing of the public. It further determined that, given the serious nature of the misconduct and the absence of evidence of subsequent insight or remediation, a finding of impairment remained necessary to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for members of the profession.

45. Accordingly, the Tribunal determined that Dr Vatikutti's fitness to practise remains impaired by reason of his misconduct.

Determination on Sanction - 25/09/2026

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

2. Having determined that Dr Vatikutti's fitness to practise is impaired by reason of misconduct XXX, the Tribunal has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Vatikutti's registration.

The Evidence

3. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing, where relevant, to reaching a decision on what action, if any, it should take with regard to Dr Vatikutti's registration.

Submissions

4. On behalf of the GMC, Ms Harriet Dixon, Counsel, submitted that the appropriate and proportionate sanction was a further period of suspension for 12 months, or for such period as the Tribunal considered appropriate.

5. Ms Dixon submitted that the Tribunal had determined that the level of risk Dr Vatikutti posed to public protection remained high, there being no evidence which would justify departing from the assessment of the 2025 Tribunal. In those circumstances, she submitted that a less restrictive sanction, including taking no action, revocation of the current order or the imposition of conditions, would not adequately address the level of risk identified.

6. In relation to conditions of practice, Ms Dixon submitted that these would neither be appropriate nor workable given Dr Vatikutti's lack of engagement and the absence of evidence of insight or remediation. She further submitted that there was no evidence that the attitudinal barrier to meaningful engagement with conditions, identified by the 2025 Tribunal, had been overcome.

7. Ms Dixon submitted that the current and ongoing risk had either remained materially unchanged or had increased since the 2025 Tribunal's assessment. In addition to the absence of evidence that Dr Vatikutti had developed insight or undertaken remediation, he had now been out of clinical practice for a further nine months, with no evidence that he had maintained his clinical knowledge and skills. She submitted that this gave rise to additional concern in relation to public protection.

8. Ms Dixon submitted that a further period of suspension for 12 months was therefore necessary and proportionate to address the current and ongoing risk. She submitted that Dr

Vatikutti's impaired fitness to practise was potentially remediable and, as he had only been suspended for nine months to date, erasure would be disproportionate at this stage.

9. Finally, Ms Dixon submitted that a further 12-month period of suspension would adequately protect the public whilst providing Dr Vatikutti with a further opportunity to engage with remediation, develop insight and demonstrate that he was able to engage with appropriate support in relation to XXX.

The Tribunal's Determination

10. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own independent judgement. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals and the overarching objective. It has reviewed its decision on impairment and has considered the level of current and ongoing risk Dr Vatikutti poses to public protection.

11. The Tribunal was clear that it should have regard to the principle of proportionality and should start by considering the least restrictive option when determining what sanction to impose, if any. In terms of proportionality, the Tribunal must ask itself what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. The Tribunal has also borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

12. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals (including Section three: MPT hearings - review hearings > Step 2: decision on what action to take, if any > Outcomes available to the MPT at the sanction stage of a review).

13. The Tribunal appreciated that its task is to determine what is the necessary and proportionate regulatory action to take at this stage to address the level of current and ongoing risk to public protection.

No action

14. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Vatikutti's case, the Tribunal first considered whether to conclude the case by taking no action.

15. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals, including that it will usually be necessary for the Tribunal to restrict a doctor's registration where their fitness to practise is impaired in order to achieve public protection. There may be exceptional circumstances to justify a Tribunal taking no action but *"Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare"*.

16. The Tribunal did not identify any exceptional circumstances in this case such as to justify a decision to take no further action. It determined that, in view of its findings on impairment, it would be neither sufficient nor in the public interest to conclude this case by taking no action.

Conditions

17. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Vatikutti's registration.

18. The Tribunal had regard to the paragraphs relating to conditions in the Guidance for MPTS Tribunals. The Tribunal noted that conditions restrict a doctor's ability to practise and/or require them to do something. 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. The Tribunal has borne in mind that any conditions imposed would need to be appropriate, workable and measurable.

19. The Tribunal considered that there was no evidence before it to suggest that Dr Vatikutti had developed further insight or taken any steps to remediate the concerns identified by the 2025 Tribunal. In light of Dr Vatikutti's continued lack of engagement, the Tribunal could not be satisfied that any conditions imposed would be workable or that he would engage with them. The Tribunal therefore determined that conditions would not be sufficient to manage the current and ongoing risk to public protection and concluded that an order of conditions would not be appropriate or proportionate in the circumstances.

Suspension

20. The Tribunal then went on to consider whether a further period of suspending Dr Vatikutti's registration would be appropriate and proportionate.

21. The Tribunal considered that Dr Vatikutti's misconduct and XXX were capable of remediation and were not fundamentally incompatible with continued registration. It considered that suspension continued to be appropriate and proportionate given its finding that the current and ongoing risk to public protection remained high. The Tribunal considered that Dr Vatikutti's registration needed to remain restricted while he developed insight, undertook remediation and addressed the concerns identified in relation to XXX, with the aim that he may be able to return safely to unrestricted practice in the future.

22. It had regard to the MPT Hearings Guidance which stated, "*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."

23. In all the circumstances, the Tribunal determined to suspend Dr Vatikutti's registration for a further period. It considered that this was appropriate and proportionate given its findings on impairment, the continued high level of risk to public protection, the absence of evidence of insight or remediation and Dr Vatikutti's lack of engagement with the regulatory proceedings. The Tribunal also took into account its additional concern and the potentially elevated risk arising from the fact that Dr Vatikutti had now been out of clinical practice since 2023 and had provided no evidence that he had maintained his clinical knowledge and skills.

24. The Tribunal considered that a further period of suspension would be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards. It would also provide Dr Vatikutti with a further opportunity to re-engage with the proceedings, develop insight, undertake appropriate remediation, demonstrate that he had addressed the concerns relating to XXX, and complete CPD. The Tribunal considered that, given the close link between Dr Vatikutti's misconduct and XXX and the fact that both remained capable of remediation, erasure would be disproportionate at this stage.

Erasure

25. The Tribunal determined that erasure would be disproportionate in the circumstances of this case. The Tribunal was satisfied that the public can be protected and professional standards upheld through a period of suspension.

Length of suspension

26. In determining the length of suspension, the Tribunal had regard to paragraph 46 of the relevant section of the MPT Hearings 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.'

27. The Tribunal also had regard to paragraphs 97-99 of the Guidance relevant to review hearings.

28. The 2025 Tribunal imposed a period of nine months suspension. In carrying out this review and in the current circumstances, the Tribunal considered that a period of 12 months suspension is necessary and proportionate. In particular, it had regard to the lack of evidence provided by Dr Vatikutti to address the concerns and the high risk identified by the 2025

Tribunal and also the additional concern and potential risk arising from Dr Vatikutti not being in practise for a further period and providing no evidence he has maintained his clinical skill and knowledge. Moreover, in accordance with the Guidance, the Tribunal had regard to the amount of time Dr Vatikutti is likely to need now to develop insight, remediate, address XXX and complete CPD. It considered that it was possible for Dr Vatikutti to meaningfully re-engage in the 12-month period and to demonstrate he has developed his insight and remediation and completed CPD.

Review

29. The Tribunal determined to direct a review of Dr Vatikutti'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 Vatikutti to demonstrate that he has re-engaged with the regulator and has developed full insight and remediated his misconduct. It therefore may assist the reviewing Tribunal if Dr Vatikutti provides the following:

- Evidence of steps taken to remediate his misconduct and address the concerns identified by the Tribunal;
- XXX;
- XXX;
- Evidence that he has maintained and updated his clinical knowledge and skills during his period out of practice, including evidence of relevant CPD and training; and
- Any other information that will assist the reviewing Tribunal.

30. The Tribunal have directed to suspend Dr Vatikutti's registration for 12 months. The MPTS will send Dr Vatikutti a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

31. That concludes the case.

ANNEX A – Application for Service and Proceeding in Absence – 25/09/2026

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

2. Dr Vatikutti was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in his absence.

Submissions

3. The Tribunal was provided with a copy of a Service Bundle from the GMC. This included:

- Screenshot of Dr Vivek Vatikutti contact record on Siebel
- Acknowledgement email from Dr Vatikutti dated 7 February 2026 in reply to the GMC XXX letter
- MPTS Notice of Hearing letter posted to Dr Vatikutti on 7 August 2026 but returned to sender
- Email to Dr Vatikutti containing GMC Information Letter and delivery relayed receipt
- Screenshot from Siebel of GMC Request for GMC information letter and bundle to be sent by post dated 22 August 2026
- Confirmation that GMC information letter has been posted to Dr Vatikutti via first class post dated 24 August 2026

Service and Proceeding in Absence

4. On behalf of the GMC, Ms Harriet Dixon, Counsel, submitted that the Tribunal could be satisfied that all reasonable efforts had been made to serve Dr Vatikutti with notice of the hearing in accordance with the Rules. The Notice of Hearing had been sent by recorded delivery to Dr Vatikutti's registered and last known address and had also been sent to his registered email address more than 28 days before the hearing. Ms Dixon submitted that the Notice contained the information required by Rule 20, including the date, time and virtual nature of the hearing, together with a warning that the hearing could proceed in Dr Vatikutti's absence.

5. Ms Dixon further submitted that it was fair and appropriate for the Tribunal to proceed in Dr Vatikutti's absence pursuant to Rule 31. She submitted that Dr Vatikutti had voluntarily absented himself and that an adjournment was unlikely to secure his attendance. Since the 2025 hearing, Dr Vatikutti had not meaningfully engaged with the GMC or with preparations for this review. Despite repeated correspondence, emails and an attempted telephone call, he had not confirmed whether he intended to attend or be represented, had not provided a hearing bundle or other material, and had not responded to the Notice of Hearing.

6. Ms Dixon also referred to Dr Vatikutti's limited engagement with XXX. Although he had acknowledged an email from the GMC in February 2026, he did not return XXX.

7. Ms Dixon submitted that Dr Vatikutti's failure to respond to the GMC's repeated attempts to secure his engagement demonstrated that he had chosen to disengage from the proceedings. She submitted that an adjournment would therefore serve no useful purpose and that the public interest in the timely review of the existing suspension order before its expiry outweighed Dr Vatikutti's interests in being present. Accordingly, she invited the Tribunal to proceed with the hearing in his absence.

The Relevant Legal Principles

8. The Tribunal considered Rule 31 of the Rules:

31 Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.

9. The Tribunal referred to the case of *GMC v Adeogba; GMC v Visvardis [2016] EWCA Civ 162* and *R v Jones [2001] EWCA Crim 168*, which sets out the GMC's responsibility; to communicate with the practitioner at the address they have provided, and make sure that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these rules.

10. The Tribunal also bore in mind the new *Guidance for MPTS Tribunals*, Section 1 on procedural matters, specifically the paragraphs on proceeding in a doctor's absence.

Service

11. The Tribunal first considered whether the Notice of Hearing had been served in accordance with Rules 20 and 40, and paragraph 8 of Schedule 4 to the Medical Act 1983.

12. The Tribunal considered that the MPTS had sent the notice of the hearing to Dr Vatikutti via post and email using details provided by him. Dr Vatikutti had a regulatory obligation to keep these details updated and, in respect of his email, there is evidence of him using the address recorded in February 2026.

13. Accordingly, the Tribunal was satisfied that notice of the hearing had been properly served in accordance with the Rules.

Proceeding in Absence

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

15. The Tribunal noted the relevant case law in determining whether to proceed in Dr Vatikutti's absence. The Tribunal found nothing to indicate that if this hearing was adjourned that he would attend at a later date. It considered that Dr Vatikutti has voluntarily absented himself from these proceedings on the basis that Dr Vatikutti, despite having ample time to do so, has not engaged or provided any evidence in support of reasons for his inability to attend the hearing. On this basis, the Tribunal could find no good reason not to proceed.

16. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay mindful that the extant suspension order was due to expire on 14 October 2026. It exercised its discretion to proceed in Dr Vatikutti's absence in accordance with Rule 31 of the Rules.