

PUBLIC RECORD**Dates:** 28/07/2025 - 01/08/2025**Doctor:** Dr Gagandeep SACHDEVA**GMC reference number:** 7948908**Primary medical qualification:** MB ChB 2022 University of Birmingham

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

Summary of outcome
Warning**Tribunal:**

Legally Qualified Chair	Mrs Emma Gilberthorpe
Lay Tribunal Member:	Mrs Stacey Patel
Registrant Tribunal Member:	Dr Jonathan Leach

Tribunal Clerk:	Miss Maria Khan
-----------------	-----------------

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lewis MacDonald, Counsel, instructed by the Medical Protection Society
GMC Representative:	Ms Emma Gilsenan, 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.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 29/07/2025

1. This determination will be handed down in private. However, as this case concerns Dr Sachdeva's misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Sachdeva qualified in 2022 from Birmingham University. At the time of the events Dr Sachdeva was in Foundation Year 1 training with the Dudley Group NHS Foundation Trust. He is due to commence a specialty training post (ST1) on 6 August 2025 to 3 February 2026, with Northampton General Hospital, in the field of Ophthalmology.

3. The allegation that has led to Dr Sachdeva's hearing can be summarised as that, in or around February 2023, Dr Sachdeva dishonestly created a letter ('the Letter') addressed to the Royal College of Ophthalmologists ('RCOphth') on the letterhead of the University of Birmingham. The Letter confirmed that Dr Sachdeva had graduated from Birmingham University with a Bachelor of Medicine and Bachelor of Surgery degree and was a suitable candidate to sit Part 1 of the Fellowship Exam of RCOphth in April 2023, and included the signature of Professor A. It is alleged that Dr Sachdeva uploaded a copy of the Letter to the RCOphth when applying to sit the exam and emailed Professor A referring to the Letter as a '*template*' which the RCOphth required him to verify.

4. It is further alleged that the Letter that Dr Sachdeva created gave the false impression that it had been created, signed and validated by the Professor when it had not, and that Dr Sachdeva's actions were dishonest.

5. On 20 February 2023 at 4:41pm, Dr Sachdeva emailed Ms H, exams administrator at the RCOphth, asking how to register to sit the RCOphth Part 1 exam in April 2023. He did this as he had problems logging into his account because it was showing as '*registration unavailable*'. On 21 February 2023, Ms H replied to him, sending him a link and asking him to complete the online registration application form. On the same day, Dr Sachdeva responded and asked Ms H to review his application and send him the details to make payment for registration. Ms H emailed him back confirming he would get a link to make payment after his application was reviewed and approved.

6. In his application, Dr Sachdeva included his GMC number and uploaded his Certificate and the Letter.

7. On 20 February 2023, Dr Sachdeva informed Professor A by email, at 5:27pm, that he had drafted an attester letter on Professor A's behalf and uploaded it to the RCOphth website. The email stated:

'I am applying for the FRCOphth Part 1 exam to be sat in April 2023 with an application deadline of 27th February. I have submitted my application form onto the Royal College website. I had also to upload my Graduation MBChB certificate and an attester letter [the Letter] to confirm that I completed this qualification. I have created a template already in view of the deadline so as not to delay the submission process and attached it to this email for your reference. The Royal College may reach out to you to verify. I hope that this is okay'.

8. On 24 February 2023, Professor A found, in his 'junk' mail, a copy of the Letter dated 20 February 2023 drafted and sent to him in a further email by Dr Sachdeva. The Letter contained a copy of Professor A's electronic signature but there had been no discussions with Professor A about drafting it, nor had Professor A given permission for his signature to be used.

9. On the same day, Professor A emailed Dr C, the Foundation School Programme Director for West Midlands North, to share his concerns about Dr Sachdeva's actions and to seek further advice.

10. Also on 24 February 2023, Professor A replied to Dr Sachdeva's 20 February 2023 email and outlined why he was concerned. He said:

'I am very concerned and disappointed by this.

The use of my signature without my advance knowledge is fraudulent activity; submitting this to the Royal College of which I am a member as an official, validated document, constitutes a complete breach of trust and lack of professionalism. Furthermore, I would not have approved a document with such poor formatting in the header, a spelling error in the name of the employing hospital, and using an out-dated job title.'

He also told Dr Sachdeva that he had raised the issue with Dr C.

11. On the same day Dr Sachdeva responded to Professor A's email:

'I acknowledge your concerns regarding this and can reassure you that this is a draft version produced in view of the deadline. It has not been copied to anywhere else and the intention was to only send your name as an attester

for verifying completion of the MBChB programme, pending your review and agreement, as I mentioned in my application form to the Royal College. Any further verification will of course be done with your permission, and nothing was formally validated which is why you have not received any request to verify at this point.

Happy to have a chat with the Foundation Programme director as you have already sent in your concerns, but would have hoped that you would have discussed this with me prior to such action’.

12. On 27 February 2023, Professor A contacted the RCOphth to find out if Dr Sachdeva had actually uploaded the Letter to their system. They confirmed he had, so Professor A let them know what had happened. The RCOphth confirmed they would meet with their Chief Examiner to discuss whether they were going to take any further action. It then was confirmed by the RCOphth that Dr Sachdeva did not actually have to submit the Letter, as this was only a requirement for international students.

13. On 8 March 2023, Dr Sachdeva emailed Professor A, advising he had met with Dr C to discuss the matter:

‘I apologies for the events that have transpired and hope this email serves as both an apology and provide transparency. The actions taken following the discussions are as follows:

1. I will write a reflection to affix to my portfolio given the concerns raised and continue to liaise with the Foundation Programme Director.

2. The intent was for the letter to serve as a draft template, pending your approval. The purpose of listing you as an attestor was not to ‘verify’ such documentation, but that if you're happy, the Royal College may contact to verify that I am a graduate at University of Birmingham.

3. I appreciate that going forward, I should not be drafting such letters, and these should directly be drafted from the supervisor. Furthermore, these should not be submitted simultaneously, even if the intent is as a draft.

4. We are in a training post and I strongly value that every encounter is to support with our interpersonal development and take forward your concerns to be mindful in my future practice’.

14. Professor A emailed Dr Sachdeva on 12 May 2023 to raise his ongoing concerns that he continued to refer to the Letter as a ‘draft’ without an adequate apology or reflection. Dr Sachdeva replied and said:

‘I sincerely do apologize for my actions. I have aimed to take active steps to

reflect on what we have discussed, and truly do appreciate the gravity of the situation. The reflections are not to make any excuse for my actions but rather to reflect on what has happened, where I am in the wrong, and how I hope for this to shape more caution and integrity in my future practice. I am more than happy to amend the wording on the reflection, as you have flagged that there may be room for it to be better articulated or may be misinterpreted in some sections’.

15. On 27 November 2023, Dr Sachdeva sent an email to the RCOphth with a letter of apology and new attestor letter attached.

16. The initial concerns were raised with the GMC on 2 May 2024 via a referral from Mrs D in her capacity as Revalidation & Assessment Manager at NHS England West Midlands.

The Allegation and the Doctor’s Response

17. The Allegation made against Dr Sachdeva is as follows:

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

1. In or around February 2023, you created a letter (‘the Letter’) addressed to the Royal College of Ophthalmologists (‘RCOphth’) which:
 - a. was on the letterhead of the University of Birmingham;
Admitted and found proved
 - b. confirmed that you had graduated from the University of Birmingham with a Bachelor of Medicine and Bachelor of Surgery degree on 14 July 2022;
Admitted and found proved
 - c. confirmed that you were a suitable candidate to sit the Fellowship Exam of the Royal College of Ophthalmologists part 1 (‘FRCOphth Part 1’) in April 2023;
Admitted and found proved
 - d. included the signature of Professor A.
Admitted and found proved
2. On 20 February 2023, you:
 - a. uploaded a copy of the Letter to the RCOphth when applying to sit the FRCOphth Part 1 examination;
Admitted and found proved
 - b. emailed Professor A referring to the Letter as a ‘template’.
Admitted and found proved
3. On 24 February 2023, you emailed Professor A stating:

- a. that the Letter was a 'draft version'; and
Admitted and found proved
 - b. 'the intention was to only send [Professor A's] name as an attestor for verifying completion of the MBChB programme, pending [Professor A's] review and agreement, as [you] mentioned in [your] application form to the Royal College'.
Admitted and found proved
4. On 8 March 2023, you emailed Professor A stating that the Letter was a 'draft template' and 'pending [Professor A's] approval'.
Admitted and found proved
5. When carrying out the actions referred to at paragraphs 1 and 2a, you knew:
- a. the Letter did not come from the University of Birmingham;
Admitted and found proved
 - b. Professor A had not:
 - i. signed the Letter;
Admitted and found proved
 - ii. validated its contents.
Admitted and found proved
 - c. the Letter gave the false impression that:
 - i. it had been created by Professor A;
Admitted and found proved
 - ii. it had been signed by Professor A;
Admitted and found proved
 - iii. Professor A validated that you had:
 - a. passed your medical degree;
Admitted and found proved
 - b. were a suitable candidate to take the FRCOphth Part 1 exam.
Admitted and found proved
6. When carrying out the actions referred to at paragraphs 2b, 3 and 4, you knew:
- a. the Letter was not a template or draft version;
Admitted and found proved

- b. you had not mentioned in your application that the letter was a draft;
Admitted and found proved
 - c. you had submitted the Letter to the RCOphth as the final version.
Admitted and found proved
7. Your actions as described at paragraphs:
- a. 1 and 2a were dishonest by reason of paragraph 5;
Admitted and found proved
 - b. 2b, 3 and 4 were dishonest by reason of paragraph 6.
To be determined

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

The Admitted Facts

18. At the outset of these proceedings, through his counsel, Mr Lewis MacDonald, Dr Sachdeva made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts To Be Determined

19. In light of Dr Sachdeva's response to the Allegation made against him, the Tribunal is required to determine whether Dr Sachdeva's actions in emailing Professor A and making references to the letter as a '*draft version*', a '*draft template*', and as '*pending approval*', together with the suggestion that he had mentioned in his application that the Letter was pending review and agreement, were dishonest.

Witness Evidence

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

- Professor A, dated 19 August 2024;
- Ms H, exams administrator at the RCOphth, dated 8 November 2024.

21. Dr Sachdeva provided his own witness statement, dated 7 July 2025, and also gave oral evidence at the hearing.

22. Dr Sachdeva denied dishonesty but accepted that referring to the Letter as a *'draft'* or *'template'* was incorrect. He admitted this was a lapse in judgement and *'ill-thought'*, influenced by his understanding that part of the RCOphth application process was that the College would verify the Letter independently. He repeatedly referenced this belief in the emails dated 20 February 2023, 24 February 2023, and 8 March 2023.

23. Dr Sachdeva told the Tribunal that he accepted the letter was not a draft, could not be changed after submission, and that stating otherwise in emails was false. He acknowledged the email to Professor A on 24 February 2023 was misleading but that at the time he did not think that anything he was saying was false. Dr Sachdeva said it was very painful to now accept that his communications were critically flawed and a significant failure on his part. Dr Sachdeva also accepted Professor A had not authorised use of his signature and that using it constituted fraudulent activity, a breach of trust, and lack of professionalism.

24. Dr Sachdeva stated that the choice of language such as *'pending approval'* and *'template'* was poor and misleading, but that he initially believed the statements were true. He stated his intention had been to be transparent, which was why he emailed Professor A on 20 February 2023 within minutes of uploading his application to the RCOphth. Dr Sachdeva accepted the way he phrased things was an attempt to minimise his behaviour.

25. Dr Sachdeva told the Tribunal that at the time of the events he was struggling with XXX, all of which affected his judgement. When asked by the Tribunal why he had not contacted the RCOphth straight away to inform them that the Letter was not genuine, Dr Sachdeva replied that he had thought about it but was scared of the consequences with Professor A and the RCOphth. He said that his insight and character would have been called into question.

26. Dr Sachdeva told the Tribunal how he had created the Letter on 20 February 2023. He admitted that he had a copy of a letter signed by Professor A in an electronic format, from their previous work together. Dr Sachdeva left the University letterhead, Professor A's signature and contact details but removed the body of the text from the previous letter and inserted his own. He accepted that he had betrayed his mentor and the profession, and caused significant harm to his own integrity.

Documentary Evidence

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

- The Letter, dated 20 February 2023;
- Emails between Dr Sachdeva and Professor A, various dates;
- Emails between Dr C and Professor A, dated 24 February 2023;
- Email from Dr Sachdeva to RCOphth, dated 27 November 2023, attaching letter of apology and new attestor letter (new letter dated 16 May 2023);
- Dr Sachdeva's ST1 post portfolio;

- Dr Sachdeva's FY1 AND FY2 team assessment and placement supervision summaries;
- Dr Sachdeva's reflection and remediation portfolio;
- Testimonial Bundle.

The Tribunal's Approach

28. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Sachdeva does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

29. The Tribunal noted the test for dishonesty as set out in *Ivey v Genting Casinos (UK) Limited (t/as Crockfords Club)* [2017] UKSC 67 ('Ivey') in that it must,

'...first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

The Tribunal's Analysis of the Evidence and Findings

30. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 7b - Your actions as described at paragraphs 2b, 3 and 4 were dishonest by reason of paragraph 6

31. The Tribunal took into account Dr Sachdeva's evidence regarding the process he followed to produce and submit the Letter. He had used a previous cover letter from Professor A and copied the header and signature. The Tribunal bore in mind that the creation of the Letter and subsequent uploading to the RCOphth website was done in a very short space of time. There had been minimal thought or planning and Dr Sachdeva submitted it as a final version without marking it as a draft or template. Crucially, he did not seek any prior permission or authority from Professor A to create the Letter.

32. The Tribunal rejected the arguments made by Mr MacDonald that this was merely a case of poor wording or lack of insight, finding those explanations difficult to accept. Instead, it considered that Dr Sachdeva had knowingly created a document he recognised to be false, uploaded it to a system as a final version, and misrepresented it as a genuine reference from Professor A.

33. In terms of knowledge and intent, the Tribunal found that Dr Sachdeva was fully aware he was submitting the Letter as a final version and that it could not be withdrawn or edited. There was no suggestion from his conduct that the Letter was intended as a draft or template, nor had it been marked as such in the application. Although he claimed to have had an immediate realisation afterwards, Dr Sachdeva made no attempt to retrieve or withdraw the Letter. He did not apologise to the RCOphth or request that they disregard or remove the Letter. Instead, he emailed Professor A and attempted to obfuscate the matter in a way that minimised his actions.

34. Although Mr MacDonald submitted that Dr Sachdeva had not been dishonest at the time because he did not appreciate the dishonesty of his actions, the Tribunal disagreed. It found that by creating the Letter using a professional letterhead, affixing a signature without prior authority, and submitting a knowingly false document, dishonesty was clearly established. It was further noted that Professor A was someone Dr Sachdeva described as a mentor, and therefore Dr Sachdeva would not have had any reason to fear asking for a genuine reference.

35. The Tribunal concluded that Dr Sachdeva knew the Letter was not a *'draft'* or *'template'*, or *'pending approval'* when referring to it as such in his emails to Professor A.

36. The Tribunal had regard to the test set out in *Ivey*. Having already determined Dr Sachdeva's actual state of mind, namely that he was aware the Letter was not a *'draft'*, *'template'*, or *'pending approval'*, the Tribunal proceeded to consider whether his conduct would be regarded as dishonest by the standards of ordinary decent people. The Tribunal was satisfied that, applying an objective test, describing the Letter in the aforementioned terms was dishonest.

37. The Tribunal acknowledged that Dr Sachdeva was a young doctor with no prior history of professional misconduct, and was described as a professional individual. However, this could not mitigate his conduct and the Tribunal found that his actions in relation to paragraphs 2b, 3 and 4 were dishonest.

38. Accordingly, the Tribunal found paragraph 7b of the Allegation to be proved.

The Tribunal's Overall Determination on the Facts

39. The Tribunal has determined the facts as follows:

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

1. In or around February 2023, you created a letter ('the Letter') addressed to the Royal College of Ophthalmologists ('RCOphth') which:
 - a. was on the letterhead of the University of Birmingham;
Admitted and found proved

- b. confirmed that you had graduated from the University of Birmingham with a Bachelor of Medicine and Bachelor of Surgery degree on 14 July 2022;
Admitted and found proved
 - c. confirmed that you were a suitable candidate to sit the Fellowship Exam of the Royal College of Ophthalmologists part 1 ('FRCOphth Part 1') in April 2023;
Admitted and found proved
 - d. included the signature of Professor A.
Admitted and found proved
2. On 20 February 2023, you:
- a. uploaded a copy of the Letter to the RCOphth when applying to sit the FRCOphth Part 1 examination;
Admitted and found proved
 - b. emailed Professor A referring to the Letter as a 'template'.
Admitted and found proved
3. On 24 February 2023, you emailed Professor A stating:
- a. that the Letter was a 'draft version'; and
Admitted and found proved
 - b. 'the intention was to only send [Professor A's] name as an attester for verifying completion of the MBChB programme, pending [Professor A's] review and agreement, as [you] mentioned in [your] application form to the Royal College'.
Admitted and found proved
4. On 8 March 2023, you emailed Professor A stating that the Letter was a 'draft template' and 'pending [Professor A's] approval'.
Admitted and found proved
5. When carrying out the actions referred to at paragraphs 1 and 2a, you knew:
- a. the Letter did not come from the University of Birmingham;
Admitted and found proved
 - b. Professor A had not:
 - i. signed the Letter;
Admitted and found proved
 - ii. validated its contents.
Admitted and found proved
 - c. the Letter gave the false impression that:

- i. it had been created by Professor A;
Admitted and found proved
 - ii. it had been signed by Professor A;
Admitted and found proved
 - iii. Professor A validated that you had:
 - a. passed your medical degree;
Admitted and found proved
 - b. were a suitable candidate to take the FRCOphth Part 1 exam.
Admitted and found proved
6. When carrying out the actions referred to at paragraphs 2b, 3 and 4, you knew:
- a. the Letter was not a template or draft version;
Admitted and found proved
 - b. you had not mentioned in your application that the letter was a draft;
Admitted and found proved
 - c. you had submitted the Letter to the RCOphth as the final version.
Admitted and found proved
7. Your actions as described at paragraphs:
- a. 1 and 2a were dishonest by reason of paragraph 5;
Admitted and found proved
 - b. 2b, 3 and 4 were dishonest by reason of paragraph 6.
Determined and found proved

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

Determination on Impairment - 31/07/2025

40. This determination will be handed down in private. However, as this case concerns Dr Sachdeva's misconduct, a redacted version will be published at the close of the hearing.

41. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Sachdeva's fitness to practise is impaired by reason of misconduct.

The Evidence

42. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows.

43. On behalf of the GMC, Professor E, Dr Sachdeva's Responsible Officer, provided a witness statement dated 5 June 2025.

44. Dr Sachdeva gave oral evidence at this stage.

45. Dr Sachdeva confirmed to the Tribunal that he had admitted paragraphs 1, 2, 5, and 7a of the Allegation at the Rule 7 stage, with the remaining paragraphs, except 7b, admitted at the start of the hearing. He accepted the Tribunal's findings on Allegation 7b, acknowledging that his understanding was flawed and his actions were dishonest by professional standards.

46. Dr Sachdeva described the remediation steps he had undertaken, including XXX, ethics training, and quality improvement work. He reflected on his personal growth, increased emotional awareness, and alignment with core values such as honesty and integrity. He told the Tribunal that he undertook a bespoke one-to-one Remedial Ethics Course with Dr G which helped him to understand the ethical implications of his actions.

47. Dr Sachdeva said he recognised the failures in his handling of the attestor Letter and stated that he should have acted earlier or withdrawn from the exam. He cited a recent clinical error which he managed transparently, as evidence of his development of insight and how he managed situations in which he had made errors.

48. Dr Sachdeva explained the serious consequences a suspension would have on his training and future in ophthalmology. He accepted multiple breaches of *Good medical practice* ('GMP') and acknowledged the broader impact of his actions on public trust, colleagues, and the profession. He expressed remorse several times throughout his evidence, and a commitment to maintaining high professional standards in the future.

49. In addition, the Tribunal received evidence from Dr F, Dr Sachdeva's Educational Supervisor from August 2023 to August 2024, while he was on his second year of FY1 placement, and his Clinical Supervisor during his Emergency Medicine placement. Dr F provided a testimonial dated 9 February 2025, which was updated on 9 July 2025, and also gave oral evidence at this stage.

50. Dr F stated that the issues were discussed between her and Dr Sachdeva at induction. She said she had seen him progress significantly over the year. Initially, he had been shocked at what he had done, and knew he was wrong but lacked understanding of his own response. Over time, he had gained insight into his thoughts, emotions, and the reasons behind his

actions, including why he only half-admitted these initially. Eventually, Dr Sachdeva was able to comprehend what he did. Dr F told the Tribunal that understanding was important to prevent repetition and noted that initially, Dr Sachdeva did not have that understanding.

51. Dr F explained that forming a relationship to talk freely took time, but Dr Sachdeva had done much thinking, was able to “*open up*” to her, and discuss his flaws in all aspects. Dr F told the Tribunal that she had seen his insight developing over the year. She described his initial email to Professor A as an immature response, which he came to understand during the year. Since the events, Dr Sachdeva had demonstrated awareness of the GMC guidance, consequences of breaches, and shared his experience through a presentation at national level, which she had not suggested. Rather, he had undertaken these steps of his own volition. Dr F said she respected how he had arranged the presentation, over different platforms, and told the Tribunal how he had attempted to get it on the BMA agenda. She expressed that this must have been difficult for him.

52. Dr F described him as a great teacher, highly regarded by the team in terms of probity and integrity. She was aware of the previous issue and reflected on how he might manage such matters in the future, noting no concerns were raised during placements. One minor error was made, involving a scan requested for the wrong patient, which he managed appropriately by admitting, escalating, and resolving it.

53. Dr F told the Tribunal that she has been a Consultant Paediatrician for 12 years, with experience assessing and supporting trainees, as Clinical and Educational Supervisor, and was previously a Wellbeing Lead for junior doctors at another Trust. She described Dr Sachdeva’s portfolio as excellent, his clinical skills as working well above F1 level, and among the top trainees. The scan error mentioned was common with electronic systems, and Dr Sachdeva had attempted to resolve it and discuss it with seniors.

54. Dr F said she felt she acted almost like a mentor, as she has stayed in contact with Dr Sachdeva since his year with her finished. She said she was confident he would not repeat the incident and observed that he had managed two years of stress, had processed the situation, and his insight had grown. She explained that Dr Sachdeva used to speak about the incident superficially due to lack of “*emotional connection*”, but over time had connected emotionally, processed it, and moved on. She believed his expectations of himself and the emotional pain experienced contributed to this. Dr F stated that Dr Sachdeva took all errors personally and, regarding repetition of dishonesty, she felt he would not repeat it. She told the Tribunal that even initially he told Professor A straight away, albeit not in the right way, as he knew what he had done was wrong. Dr F concluded that she trusted Dr Sachdeva and remained in contact. She believed he had gained full insight and now made better decisions.

Submissions

On behalf of the GMC

55. On behalf of the GMC, Ms Gilsonan, Counsel, submitted that Dr Sachdeva's fitness to practise is currently impaired by reason of his misconduct.

56. Ms Gilsonan referred the Tribunal to the legal framework that she submitted was relevant to this case. She cited general principles relating to misconduct and impairment from the cases of: *Council for the Regulation of Health Care Professionals v GMC and Biswas* [2006] EWHC 464 (Admin); *Meadow v GMC* [2006] EWCA Civ 1390; *Cohen v GMC* [2008] EWHC 581 (Admin); *Zygmunt v GMC* [2008] EWHC 2643 (Admin); *Cheatle v GMC* [2009] EWHC 645 (Admin) and; *GMC v Stone* [2017] EWHC 2534 (Admin).

57. Ms Gilsonan also referred the Tribunal to the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin, namely:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness is impaired in the sense that s/he:

a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

Ms Gilsonan submitted that in this case, limbs b, c and d were engaged.

58. Ms Gilsonan submitted that in determining whether Dr Sachdeva's fitness to practise is currently impaired, the Tribunal may wish to place appropriate weight on a number of factors. Dr Sachdeva's responsibility as a GMC registrant was to be familiar with GMP and the professional standards it contains. Ms Gilsonan said that GMP is clear and unequivocal about being honest and trustworthy. This was a fundamental tenet of the medical profession, and the bedrock of how the public perceives the medical profession.

59. Ms Gilsonan submitted that there are certain categories of case where the allegations, if proven, amount to such a serious departure from the professional standards that there will be a presumption of an issue of impaired fitness to practise, dishonesty being one of them. Ms Gilsonan reminded the Tribunal that the dishonesty in this case occurred in relation to Dr Sachdeva applying for an examination with the RCOphth, and that the

academic and professional context was an aggravating factor. By bypassing the RCOphth's processes to ensure the eligibility of candidates sitting their examinations, this undermined those safety processes which could be seen to affect the validity of the RCOphth's examination qualifications, patient safety and public trust in the profession.

60. Ms Gilsenan submitted that Dr Sachdeva falsified the Letter to validate his eligibility to sit the RCOphth's examination. Dr Sachdeva had stated that he did not benefit from the dishonesty, and Ms H had confirmed that Dr Sachdeva's application was accepted on his GMC registration rather than the Letter and that had she viewed the Letter at the time she opined that she would have recognised it as fraudulent. However, Ms Gilsenan submitted, Dr Sachdeva had accepted that he believed the Letter to be a necessary requirement for his application and acknowledged that he felt pressured to include the falsified Letter to ensure that he did not miss the window for applications closing by waiting to obtain an attestor letter via the usual means. Ms Gilsenan told the Tribunal that Dr Sachdeva's evidence indicated that at the time of the application, he believed that the Letter was a requirement of the application. She said this was significant and concerning dishonesty that called into question the RCOphth's processes to ensure valid examination qualifications and the public's trust in the profession.

61. Ms Gilsenan submitted that although the submission of the falsified Letter was an isolated incident, when Professor A first raised concerns about his conduct, Dr Sachdeva's initial replies lacked any sincere apology of his actions and did not demonstrate any insight into the gravity of his actions. His continued reference to the Letter as a '*draft*' raised concerns that Dr Sachdeva was not transparent, and it was found to be dishonest on this Tribunal's assessment, about his actions with Professor A in subsequent communication with him, and did not attempt to contact the RCOphth to inform them of the dishonesty or retract the Letter. It was only after Professor A confirmed that he had clarified with the RCOphth that Dr Sachdeva had submitted the Letter and therefore this was not a draft, that Dr Sachdeva seemed to accept that his actions were wrong.

62. Ms Gilsenan submitted that Dr Sachdeva had demonstrated some insight, albeit developing, into his dishonesty particularly in relation to his email communication with Professor A in February and March 2023. Ms Gilsenan acknowledged that the Tribunal would attach appropriate weight to the material provided by Dr Sachdeva in relation to reflection, insight and remediation, and invited the Tribunal to consider this in the context of the serious breaches of paragraphs 65, 68 and 71 of GMP (2013), which Dr Sachdeva candidly accepted his actions were in breach of, in his oral evidence at this stage.

63. Ms Gilsenan submitted that whilst the submission of the falsified Letter was an isolated incident, which Dr Sachdeva accepted was dishonest, when Professor A first raised concerns about his conduct, Dr Sachdeva's initial reply demonstrated further dishonesty as found by the Tribunal in respect of using the words '*draft*' and '*template*' in an attempt to cover up their initial dishonesty. This demonstrated a lack of insight and remediation at the time of the allegations which has not developed in these proceedings.

64. Ms Gilsenan submitted that Dr Sachdeva has produced significant documentary remediation of the concerns, notably in respect of the dishonesty for submission of the attestor Letter to the RCOphth. Ms Gilsenan said the Tribunal may consider that his remediation and insight is limited and less developed in respect of his communications with Professor A in February and March 2023, despite his oral evidence being that he had considered the emails he sent to Professor A in depth with Dr G during a one-to-one course on medical ethics in April 2025. The Tribunal may wish to consider the remediation in the context of his oral evidence on how he perceived his actions could have impacted patients, how he perceived his actions could have impacted the public's trust in the medical profession, his acceptance that his actions were a disregard for his professional colleagues, and if he were to require an attestor letter or reference to apply for professional exams in the future, how he would act differently in the future.

65. Ms Gilsenan submitted that Dr Sachdeva's dishonesty as a whole, at the time of submitting the attestor Letter to RCOphth and subsequently after in his correspondence with Professor A, was unbefitting a medical practitioner and relevant to this Tribunal's consideration on impairment. She further submitted that it would set a concerning precedent if Dr Sachdeva's dishonest behaviour in this were to go unmarked.

66. Ms Gilsenan referred the Tribunal to the statutory overarching objective 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 the profession. She submitted that in this case, all three limbs were engaged.

67. Ms Gilsenan told the Tribunal some mitigating factors it may wish to consider in the context of its determination on impairment included Dr Sachdeva's admissions to the substantive dishonesty, his insight (albeit developing), his good character, and the fact that there had been no further instances since 2023.

68. Ms Gilsenan concluded by submitting that a reasonable and properly informed member of the public would be surprised to learn that Dr Sachdeva had been allowed to practise unrestricted in light of Dr Sachdeva's admissions to paragraphs 1-7a of the Allegation, and the findings of this Tribunal in respect of paragraph 7b. Dr Sachdeva's actions had fallen short of expected standards and this was not an exceptional case which would justify a finding of no impairment. To the contrary, a finding that Dr Sachdeva's fitness to practise is impaired was required so confidence in the profession was not undermined. Moreover, proper professional standards would not be maintained if a finding of impairment was not made.

On behalf of Dr Sachdeva

69. On behalf of Dr Sachdeva, Mr MacDonald, Counsel, submitted that although misconduct was admitted, there were factors that were indicative that the seriousness of dishonesty in this case was lower than in many cases, and at the lower end of the spectrum.

70. Mr MacDonald submitted that Dr Sachdeva was not attempting to gain access to any benefit to which he was not entitled. He had the qualifications set out in the forged Letter and could have obtained a valid verification letter from the University Admissions Department but committed the misconduct in order to try to achieve speed to meet a deadline. Mr MacDonald reminded the Tribunal that Dr Sachdeva need not have submitted the Letter at all because his qualifications were sufficiently established by his GMC number and licence to practise.

71. Mr MacDonald referred the Tribunal to its finding at the previous stage that the Letter was *“done in a very short space of time. There had been minimal thought or planning...”*. Mr MacDonald submitted that Dr Sachdeva immediately told Professor A what he had done. Whilst he continued to express himself in terms which were dishonest, and diminished the seriousness of his conduct, Dr Sachdeva had confessed to the essential facts. Had he not, his misconduct would likely never have come to light, because the RCOphth never looked at the Letter as part of the application. After further discussion, Dr Sachdeva admitted in full to what he had done and apologised with a greater degree of candour. He had apologised to Professor A, to the Deanery, and the RCOphth. Professor A himself described the forged Letter as a *“relatively insignificant document”* and as having *“no consequences.”* The GMC agreed that this was an isolated incident in an otherwise unblemished record.

72. Mr MacDonald submitted that there were further mitigating features relevant to the Tribunal’s consideration. Dr Sachdeva had made admissions to all paragraphs of the Allegation, except 7b, at the first opportunity in these proceedings. Mr MacDonald told the Tribunal that at the time of the misconduct, Dr Sachdeva was a very junior doctor. He submitted that a responsible profession must be more forgiving of errors in judgment, even serious ones, made by junior members of the profession, who learn from making those errors. Such errors would also be more easily remediable than in a more senior practitioner who has the benefit of their experience and should know better.

73. Mr MacDonald submitted that the misconduct occurred at a time of significant emotional upheaval for Dr Sachdeva. This was relevant to impairment and not just sanction, because Dr Sachdeva had worked extremely hard on identifying factors which contributed to his behaviour, developing coping mechanisms to address them, and therefore ensuring that the misconduct would not happen again.

74. Mr MacDonald submitted it was accepted that impairment will usually follow from a finding of dishonesty. However, this may be a case where, exceptionally, a finding of impairment did not have to follow.

75. Mr MacDonald referred the Tribunal to the case law that, he submitted, was relevant in this case. He cited principles relating to impairment from: *Cohen; R (Nakash) v GMC* [2014] EWHC 3810 (Admin); *Grant; Professional Standards Authority for Health and Social Care v GMC and Uppal* [2015] EWHC 1304 (Admin) and; *Karwal v GMC* [2011] EWHC 826 (Admin).

76. Mr MacDonald also drew the Tribunal's attention to the GMC's *Guidance on Warnings*.

77. Mr MacDonald accepted that although all dishonesty is serious and not easily capable of remediation, the dishonesty in this case, given the factors already outlined, was capable of remediation.

78. Mr MacDonald submitted that Dr Sachdeva had taken extensive steps to remediate his misconduct, demonstrating genuine insight through a detailed, dated reflection and oral evidence. Dr Sachdeva had acknowledged full responsibility, made an unmitigated apology, and reflected on the seriousness and impact of his actions. He had described his initial response as reactionary, deceptive, and lacking insight, later recognising the "*harsh truth*" that it had been clouded by emotion and self-preservation. Dr Sachdeva had acknowledged Professor A's courage and mentorship. He explored the underlying causes of his behaviour and outlined specific coping mechanisms he would now use in a similar situation.

79. Mr MacDonald submitted that Dr Sachdeva had discussed his misconduct with his Educational and Clinical Supervisors, who described him as insightful, remorseful, and well-intentioned. They confirmed there were no concerns about his professionalism, integrity, or probity. Testimonials and oral evidence, including from Dr F, confirmed full insight and remorse.

80. Mr MacDonald submitted that Dr Sachdeva has completed CPD modules on relevant topics, apologised to Professor A and the RCOphth, and submitted a genuine attestor letter. Dr Sachdeva had XXX to understand the causes of his misconduct and XXX. He had also explored the misconduct with a mentor, the Trust Wellbeing Lead, and a Consultant Anaesthetist.

81. Mr MacDonald submitted that Dr Sachdeva had led a Quality Improvement Project to benefit others, which was accepted for possible national implementation. He had mentored five trainees in his role of Portfolio Champion, and received bespoke one-to-one ethics training with Dr G, producing a further reflection based on that work.

82. Mr MacDonald told the Tribunal that while remediation can always be questioned, Dr Sachdeva had done all that could reasonably be expected and more. The misconduct occurred over two and a half years ago with no repeat. Dr Sachdeva was of positive good character with compelling evidence he is a good and conscientious doctor. His FY1, FY2 and ST1 documentation evidenced that he is an excellent doctor. Mr MacDonald submitted that there were no public protection grounds on which to find impairment, and the misconduct had already been marked by Dr Sachdeva having had to repeat his FY1 year, due to the local investigation. Though not a suspension, it had delayed his progression and upheld proper standards. A member of the public would be reassured that concrete consequences occurred.

83. Mr MacDonald submitted the Tribunal could properly conclude that the conduct had been remedied and was highly unlikely to be repeated. The misconduct would be marked by formal findings of misconduct and dishonesty, extensive remediation and reflection, delayed progression, GMC proceedings and, potentially, a warning. A warning, if imposed, would be published for two years and disclosed indefinitely.

84. Mr MacDonald concluded by submitting that in light of the dishonesty, remediation, mitigating features, unlikelihood of recurrence, and the extent to which the misconduct had been marked, the Tribunal could properly determine that fitness to practise was no longer impaired and mark the misconduct with a warning.

The Relevant Legal Principles

85. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

86. The Tribunal must have regard to the statutory overarching objective 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 the profession.

87. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

88. In relation to misconduct, the Tribunal bore in mind the case of *Roylance v General Medical Council (No.2)* [2000] 1 A.C. 311, where it was said that:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [medical] practitioner in the particular circumstances.'

and

'It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

89. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in *Grant*, with regard to the features which are likely to be present when impairment is found.

90. The Tribunal must determine whether Dr Sachdeva's fitness to practise is impaired today, taking into account Dr Sachdeva'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.

The Tribunal's Determination on Impairment

91. Throughout its deliberations, the Tribunal took into account the evidence before it, both oral and documentary, as well as submissions from both parties and its findings at the previous stage.

Misconduct

92. In determining whether Dr Sachdeva's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amount to misconduct.

93. The Tribunal had particular regard to paragraphs 65, 68 and 71 of GMP (2013), which state:

'65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.'

94. The Tribunal took into account Mr MacDonald's submission that Dr Sachdeva had not benefitted from his dishonesty in creating the Letter and uploading it as part of his application to the RCOphth. The Tribunal found this to be irrelevant in that at the time, Dr Sachdeva had believed an attester letter was required, and therefore submitted it with a view to benefit from it. It only transpired later that, because he was a UK medical graduate, an attester letter was not needed.

95. The Tribunal formed the view that fabricating the Letter on behalf of Professor A was more serious than if Dr Sachdeva had forged a certificate or qualification in his own name. The Tribunal found the potential of an adverse impact on Professor A to be a concern.

96. The Tribunal considered that this had been an isolated incident. However, Dr Sachdeva had continued to dishonestly refer to the Letter as a *'draft'*, a *'template'* and *'pending approval'* in three emails to Professor A, thereafter without apology.

97. The Tribunal considered carefully the paragraphs of GMP referred to above. Dr Sachdeva had not complied with the principles set out in the paragraphs and the Tribunal was satisfied that Dr Sachdeva's dishonest conduct was unacceptable and fell far short of the standards expected of a registered doctor.

98. The Tribunal determined, therefore, that Dr Sachdeva's conduct amounted to serious misconduct.

Impairment

99. The Tribunal having found that the facts found proved amounted to misconduct went on to consider whether, as a result of that misconduct, Dr Sachdeva's fitness to practise is currently impaired. It considered whether Dr Sachdeva's conduct is easily remediable, whether it has been remedied, and whether the conduct is likely to be repeated.

100. The Tribunal found that Dr Sachdeva initially demonstrated very limited insight and immaturity shortly after the incident. In the beginning, he did not fully appreciate the seriousness of what he had done and did not accept the dishonesty straight away, seeking to minimise it, although he did not hide or deny it. Over time, however, his insight developed substantially.

101. The Tribunal was impressed by Dr Sachdeva's commitment to understanding his actions, particularly through one-to-one work with Dr G, which was seen as a significant step in helping him reflect on how and why he had acted as he did. The Tribunal found Dr F's evidence to be especially helpful in giving context to Dr Sachdeva's responses and understanding the evolution of his insight. Dr F was considered a credible witness, having significant experience of supervising junior doctors, and her view that Dr Sachdeva had gained full insight carried weight with the Tribunal. The Tribunal accepted that Dr Sachdeva had made repeated apologies throughout this process and had demonstrated openness and honesty. He could have hidden his actions but instead chose to share them in an open forum in an effort to share his experience of the regulatory process to assist other colleagues.

102. Referencing *Cohen*, the Tribunal acknowledged that dishonesty can be hard to remediate but not impossible. The Tribunal had regard to the extensive range of remediation undertaken by Dr Sachdeva. He had XXX to understand his actions and engaged seriously with reflective work. Dr Sachdeva had also taken meaningful steps to use his experience as an educational mechanism to help others. The Tribunal noted that he had done a variety of things, including setting up groups and leading on discussions, not for appearance but with genuine purpose. He had apologised multiple times and the Tribunal considered what more he could do, concluding that nothing further was possible. The Tribunal found the one-to-one

session with Dr G was of particular significance, noting it as an important part of Dr Sachdeva's development. The Tribunal considered that remediation was clearly present and that it reflected a sustained and sincere effort to understand the misconduct and ensure it would not be repeated.

103. In assessing the risk of repetition, the Tribunal considered the consequences of Dr Sachdeva's actions to have been his biggest lesson. Although the misconduct was serious and clearly unacceptable, the Tribunal was satisfied that it had been addressed and understood.

104. The Tribunal took into account Dr Sachdeva's steps to remediate, the extent of his insight, his junior status at the time, and that it had been over two years since the index events. It was satisfied that the misconduct was not behaviour that would be repeated.

105. The Tribunal considered the factors as set out in *Grant*, finding that limbs b-d were engaged insofar as Dr Sachdeva had, in the past, brought the medical profession into disrepute, breached fundamental tenets of the medical profession and acted dishonestly. However, based on its findings the Tribunal concluded these were not engaged with regard to future risk.

106. The Tribunal had regard to the overarching objective and gave serious consideration to whether, given the dishonest nature of the misconduct, a finding of impairment was needed to be made on public interest grounds. Dr Sachdeva's actions had involved forging a document on behalf of another colleague to sit an examination and then seeking to minimise this, with potential consequences for the other person.

107. The Tribunal made it clear that had it been required to make this decision two years ago, impairment would have been found as the misconduct was serious and involved dishonesty. However, taking into account all the circumstances, the passage of time, and the extensive personal work and reflection by Dr Sachdeva, the Tribunal formed the view that the public interest was adequately addressed by the formal finding of serious misconduct, the delay to Dr Sachdeva's career progression, and the salutary lesson of these GMC proceedings. The Tribunal concluded the public interest could be met without a formal finding of current impairment.

108. The Tribunal has therefore determined that Dr Sachdeva's fitness to practise is not currently impaired.

Determination on Warning - 01/08/2025

109. As the Tribunal determined that Dr Sachdeva's fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions

110. On behalf of the GMC, Ms Gilsenan, Counsel, invited the Tribunal to impose a warning on Dr Sachdeva's registration. Throughout her submissions, she referred the Tribunal to the paragraphs of the *Guidance on Warnings* (May 2025) ('GoW') and *Sanctions Guidance* (February 24) ('SG') that she said were relevant in this case.

111. Ms Gilsenan submitted that a warning was appropriate and proportionate for three reasons. Firstly, this Tribunal had determined that Dr Sachdeva's dishonesty amounted to serious misconduct falling far short of expected standards and fundamental tenets as set out in paragraphs 65, 68 and 71 of GMP, and representing a significant departure from those standards.

112. Ms Gilsenan submitted that secondly, a warning would allow this Tribunal to indicate to Dr Sachdeva and, importantly, the wider profession and the public, that serious misconduct such as forging a letter on behalf of a professional colleague and to benefit from it, was a departure from expected standards and should not be repeated.

113. Ms Gilsenan told the Tribunal that the third reason was that a warning, in the circumstances of this case, would serve as reminder to Dr Sachdeva and the wider profession that dishonest conduct is unacceptable, and record this formally. This was required in light of the dishonesty in this case

114. Ms Gilsenan concluded by submitting that the Tribunal was in a position of considering imposing a warning, which was squarely where Mr MacDonald had said this case would be. Ms Gilsenan acknowledged that the misconduct was serious but in light of Dr Sachdeva's remediation and insight, the misconduct could be appropriately and proportionately marked with a warning.

115. On behalf of Dr Sachdeva, Mr MacDonald, Counsel, submitted that he did not seek to resile from his stage two submissions, which drew the Tribunal's attention to its power to impose a warning, and the factors that marked the misconduct in this case. Mr MacDonald told the Tribunal that despite this, he intended to make further submissions in relation to the necessity of a warning. Throughout, Mr MacDonald referred to paragraphs of the GoW and SG that were relevant.

116. Mr MacDonald submitted that warnings are still a serious response and the consequences of a warning are that it will be on the medical register for two years and disclosed to employers indefinitely. A warning was a serious "*blot*" on a doctor's record, in this case arising from a doctor at a very early stage of his career.

117. Mr MacDonald drew the Tribunal's attention to Ms Gilsenan's submissions in relation to the purposes of imposing a warning. He told the Tribunal that as a deterrent, Dr Sachdeva had been sufficiently deterred, and was in no doubt that his conduct fell significantly below the standards expected. Mr MacDonald submitted that Dr Sachdeva had reflected and internalised that knowledge, and was aware that any repetition would lead to a finding of impairment. In relation to the wider profession, the findings of serious professional

misconduct adequately addressed the facts and indicated to the profession that such conduct was unacceptable, and there had already been a serious consequence for Dr Sachdeva that also served to highlight it to the wider profession.

118. Mr MacDonald submitted that whilst a warning is a formal response to draw a doctor's attention to the specific concerns and the consequences of any repetition, there was no requirement here to draw Dr Sachdeva's attention to what he already knew.

119. Mr MacDonald referred the Tribunal to paragraph 32 of the GoW, that sets out the factors for a Tribunal to consider, to determine whether a warning is appropriate after a finding of no impairment. Mr MacDonald submitted that each of those factors was strongly in Dr Sachdeva's favour and therefore mitigated against the imposition of a warning

120. Mr MacDonald concluded by referring the Tribunal to paragraph 68 of its previous determination, and its findings that the public interest was adequately addressed by the reasons as set out. Mr MacDonald submitted that a warning was not required for either public protection reasons or the public interest. Therefore, there was no necessity for a warning.

The Relevant Legal Principles

121. The Tribunal reminded itself of the statutory overarching objective:

*'(a) to protect, promote and maintain the health, safety, and wellbeing of the public;
(b) to promote and maintain public confidence in the medical profession; and
(c) to promote and maintain proper professional standards and conduct for members of that profession.'*

122. The decision whether or not to issue a warning is a matter for the Tribunal exercising its own judgment having taken into account all of the circumstances of this particular case, and having regard to the submissions of the parties. In deciding whether to issue a warning the Tribunal took into account the GoW and applied the principle of proportionality, weighing the interests of the public with those of Dr Sachdeva.

The Tribunal's Determination on Warning

123. Throughout its deliberations, The Tribunal had regard to the following paragraphs of the GoW:

'16A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:

- *there has been a significant departure from Good medical practice, or*
- *there is a significant cause for concern following an assessment of the doctor's performance.*

20 *The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.*

a There has been a clear and specific breach of Good medical practice or our supplementary guidance.

b The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.

c A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation (subject to the comments in paragraph 7 regarding cases solely relating to a doctor's health); the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.

d There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).

26 *In deciding whether to issue a warning the decision maker should apply the principle of proportionality, weighing the interests of the public with those of the practitioner. It is important to bear in mind, of course, that warnings do not restrict the practitioner's practice and should only be considered once the decision maker is satisfied that the doctor's fitness to practise is not impaired.*

32 *If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:*

- a the level of insight into the failings*
- b a genuine expression of regret/apology*
- c previous good history*
- d whether the incident was isolated or whether there has been any repetition*
- e any indicators as to the likelihood of the concerns being repeated*
- f any rehabilitative/corrective steps taken*
- g relevant and appropriate references and testimonials.'*

124. The Tribunal took into account its findings that Dr Sachdeva's actions amounted to serious professional misconduct. Specifically, Dr Sachdeva had fabricated a letter and used another individual's signature, which the Tribunal considered a significant departure from the standards set out in GMP and this conduct had raised serious concerns.

125. Although the Tribunal accepted the mitigating factors highlighted by Mr MacDonald, including those relevant to paragraph 32 of the GoW, it concluded that the seriousness of the dishonesty outweighed these. The Tribunal had considered Dr Sachdeva's misconduct to fall just below the threshold for a finding of impairment and had emphasised that. Had there not been the passage of time and evidence of Dr Sachdeva's significant reflection and remediation, it would likely have found current impairment.

126. The Tribunal bore in mind that dishonesty is usually regarded as being at the higher end of the spectrum of seriousness. Whilst Dr Sachdeva was given considerable credit for developing insight and undertaking remediation, the Tribunal was clear that his conduct could not be minimised. It considered the wider implications of the misconduct, particularly the need to maintain public confidence in the profession.

127. In considering proportionality, the Tribunal carefully weighed the interests of Dr Sachdeva against the public interest. It took into account Mr MacDonald's submission that the Tribunal had already decided that the public interest had been addressed in this case. However, the Tribunal disagreed with Mr MacDonald's submission on this point. It concluded that a marker was needed to reflect the seriousness of the misconduct, which was only just under the threshold for impairment. A warning was required to serve the public interest by sending a clear message on professional standards to the wider profession and to maintain public confidence.

128. The Tribunal therefore concluded that the imposition of a formal warning was necessary and proportionate

129. The Tribunal determined that a warning should be given to Dr Sachdeva in the following terms:

'Dr Sachdeva

In or around February 2023 you created a false letter addressed to the Royal College of Ophthalmologists ('RCOphth'), confirming your qualification and suitability to sit a Fellowship examination, in the name of Professor A. You submitted the letter to the RCOphth without the prior consent or agreement of Professor A. Further to this, you knowingly maintained, to Professor A, that the letter submitted was only a '*draft*' or '*template*' despite knowing that you had uploaded it as a final version. Your conduct was dishonest.

This conduct does not meet the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in paragraphs 65, 68 and 71 of *Good medical practice* (2013):

‘65 You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.’

Whilst this misconduct in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning.

This Warning will be published on the List of Registered Medical Practitioners (LRMP) in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy ‘

130. There is no interim order to revoke.

131. That concludes this case.