

**PUBLIC RECORD****Dates:** 14/07/2025 - 16/07/2025

**Doctor:** Dr Amoolya PRASAD

**GMC reference number:** 2575269

**Primary medical qualification:** MB ChB 1982 University of Manchester

Type of case	Outcome on impairment
Review - Deficient professional performance	Impaired

**Summary of outcome**  
Conditions, 24 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Mr Mark Scott
Registrant Tribunal Member:	Dr Bridget Langham
Registrant Tribunal Member:	Dr Charlotte Jones

  

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

**Attendance and Representation:**

Doctor:	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.

## 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 Impairment - 16/07/2025

1. This determination will be read in private. However, as this case concerns Dr Prasad's deficient professional performance, a redacted version will be published at the close of the hearing.
2. At this review hearing, the Tribunal now 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 Prasad's fitness to practise is impaired by reason of deficient professional performance.

## The Outcome of Applications Made during the Impairment Stage

3. On day one of the hearing Ms Harriet Dixon, Counsel, on behalf of the GMC made an application pursuant to Rule 41(2) of the Rules, that the hearing be held partly in private. Ms Dixon submitted that although this hearing relates to Dr Prasad's performance, reference would be made to XXX and those parts relating to XXX should be heard in private. Dr Prasad maintained a neutral stance on the matter. The Tribunal agreed that the application was reasonable. It determined that as the hearing related to Dr Prasad's deficient professional performance, it was in the public interest that the majority of the hearing be heard in public session, with any matters relating to XXX heard in private. Accordingly, the Tribunal granted the application.
4. Also on day one of the hearing, Ms Dixon addressed the Tribunal on the circumstances under which Dr A had been called to give oral evidence. Dr Prasad had indicated he wished to call Dr A and the GMC was not clear why the witness was being called, but understood that Dr Prasad wished to cross-examine the witness. Ms Dixon said that the GMC had not intended to call Dr A as he had given evidence at the last hearing and the purpose of a review hearing is to assess current fitness to practise, not the outcome of the last hearing. Ms Dixon said that in the circumstances, the GMC proposed to call Dr A and tender him to Dr Prasad for cross-examination. Ms Dixon outlined the parameters for any cross-examination; that any questions be confined to new areas not previously asked and answered, as no new performance assessment had been undertaken since 2023. Full transcripts of Dr A's oral evidence from the 2023-2024 hearing were provided to this Tribunal, as well as the joint assessors' 2023 performance assessment report.

5. Dr Prasad said that he should be able to question Dr A on any aspect of his report, and any matter relating to his experience or knowledge. He further said that the relevant report was joint and several. However, as the lead author, it was not appropriate for Dr A to distance himself from some of the conclusions, particularly those conclusions that Dr A was not in agreement with.

6. The Legally Qualified Chairman ('the LQC') indicated to both parties that the questioning would be limited to those matters which are relevant to the Tribunal's task in conducting a review hearing. The Tribunal would be mindful of the circumstances, namely where specific query had been raised regarding conditions 11 and 12 but the Tribunal's task still required an overall assessment of Dr Prasad's current fitness to practise, and only if his fitness to practise was found to be currently impaired would the conditions be explored in more detail. The LQC also indicated that the circumstances included the context whereby Dr A had already given evidence, been cross examined, and no further reports or relevant written documentation had been submitted, so repetition of questions previously posed would serve no purpose and would not be appropriate. The LQC indicated that the appropriateness of the questioning and the parameters of the evidence would be kept under review. The Tribunal was keen to hear from Dr A, and permit Dr Prasad to ask relevant questions to the extent that they would assist the Tribunal in fulfilling its statutory task.

## Background

### 2013

7. In 2012, a Performance Assessment Team ('PAT') found Dr Prasad's professional performance to be unacceptable in several areas and was of the opinion that Dr Prasad was only fit to practise on a limited basis, under direct supervision. In addition, Dr Prasad had acted in breach of conditions imposed on his registration by an Interim Orders Panel by failing to have his work supervised by a named GP.

8. Dr Prasad's case was first considered by a Fitness to Practise Panel in 2013 in relation to allegations of misconduct and deficient professional performance.

9. The 2013 Panel determined that breaching the interim order amounted to serious misconduct as Dr Prasad's work was not supervised at a time when there were concerns about his professional performance which, potentially, put patients at risk. The Panel also found, on the basis of the PAT Report, that Dr Prasad's performance was unacceptably low and therefore deficient, with a significant risk that he could put '*a patient or patients at unwarranted risk of harm*'. Finding Dr Prasad's fitness to practise impaired by reason of both misconduct and deficient professional performance, the Panel went on to impose conditions on Dr Prasad's registration for a period of 18 months, a decision that Dr Prasad appealed in the High Court. In 2015, the High Court dismissed Dr Prasad's appeal but removed one of the conditions.

## 2016

10. A Tribunal reviewed Dr Prasad's case in 2016. It determined that Dr Prasad's fitness to practise was no longer impaired by reason of misconduct.

11. In respect of his deficient professional performance, Dr Prasad had undertaken another performance assessment in January 2016. The 2016 PAT found that while Dr Prasad had improved in some areas since the 2013 hearing, his performance was still unacceptable in several areas. The PAT was of the opinion that Dr Prasad was fit to practise only on a limited basis and under direct supervision. The 2016 Tribunal determined that as Dr Prasad had not fully remediated the concerns of the 2013 Panel, his fitness to practise remained impaired by reason of his deficient professional performance. Having found that Dr Prasad had only partial insight into his failings, the 2016 Tribunal determined to impose a 24 month period of conditions on Dr Prasad's registration in order to assist him in remediating his failings.

## 2018-2020

12. A review hearing began in November 2018 to assess whether Dr Prasad's fitness to practise remained impaired due to deficient professional performance. A further performance assessment undertaken by Dr Prasad over April and May 2018 found unacceptable performance in some areas and concerns in others, leading the relevant PAT to opine he was fit to practise only on a limited basis under close supervision. The Tribunal became concerned about XXX, and adjourned the hearing until May 2019.

13. When the hearing reconvened, XXX. After additional adjournments, the Tribunal reconvened in December 2019 and decided that XXX did not alter its decision on whether Dr Prasad had addressed his performance issues.

14. The Tribunal found Dr Prasad had taken no steps to remedy the deficiencies identified and concluded that patient safety and public confidence would be at risk if his fitness to practise was not found impaired. In January 2020, it determined his fitness to practise remained impaired and following further sittings, it concluded that conditional registration was neither appropriate nor workable given his limited insight and lack of remediation. On 11 May 2020, the Tribunal suspended Dr Prasad's registration for 12 months to reflect the seriousness of its findings.

## May 2021

15. In May 2021, Dr Prasad's case was reviewed XXX. However, the Tribunal found that while Dr Prasad showed some insight and acceptance of his deficiencies during the hearing, he provided no evidence of addressing the issues identified in the 2018 performance assessment. The Tribunal concluded that his fitness to practise remained impaired due to deficient professional performance and determined that a further six-month suspension was necessary to allow an opportunity for remediation.

November 2021

16. In November 2021, a Tribunal reviewed whether Dr Prasad's fitness to practise was impaired by XXX deficient professional performance. XXX. Dr Prasad also failed to show he was safe to return to unrestricted practice, so impairment remained due to deficient professional performance. The Tribunal considered conditions XXX but found them unworkable due to his incomplete insight, and imposed a further six-month suspension to allow time for full remediation and insight development.

2022

17. In May 2022, a Tribunal reviewed whether Dr Prasad's fitness to practise remained impaired by deficient professional performance XXX. Regarding performance, while earlier concerns had lessened by 2018, some unacceptable aspects persisted and posed a risk to patients. The Tribunal recognised Dr Prasad's efforts through mentoring, CPD and reflection, noting developing but incomplete insight. It found he remained a significant risk if allowed to practise unrestricted and determined his fitness to practise XXX remained impaired by reason of deficient professional performance. Balancing his progress and continued engagement, the Tribunal took the view that the previous suspension imposed on Dr Prasad's registration had achieved all it could and considered it to be in the public interest for Dr Prasad to return to clinical practice safely. It determined that an 18-month period of conditional registration was appropriate to ensure patient safety and maintain public confidence in the profession.

2023-2024

18. A review hearing began in November 2023 to determine whether Dr Prasad's fitness to practise remained impaired by reason of XXX professional performance. The hearing adjourned part-heard on 23 November 2023, due to insufficient time to conclude matters, reconvening on 3 June 2024.

19. The Tribunal heard oral evidence by video link from the relevant PAT assessors Dr A and Dr B, which assisted the Tribunal in understanding the rationale behind the performance assessment scoring and conclusions on Dr Prasad's fitness to practise. Dr Prasad did not provide a witness statement or give oral evidence but cross-examined both witnesses. He submitted he did not oppose the GMC's submission that his fitness to practise remained impaired in relation to deficient professional performance.

20. The Tribunal considered XXX. Regarding deficient professional performance, the Tribunal considered Dr Prasad's 2023 performance assessment, assessment reports, and oral evidence of Dr A and Dr B. It accepted their evidence and conclusion that Dr Prasad's performance was unacceptable, noted their explanation on outcome scales, and found their evidence reflected a true picture.

21. The Tribunal noted Dr Prasad's cross-examination did not challenge the overall outcome. It acknowledged that his 2023-2024 appraisal showed he accepted deficiencies and proposed how to address them. The Tribunal formed the view that while Dr Prasad had clearly developed his insight further and was working hard to address the areas of deficiencies in his practice, all his remediation had been done in the context of not seeing patients. It could not disregard the fact that some of the identified deficiencies had the potential to put patients at risk. It concluded Dr Prasad must achieve satisfactory scores in all domains in a performance assessment and determined that Dr Prasad's fitness to practise remained currently impaired by reason of deficient professional performance.

22. Dr Prasad gave oral evidence at the sanction stage of the hearing. He addressed the recommendations of the performance assessors, highlighting areas he believed to be too restrictive and provided the Tribunal with alternatives. He told the Tribunal that he found the performance assessment process too subjective and did not believe it allowed him to fully bring out his abilities. Dr Prasad suggested an appraisal within six months of starting work would be a better option. He agreed that he needed supervision but not '*close supervision*', and he did not object to an educational supervisor. He preferred a mentor as opposed to being closely supervised. Dr Prasad addressed the recommendation that he only work as a salaried GP, telling the Tribunal this was too restrictive. He reminded the Tribunal of the hundreds of hours of learning that had gone into his appraisal, including attending clinical seminars and meetings. He said he was open to further learning and training.

23. The Tribunal considered Dr Prasad's further insight, work undertaken to remedy deficiencies, commitment through his appraisal and PDP, and the restrictions the current conditions placed on gaining employment. It noted Dr Prasad's understanding of '*close supervision*' may be incomplete, as it applied for no less than three months and did not require the supervisor to be present at all times. The Tribunal considered Dr Prasad's feelings of injustice and suggestions for a "*lighter touch*" regime but determined they would not achieve the statutory overarching objective; a clinical supervisor had a different function to a mentor, and performance assessment was important to assess fitness to return safely to clinical practice.

24. The Tribunal concluded a further period of conditional registration was appropriate and proportionate. Suspension would be disproportionate and unnecessarily punitive. A revised set of conditions would assist Dr Prasad to find employment and continue remediation in a stable, structured and safe environment. It was not necessary to require a mentor as a formal condition but noted the constructive relationship to date. It concluded a 24-month period of conditional registration would allow Dr Prasad to find employment, gain experience and prepare to perform successfully in a future performance assessment.

25. Therefore, The Tribunal directed to impose conditions on Dr Prasad's registration for a period of 24 months. It determined to direct a review and considered that it may assist the reviewing Tribunal if Dr Prasad provided the following information:

- A copy of his PDP and evidence of his progress in working towards it;

- A report from his educational supervisor;
- A report from his clinical supervisor;
- Report(s) from his workplace reporter(s);
- Any other information that he considers will assist.

### Today's Review Hearing

26. An early review hearing has been requested by Dr Prasad in relation to two conditions on his registration. The reason for the request was that condition 12 was a legacy condition from the time when Dr Prasad was XXX, and he said it should have been removed at the last hearing. The other condition, condition 11, is said by Dr Prasad to be hampering him from gaining admission onto the NHS Medical Performers List for Primary Care in spite of him being on the GMC GP Register.

### The Evidence

27. The Tribunal has taken into account all the evidence received, both oral and documentary.

28. The Tribunal heard oral evidence on behalf of the GMC from Dr A, Team Leader, PAT, by video link. Dr A's evidence assisted the Tribunal in its understanding of why he had recommended '*close supervision*' as a condition on Dr Prasad's registration in the 2023 joint performance assessment report, as opposed to '*supervision*'. Close supervision meant that the supervisor would be available on site at all times and be able to discuss any clinical complexities or patient management plans straight away. Dr A explained that he had made this recommendation in conjunction with Dr B based upon the complete assessment they had made of Dr Prasad's performance. Dr A told the Tribunal that the conclusions reached for each domain being assessed were evidenced in the report, and bringing each conclusion together was what led to the PAT recommending that '*Dr Prasad must be Closely Supervised (as defined by the GMC Glossary for Undertakings and Conditions)*'. He further told the Tribunal that close supervision would be beneficial in terms of patient safety and it would also provide support and assurance to the doctor.

29. Dr A explained to the Tribunal that Dr Prasad's performance in the assessment had raised significant concerns, and it was important for Dr Prasad to have a period of time practising under close supervision for the purposes of patient safety and ensuring safe clinical practice could continue. In response to questioning from Dr Prasad, Dr A stated that it was not his role to determine the duration of any period of close supervision.

30. The Tribunal also received documentation which included but was not limited to:

- Records of Determinations of all previous MPT hearings referred to above;
- Email exchange between Dr Prasad and the GMC regarding Condition 12, various dates January 2025;

- Email from GMC to Dr Prasad attaching Assistant Registrar Early Review Hearing decision, advising that the matter relating to Condition 12 could be dealt with by a Review on the Papers ('RoP'), dated 5 February 2025;
- Email from Dr Prasad to GMC, wishing to address Condition 11, dated 2 May 2025;
- Transcripts of the oral evidence given by Dr A and Dr B at the 2023-2024 hearing;
- PAT joint performance assessment report from 2023.

## Submissions

31. On behalf of the GMC, Ms Dixon submitted that Dr Prasad's fitness to practise remained impaired. She acknowledged that Dr Prasad was not disputing impairment, rather the degree of impairment, and he was requesting the removal or amendment of conditions 11 and 12 currently imposed on his registration.

32. Ms Dixon referred the Tribunal to the conclusions of the previous Tribunal, which acknowledged that it was difficult to demonstrate remediation in cases of deficient professional performance other than in another performance assessment. Ms Dixon submitted that the previous Tribunal found that although Dr Prasad had developed his insight and was working hard to address the areas of deficiencies in his practice, all his remediation had been done in the context of not seeing patients and there remained the potential to put patients at risk which had not been addressed.

33. Ms Dixon submitted that little had changed since the previous review as Dr Prasad had not undertaken a further performance assessment since 2023 or been in clinical practice since 2018.

34. Ms Dixon submitted that regarding insight, Dr Prasad was no further forward. If anything, he had taken a step back by fixating on the minutiae of the performance assessment during his cross-examination of Dr A during this stage of the hearing, particularly Simulated Surgery 3 and whether or not he had conducted an examination for jaundice. By seeking to undermine the conclusions of the performance assessors, Dr Prasad demonstrated that he had not yet fully accepted the deficiencies identified in his performance.

35. Ms Dixon submitted that although Dr Prasad had provided a PDP, it had been submitted late, in January 2025, rather than September 2024 as requested by the GMC. The PDP was lacking in detail and did not demonstrate that Dr Prasad had full insight into the steps needed to address the deficient professional performance in the areas found to be unacceptable, and it had not included any kind of e-Learning and personal study required, or set target dates.

36. Ms Dixon submitted that in a letter sent from the GMC to Dr Prasad after the last review hearing, it was stated that he was required to provide a PDP by 5 September 2024 and a template PDP was enclosed. In the letter, Dr Prasad was directed to a glossary which provided guidance and made it clear that he must provide a PDP. Ms Dixon highlighted the



areas recommended by the PAT to be included in the PDP and submitted that Dr Prasad had not included these.

37. In relation to remediation, Ms Dixon submitted that it was accepted that prior to the last hearing Dr Prasad had taken significant steps to remediate, but there was no evidence since then that he had continued these efforts. She highlighted the lack of evidence of, for example, certificates of completion or reflections on courses, or a reference from a mentor. She submitted that remediation was no further along since the last hearing and had still only been done in the context of not seeing patients.

38. Ms Dixon further submitted that Dr Prasad had not demonstrated that his fitness to practise was no longer impaired and there may be greater impairment as a year had passed and there was no evidence of progress. The most up-to-date assessment was in 2023 which concluded Dr Prasad was not fit to return to unrestricted practice. Ms Dixon said that given Dr Prasad had been out of practice since the assessment, with a lack of remediation, there remained a high risk of repetition of the deficient professional performance.

39. Ms Dixon submitted that public confidence would be undermined if Dr Prasad were allowed to return to unrestricted practice after seven years of not practising and having not satisfactorily passed a performance assessment. A finding of impairment was required to uphold the 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 that profession.

40. Dr Prasad submitted the following statement which he also read to the Tribunal:

*"I agree with the Main Bundle, except in so far as the recommendations on the period of Close Supervision and [XXX].*

*I accept my fitness practice is compromised, but not [XXX].*

*I disagree with some aspects of Performance Report of [Dr A and Dr B], but in particular agree with his evidence today that a period of Close Supervision, say as evidenced, by [Dr A] about 2 weeks or even up to 1 month could be workable."*

### The Relevant Legal Principles

41. The Tribunal was reminded to have careful regard to the overarching objective. It was further reminded that at a review hearing the persuasive burden was with the doctor, there was no standard of proof, and that impairment was a matter for the Tribunal's independent judgment.

42. The Tribunal was referred to the case of C v General Pharmaceutical Council [2016] UKSC 64, and specifically the need to focus on the question of current impairment, judged in

light of what the doctor has achieved since the date of the previous Tribunal, and having regard to the issues, concerns and reasoning of that Tribunal.

43. The Tribunal was also referred to the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) and the need to consider the issues of insight, remediation and repetition.

### The Tribunal's Determination on Impairment

#### Deficient Professional Performance

44. The Tribunal noted that it had been twelve years since the first finding of impaired fitness to practise, with the most recent hearing being a year ago. The Tribunal found that Dr Prasad had not presented any evidence to demonstrate that his fitness to practise was no longer impaired. The only evidence before this Tribunal was Dr Prasad's manner of questioning and the content of the 2023 report. His questioning of Dr A, despite repeated encouragement and direction from the Tribunal, focused disproportionately on matters which were irrelevant or insignificant and included highly inappropriate questioning of Dr A's integrity and commentary on his personality. On numerous occasions Dr Prasad referred to Dr A as '*intransigent*'. This was a completely unwarranted and unfounded assertion. The Tribunal was mindful that self-representation and cross-examining of witnesses is difficult, but it was clear that Dr Prasad was repeatedly trying to undermine the PAT and seeking to go behind its conclusions and the conclusions of the 2023 Tribunal. This Tribunal was concerned that Dr Prasad's insight into his practice had decreased since the 2023 Tribunal.

45. The Tribunal formed the view that Dr Prasad had sought to have Dr A appear as a witness in an attempt to re-open the performance assessment. His questioning strongly suggested that he had not focused his reflections and actions on the conclusions of the last performance assessment. The questioning further demonstrated that there remained limited understanding on the part of Dr Prasad as to what close supervision entailed, why it was recommended or how it should be implemented.

46. The Tribunal determined that Dr A's evidence withstood cross-examination and he stood by the findings of his report. There was no new evidence before the Tribunal to call into question the conclusions of the previous assessment.

47. The Tribunal had regard to the information requested by the previous Tribunal that would assist at this review hearing. Dr Prasad had not put forward any of this evidence; even the PDP provided did not include the areas highlighted previously and failed to address key areas of concern. Dr Prasad appeared to be focused on the minutiae of the performance assessment rather than addressing the deficient areas of practice which had been identified.

48. The Tribunal accepted that there was some insight insofar as Dr Prasad had made a statement acknowledging that his fitness to practise was impaired. However, for the reasons set out above, the Tribunal found there was clear evidence of decreased insight overall, no

evidence of further remediation, and no meaningful engagement with the areas identified in the 2023 performance assessment. There was no preparation evidenced in anticipation of returning to practice, save for a failed attempt to join the NHS Performers List. There was also no evidence of CPD or any other activities to keep his skills and knowledge up-to-date. Taking this into account, the Tribunal concluded that the risk of repetition of the deficient professional performance was high.

49. The Tribunal considered that a member of the public would be surprised if no finding of impairment were made, given the potential impact of the deficiencies identified in Dr Prasad's professional performance having not yet been addressed. It concluded that a finding of current impairment was required in order to protect patients and to ensure that public confidence in the profession was not undermined, as well as upholding and maintaining standards in the medical profession.

50. This Tribunal has therefore determined that Dr Prasad's fitness to practise remains impaired by reason of deficient professional performance.

#### **Determination on Sanction - 16/07/2025**

51. This determination will be read in private. However, as this case concerns Dr Prasad's deficient professional performance a redacted version will be published at the close of the hearing.

52. Having determined that Dr Prasad's fitness to practise remains impaired by reason of his deficient professional performance, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Prasad's registration.

#### **The Evidence**

53. 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 Prasad's registration.

54. Dr Prasad gave oral evidence at this stage of the hearing. In his oral evidence, Dr Prasad accepted that the conclusions of the 2023 performance assessment were correct and that he accepted close supervision was necessary but only for two to four weeks. Dr Prasad contended that this time frame for close supervision was consistent with Dr A's evidence.

55. Dr Prasad told the Tribunal of the attempts he had made to find employment, with all his job applications since the previous review hearing having been refused. He said he believed the drawbacks included the conditions he was currently under and the requirement for close supervision.

56. Dr Prasad outlined the reasons why he submitted his PDP in January 2025 instead of September 2024, stating it was an oversight, he had not been reminded to submit it by the GMC and he had been focused on job applications. He told the Tribunal he was *“fairly diligent in providing these documents.”* Dr Prasad also explained why he had not used the provided template and said that it was not a requirement to do so.

57. Referring to steps taken to remediate, Dr Prasad talked the Tribunal through the various courses he had attended and stated they had *“All registered with me and I can provide these documents for my next appraisal.”*

58. Dr Prasad said he would next have an appraisal either in the NHS when he was accepted on to the NHS Performers List or a private appraisal when he could afford it.

59. Dr Prasad also provided his 2023-2024 appraisal, and two statements for this stage of the hearing.

### Submissions

60. On behalf of the GMC, Ms Dixon submitted that the appropriate sanction in this case was one of conditions. She submitted that condition 12 should be removed in its entirety due to being a legacy condition, and that condition 10 should have any reference to ‘GMC Adviser’ removed XXX. All the remaining conditions, including condition 11, should stay as they were.

61. Ms Dixon submitted that mitigating factors in this case were that Dr Prasad had demonstrated some insight in that he accepted his fitness to practise remained impaired and he now accepted the conclusions of the performance assessment. Dr Prasad had provided a PDP and the 2023-2024 appraisal showed he had taken steps to remediate in that period. She also said that Dr Prasad had engaged with these proceedings. Ms Dixon told the Tribunal that the aggravating features of this case were that Dr Prasad had yet to develop full insight and he was fixated on minutiae instead of remediating his performance.

62. Ms Dixon submitted that because Dr Prasad has some insight, conditions were likely to be workable and a period of supervised close practice was a safe way to address the findings of the 2023 performance assessment. Ms Dixon referred to Dr Prasad’s PDP which, whilst it was late, showed that he has the potential to respond to remediation as he has in the past, although not always consistently.

63. Ms Dixon submitted that save for the removal of condition 12 and the amendments to condition 10, the conditions should remain the same. The PAT felt that with all the areas of *Good medical practice* identified as unacceptable, there were significant concerns and it was important to have close supervision for patient safety and safe clinical practice. Ms Dixon reminded the Tribunal of Dr A’s evidence relating to the difference between supervision and close supervision.

64. Ms Dixon submitted that there was no evidence to show that Dr Prasad's performance had improved to the extent that close supervision was not required. There had been no performance assessment since 2023, or any robust evidence of formal study, training or CPD. The time period for any close supervision, she told the Tribunal, should therefore stay the same as it currently is, namely no less than three months.

65. Addressing Dr Prasad's suggestion that Dr A had suggested a period of two weeks close supervision, Ms Dixon clarified that this was not what Dr A had said. In any case, two weeks was too short a period to settle into practice and show remediation as Dr Prasad had been out of practice for so long. A period of at least three months would address the public interest.

66. Ms Dixon submitted that although Dr Prasad had been refused employment, that did not necessarily mean that condition 11 was not workable or a bar to future employment, especially as the period of close supervision was limited. It could not be known how much condition 12 had affected the decision of the London Medical Performers List refusal to accept Dr Prasad.

67. Ms Dixon submitted that a period of suspension was not appropriate as the current conditions were workable in light of condition 12 being removed and the PAT concluding that Dr Prasad was fit to practise with restrictions.

68. Dr Prasad submitted that he accepted close supervision was necessary, but that he understood Dr A had advised two weeks would be sufficient, and this period, or at most four weeks close supervision, is what should be specified in condition 11.

### **The Relevant Legal Principles**

69. The decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement. In reaching its decision the Tribunal should take into account the Sanctions Guidance (February 2024) and the statutory overarching objective.

70. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. In making its determination the Tribunal considered the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Prasad's interests with the public interest.

### **The Tribunal's Determination**

71. Before considering what action, if any, to take in respect of Dr Prasad's registration, the Tribunal considered the aggravating and mitigating factors in this case.

72. The Tribunal considered an aggravating factor to be that Dr Prasad had not yet developed full insight. At best, his insight had stalled, and the Tribunal was concerned that it had decreased, since the last review hearing.

73. The Tribunal considered that Dr Prasad's acceptance of the conclusions of the 2023 performance assessment and the need for close supervision were mitigating factors. His engagement with these proceedings was also a mitigating factor. The Tribunal also took into account that Dr Prasad had submitted his PDP, albeit late.

### No action

74. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Prasad's case, the Tribunal first considered whether to conclude the case by taking no action. Taking into account the nature of the concerns in this case, and that there were no exceptional circumstances to justify taking no action, the Tribunal determined that taking no action would be inappropriate and not in the interests of either Dr Prasad or the public.

### Conditions

75. The Tribunal was satisfied that a period of conditional registration was the appropriate and proportionate sanction in this case. It determined that after removing condition 12 and the reference to 'GMC Adviser' in condition 10, the remaining conditions were appropriate, proportionate, measurable and workable, with Dr Prasad appearing to show the potential to respond positively to remediation. Conditions would allow Dr Prasad to return to work while ensuring patient safety.

76. With regards to condition 11, the Tribunal considered whether close supervision was required and, if so, for how long. The Tribunal had regard to the evidence of Dr A and the benefits of close supervision. Dr A had told the Tribunal that close supervision was necessary to protect patient safety and having an on-site supervisor was an assurance mechanism. It would allow access to the patient records when supervising Dr Prasad's practice. Dr A also said that close supervision was important because of the range and extent of the deficiencies identified in Dr Prasad's performance assessment, and the duration of time he has been out of clinical practice.

77. The Tribunal rejected Dr Prasad's contention that condition 11 was unworkable. The previous reviewing Tribunal had adopted the concept directly from the *GMC Glossary of undertakings and conditions*. In his oral evidence, Dr A stated that he knew of other doctors working under close supervision. The Tribunal took into account Dr Prasad's evidence that he had not been able to secure employment due to the condition of close supervision being unworkable. However, the letter provided by the London Medical Performers List had not outlined that it was because of this condition, or solely this condition, that it had refused his application for inclusion and further reasons were detailed in the evidence before the Tribunal.

78. The Tribunal had regard to the likely impact of imposing close supervision as a condition, including the potential for it to be more difficult to gain employment but, weighing this up against the overarching objective, it concluded that this condition was a proportionate response to the deficiencies identified in Dr Prasad's performance.

79. Looking at the length of close supervision, the Tribunal took into account its reasons for imposing this condition and concluded that any period less than three months would not be workable, as Dr Prasad would need time to settle into a new job and address his deficiencies to a point where he could prove he no longer required close supervision. In addition, a period of less than three months would not be appropriate owing to the range and extent of the deficiencies identified by the performance assessment. Furthermore, the Tribunal did not accept that Dr Prasad had accurately heard or understood Dr A's evidence regarding the duration of close supervision. Dr A had quite properly said that the duration was solely a matter for the Tribunal. In response to a question from Dr Prasad as to whether Dr A would write to the GMC on patient safety grounds in the event of close supervision being imposed for 2-4 weeks, Dr A answered 'no'. Dr Prasad took this evidence to mean that Dr A agreed with 2-4 weeks of close supervision. This was not an accurate interpretation of the evidence. In the Tribunal's view Dr A was properly deferring to the prerogative of the Tribunal to determine the duration of any conditions. Accordingly, the Tribunal determined that the length of time stay as not less than three months close supervision as any shorter period would not be consistent with upholding patient safety.

80. With regards to the length of conditional registration, the Tribunal acknowledged Ms Dixon's submission that the revised conditions be imposed until the end of the current period of conditions. However, the Tribunal was of the view that Dr Prasad was no further forward than he had been since the last review hearing and, echoing the reasons outlined by the previous review hearing, the Tribunal concluded that that a further period of 24 months conditional registration would allow Dr Prasad to find employment, gain experience in other areas and prepare himself to perform successfully in a future performance assessment.

81. The following conditions are not confidential and will be published:

1. He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
  - a. the details of his current post, including:
    - i. his job title
    - ii his job location
    - iii. his responsible officer (or their nominated deputy)
  - b. the contact details of his employer and any contracting body, including his direct line manager

- c. any organisation where he has practising privileges and/or admitting rights
  - d. any training programmes he is in
  - e. of the organisation on whose medical performers list he is included
  - f. of the contact details of any locum agency or out of hours service he is registered with.
2. He must personally ensure the GMC is notified:
  - a. of any post he accepts, before starting it
  - b. that all relevant people have been notified of his conditions, in accordance with condition 12
  - c. if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d. if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
  - e. if he applies for a post outside the UK.
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4.
  - a. He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
  - b. He must not work until:
    - i. his responsible officer (or their nominated deputy) has appointed his workplace reporter
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5.
  - a. He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:
    - Maintaining Professional Performance
    - Assessment of Patients' Condition
    - Clinical Management



- Relationships with Patients
  - b. His PDP must be approved by his responsible officer (or their nominated deputy)
  - c. He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
  - d. He must give the GMC a copy of his approved PDP on request.
  - e. He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 6.
  - a. He must have an educational supervisor appointed by his responsible officer (or their nominated deputy)
  - b. He must not work until:
    - i. his responsible officer (or their nominated deputy) has appointed his educational supervisor
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his educational supervisor.
- 7. He must undertake an assessment of his performance, if requested by the GMC.
- 8. He must get the approval of the GMC before working in a non-NHS post or setting.
- 9. He must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding himself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 10.
  - a. He must get the approval of his responsible officer (or their nominated deputy) before working as:
    - i. a locum / in a fixed term contract
    - ii. out-of-hours
    - iii. on-call.
  - b. He must not work until:
    - i. his responsible officer (or their nominated deputy) has confirmed approval

- ii he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy).
- 11.
  - a He must be subject to ‘*close supervision*’ for a period of not less than three months from when he starts work and then to ‘*supervision*’ for the remainder of the order, in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be approved by his responsible officer (or their nominated deputy) and must give written permission for the transition from ‘*close supervision*’ to ‘*supervision*’.
  - b He must not work until:
    - i. his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- 12. He must personally ensure the following persons are notified of the conditions listed at 1 to 11:
  - a his responsible officer (or their nominated deputy)
  - b the responsible officer of the following organisations:
    - i his place(s) of work, and any prospective place of work (at the time of application)
    - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
    - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv any locum agency or out of hours service he is registered with.
    - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
  - c the responsible officer for the medical performers list on which he is included or seeking inclusion (at the time of application).

## Review Hearing

82. The Tribunal determined to direct a review of Dr Prasad's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Prasad to demonstrate how he has remediated his deficient professional performance. It therefore may assist the reviewing Tribunal if Dr Prasad provided:

- A copy of his PDP and evidence of his progress in working towards it;
- A report from his educational supervisor;
- A report from his clinical supervisor;
- Report(s) from his workplace reporter(s);

Dr Prasad will also be able to provide any other information that he considers will assist.

83. The Tribunal has directed to impose conditions on Dr Prasad's registration for a period of 24 months. The MPTS will send Dr Prasad 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 conditions will remain in place during the appeal period.

84. That concludes this case.