

PUBLIC RECORD

Date: 07/11/2025

**Doctor:** Dr Sereesha Rani VELESHALA

GMC reference number: 6096376

**Primary medical qualification:** MB BS 1998 NTR University of Health Sciences

Type of case	Outcome on impairment
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Review - Misconduct Not Impaired

## Summary of outcome

## Suspension to expire

#### **Tribunal:**

Legally Qualified Chair:	Mrs Alison Storey
Registrant Tribunal Member:	Dr Kate Thomas
Registrant Tribunal Member:	Dr Ann Wolton

Tribunal Clerk: Miss Emma Saunders

## Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Kevin McCartney, Counsel, instructed by Gordons Partnership Solicitors
GMC Representative:	Mr Jonathan Lally, Counsel

## Attendance of Press / Public

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

### 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 - 07/11/2025

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Veleshala's fitness to practise is impaired by reason of misconduct.

### Background

2. Dr Veleshala qualified from the NTR University of Health Sciences in India in 1998. She practised medicine in India where she gained experience in paediatrics. Dr Veleshala moved to the UK in 2004 and began working at SHO level for approximately eighteen months. From 2007 to 2010 she worked as a registrar. She completed a Diploma in Child Health in 2003. Dr Veleshala subsequently received membership of the Royal College of Paediatrics and Child Health in June 2010.

3. The facts found proved at Dr Veleshala's hearing, which took place on 23 September to 21 October 2024 ('the 2024 Tribunal'), related to her conduct and clinical practice in respect of Patient A.

4. The 2024 Tribunal found that Dr Veleshala had, when providing care and treatment to Patient A on 11 February 2020, failed to

- take an adequate history relating to Patient A's symptoms of confusion.
- take the omissions made by the triage nurse into account including the lack of information relating to blood pressure.
- assess Patient A's neurological status by using the Alert, Voice, Pain, Unresponsive' score.
- recognise that Patient A had a persistently high respiratory rate and a heart rate which showed relative bradycardia, particularly since Patient A also had a fever.

- urgently conduct or request the necessary investigations/tests to confirm or refute the number of possible diagnoses considered, including taking Patient A's blood pressure and arranging regular neurological and other observations.

5. The 2024 Tribunal concluded that this would have assisted Dr Veleshala to support or refute her diagnoses and to take appropriate action, and, taken together, the failings amounted to serious misconduct.

6. It concluded that there was strong evidence of remedial work undertaken by Dr Veleshala, clear indications of insight as to the impact and effect of her clinical failings and that the likelihood of repetition was low. The 2024 Tribunal was, however, of the view that the clinical failings were significant and that concerns regarding public confidence and the requirement to uphold professional standards were engaged.

7. The Tribunal also determined that Dr Veleshala's had amended the patient notes after Patient A had gone into cardiac arrest, and had failed to record that the amendments were made retrospectively and that this was dishonest.

8. The Tribunal also found that Dr Veleshala had told a colleague, Dr E, that when she had examined Patient A, she had found no stiffness in the neck, which was not true. Further, that when Dr E asked her whether she had amended the notes, Dr Veleshala denied this. This was dishonest.

9. Further that in her statement to the Coroner Dr Veleshala said that when she had examined Patient A she had found no stiffness in the neck, which was not true, and that this was dishonest.

10. The 2024 Tribunal found that Dr Veleshala's dishonesty amounted to serious misconduct.

11. The 2024 Tribunal noted that the dishonesty had occurred months after the treatment of Patient A, who was a child, and had in no way compromised her care but did occur within the performance of Dr Veleshala's professional responsibilities in the investigation surrounding the circumstances of Patient A's death. The 2024 Tribunal had regard to Dr Veleshala's previous exemplary record and the work undertaken by way of reflection and remediation. It was of the view that Dr Veleshala was still on a journey to

developing full insight and acceptance of her dishonesty. The 2024 Tribunal found that the risk of repetition was low.

12. The 2024 Tribunal determined that Dr Veleshala's fitness to practise was impaired by reason of misconduct. It found that Dr Veleshala had demonstrated a deliberate or reckless disregard for the principles set out in Good Medical Practice (GMP). Further, that her dishonest actions were a breach of trust and indicated that she had greater concern for her culpability rather than the interests of the patient's family and the Trust in determining exactly what had happened. The 2024 Tribunal concluded that the dishonesty related to one dishonest entry in the medical records and was contrary to Dr Veleshala's usual character and standards and unlikely to be repeated.

13. The 2024 Tribunal determined to suspend Dr Veleshala's registration for 12 months. The 2024 Tribunal considered that this would be a significant action that would adequately mark its concerns, as well as demonstrating that such conduct was unacceptable and thereby reinforce the standards expected. It also considered that the period of suspension would allow Dr Veleshala time to further develop her insight and demonstrate further remediation.

14. The 2024 Tribunal was of the view that it might assist this Tribunal if Dr Veleshala were able to provide evidence that she had maintained her medical skills and knowledge, as well as any other information that she considered would assist.

15. This is the first review of Dr Veleshala's case.

### The Evidence

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

#### Documentary Evidence

17. The Tribunal had regard to various documents provided on Dr Veleshala's behalf, which included Continuing Professional Development (CPD) documentation, a certificate confirming completion of an appraisal on 8 April 2025, Testimonials, and a summary of coaching sessions undertaken. The CPD included a '*Doctors with Prouity: Healthcare Ethics and Standards*' course.

18. The Tribunal took account of the various positive testimonials, including from Dr C, Chief Medical Officer at Croydon Health Services NHS Trust ('the Trust'). Dr C stated that he felt that Dr Veleshala had kept up to date clinically and remained upskilled with a focus on good patient care and ethics. He stated that, cognisant of the background, it was his view that Dr Veleshala is someone who is of good character, trustworthy, professional and works with integrity. Dr C stated that he had no reservation in recommending Dr Veleshala to return to clinical practice back at the Trust.

19. In a testimonial, Dr B, Consultant Paediatrician at the Trust, stated that Dr Veleshala had attended a number of courses and conferences, leaning in particular into her subspecialty interest in asthma and allergy. He stated that Dr Veleshala has also taken on a leadership role within the Trust for International Medical Graduates. Dr B stated that he had reviewed Dr Veleshala's CPD throughout the year. He also set out details of a plan for a graded return to clinical practice should Dr Veleshala be permitted to do so. This included that, for the first month, Dr Veleshala would work in a supernumerary position whilst attending as the consultant in Paediatric Accident & Emergency working side by side with the locum consultant that has been filling in for her during her suspension. He stated that Dr Veleshala would be supported by her mentors and clinical lead.

20. The Tribunal was also provided with a letter from Dr D, Consultant Paediatrician at the Trust, who has had face-to-face mentoring meetings once per month with Dr Veleshala from March 2025. These meetings have involved a review of Dr Veleshala's CPD actions each month.

21. The Tribunal also had regard to a letter from Dr E, a Consultant Paediatric Otorhinolaryngologist and a Career Development and Leadership Coach for doctors. He stated that Dr Veleshala completed three one-hour sessions of coaching with him. Dr E stated that Dr Veleshala openly engaged in their discussions and welcomed challenge and different perspectives as a way to help her develop new ways of thinking and acting.

22. Dr Veleshala provided a detailed written reflective statement. She stated that, through reflection, she now understood that in deleting the reference to neck stiffness within Patient A's medical records she was seeking to protect her own reputation rather than acting with integrity. She stated that she appreciated that correct and honest documentation is vital to maintain trust in the medical profession. She acknowledged that her dishonesty arose from self-preservation and accepted that her only consideration should have been to ensure that her records were accurate. Dr Veleshala stated that it had been hard, but necessary, for

her to see the impact of her actions on Patient A's family and on her colleagues and to consider the learning and change in approach for the future. She stated that she acknowledged, with deep remorse, that she acted in her own best interests rather than in the interests of the public or the profession. Dr Veleshala stated that she accepted the 2024 Tribunal's conclusions and recognised that her actions resulted in misleading documentation and a lack of transparency.

23. Dr Veleshala stated that she recognised she had failed to meet her obligations under GMP and that her actions were dishonest and a serious breach of professional standards. She made it clear that, in her future practice, she will clearly mark any retrospective entry to ensure that all records are correct.

24. Dr Veleshala stated that, through a journey of self-exploration, she had been able to develop genuine insight and truly acknowledge her behaviour. She stated that she had initially rationalised her actions as "*clarifying*" the notes but now recognised that the 2024 Tribunal was correct; her actions were not about clarity but were about protecting herself. Dr Veleshala stated that she recognised her feelings led to avoidant behaviour and that she found it difficult to reconcile how she, as someone who had always valued honesty and professionalism, had acted dishonestly. She referred to the tools she now had to help her ensure that she can deal with situations in a professional and ethical way.

25. Dr Veleshala referred to the coaching she had undertaken with Dr E. She stated that the sessions challenged her to confront the consequences of her actions, explore underlying factors, and rebuild professional trust in herself. She said that through the coaching, she came to fully appreciate the erosion of trust caused by her dishonesty and lack of transparency. Her failure to disclose the amendment during the investigation and at the Coroner's inquest compounded the dishonesty. She stated that, since it happened, she has taken proactive steps to ensure she will never repeat the errors she made. Dr Veleshala listed the various strategies that will guide her in future practice.

26. Dr Veleshala stated that she deeply regretted her actions and the part they have played in damaging the trust that the public rightfully places in doctors. She stated that she has changed as a person and is committed to practising safely, ethically, and transparently in the future. Dr Veleshala stated that she was determined to be the kind of doctor who acts with honesty and integrity at all times.

#### Oral Evidence

27. Dr Veleshala gave oral evidence at the hearing. She referred to the various CPD undertaken to maintain her clinical skills and knowledge. Dr Veleshala stated that she started observing her colleagues in June 2025 when they discussed their management plans away from the clinical environment after ward rounds.

28. Dr Veleshala referred to the coaching and mentoring she had undertaken and that she had reflected on how her dishonesty undermined public confidence and had an impact on her colleagues and the medical profession as a whole. Dr Veleshala stated that she now has structures in place to make sure there is no repetition ever again. She stated that she felt she had changed for the better and that these events had made her a more ethical, empathetic and responsible clinician. Dr Veleshala stated that she had a deep understanding of what happened, had come to understand the motive behind her actions and that this made her more accountable going forward. She spoke about the essential bond of trust between patients and doctors. Dr Veleshala stated that she had compromised the integrity of the medical notes and that she would never repeat what she had done.

### Submissions

#### Submissions on behalf of the GMC

29. Mr Lally, Counsel, submitted that the GMC remains neutral in respect of impairment.

30. Mr Lally stated that, in fairness to Dr Veleshala, she had provided a significant number of documents in respect of her reflections, her CPD activity and various testimonials. He stated that it was recognised that Dr Veleshala has taken significant steps to try and remediate and attempt to show insight.

31. Mr Lally stated that it was a matter for this Tribunal whether Dr Veleshala has shown sufficient remediation and insight, acknowledging that dishonesty requires more significant work by the doctor. Mr Lally stated that the Tribunal should also consider whether the public would be concerned that Dr Veleshala is returning to practise by reason of a finding of impairment not being made.

#### Submissions on behalf of Dr Veleshala

32. Mr McCartney, Counsel, referred to the comments of the 2024 Tribunal as to Dr Veleshala's previous excellent record of clinical work and strong support of her colleagues, as well as the remedial work she had undertaken including in treating cases of meningitis. Mr McCartney stated that the 2024 Tribunal also found that the dishonest act on the part of Dr Veleshala was contrary to her usual character and standards and unlikely to be repeated.

33. Mr McCartney stated that the 2024 Tribunal suggested that Dr Veleshala should show that she has maintained her medical skills and knowledge. He stated that this Tribunal has before it an abundance of evidence that this criterion has been met via CPD and testimonial evidence. Mr McCartney stated that, since the start of the imposition of the suspension, Dr Veleshala has engaged in extensive relevant CPD in relation to her medical skills and in relation to probity and ethics.

34. Mr McCartney took the Tribunal through the various positive testimonials, including from Dr C and Dr B. He stated that some thought has been given as to how Dr Veleshala may have a staggered return to clinical practice should this be permitted. Mr McCartney submitted that this demonstrates the support she has had from her colleagues.

35. Mr McCartney submitted that the Tribunal could see the real thinking that Dr Veleshala has undertaken in considering the question of dishonesty and why she is here. He stated that she has not shied away from difficult questions and has also explored her own character as to why she acted as she did. Mr McCartney referred to the coaching and mentoring undertaken. He submitted that it was apparent that Dr Veleshala had utilised all that was available to her in dealing with her dishonesty. Mr McCartney stated that Dr Veleshala welcomed challenge and different perspectives through the coaching that has helped her develop new ways of thinking and acting.

36. Mr McCartney submitted that Dr Veleshala could not have done any more than she has. He stated that Dr Veleshala has provided the material requested by the 2024 Tribunal in a meaningful and truly reflective way. He stated that there was also a public interest in retaining the services of a doctor who is capable of providing much to the community in the field of paediatrics. Mr McCartney submitted that Dr Veleshala's fitness to practise is no longer impaired and urged the Tribunal to allow her to return to the GMC register when her period of suspension has concluded.

### The Relevant Legal Principles

37. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2024 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practice.

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

39. In terms of impairment, the Legally Qualified Chair (LQC) referred to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), as follows:

*"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 to practise 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."*

40. The LQC stated that, in determining whether a doctor's fitness practise is impaired by reason of misconduct, the Tribunal should generally consider not only whether the doctor continues to present risk to members of the public in their role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the circumstances.

41. With regards to insight, the LQC reminded the Tribunal that it should consider whether Dr Veleshala has demonstrated insight into their conduct. When considering insight, regard should be had to the case of *Sayer v General Osteopathic Council* [2021] EWHC 370

(Admin), where it was held that it is proper to take into account, when weighing up insight, the registrants understanding and attitude towards the underlying allegation.

### **The Tribunal’s Determination on Impairment**

#### Misconduct

42. The Tribunal considered whether Dr Veleshala’s fitness to practise is currently impaired by reason of her misconduct. The Tribunal had regard to the findings of the 2024 Tribunal, including its indication that it would be of assistance if Dr Veleshala were to provide evidence that she has maintained her medical skills and knowledge.

43. The Tribunal had regard to the failings in Dr Veleshala’s clinical practice identified by the 2024 Tribunal. This included Dr Veleshala’s previous excellent record of clinical work, the remedial work that had already been done by the time of that hearing and the strong support of her colleagues shown within the testimonial evidence. The Tribunal noted that the 2024 Tribunal had concluded that there was clear insight shown by Dr Veleshala as to the impact and effect of her clinical failings and that it viewed the likelihood of repetition as low.

44. This Tribunal acknowledged what was found by the 2024 Tribunal and was of the view that Dr Veleshala has consolidated the remediation already completed. She has completed several relevant courses including:

- Paediatric Emergencies
- PICU Masterclass - Mechanical Ventilation
- PICU Masterclass - Shock, Sepsis, Inotropes & Vasopressors
- Paediatric Critical Care
- Paediatric Renal Education
- Advanced Paediatric Life Support

45. The Tribunal concluded that Dr Veleshala has undertaken remediation steps, including relevant CPD, the regular observation of colleagues, and attending post ward round ‘huddles’ to give her ongoing exposure to the diagnosis and management plans for patients. That has shown a commitment by Dr Veleshala to improve her skills and reflect on the clinical inadequacies that occurred.

46. The Tribunal determined that Dr Veleshala has maintained her medical knowledge and skills and taken considered and thorough steps consistently since November 2024. This is also backed up by the various testimonial evidence, including from Dr C and Dr B. The Tribunal determined that Dr Veleshala has fully remediated any residual concerns regarding the misconduct in respect of her clinical practice.

47. The Tribunal had regard to the failings found regarding Dr Veleshala's dishonesty. It appreciated that, by its very nature, dishonesty is more difficult to remediate.

48. In respect of insight, the Tribunal had regard to Dr Veleshala's written reflective statement, her oral evidence, and the various testimonials from others. It found Dr Veleshala's statement to be detailed and showed that she was fully accepting that her misconduct had been motivated by her own interests and that she had let others down. Dr Veleshala spoke about the impact of her actions on Patient A's family, her colleagues, the profession, and on public confidence. The Tribunal considered that she did appreciate and understand this. It was also of the view that Dr Veleshala has shown how she has changed her mind set and been frank and honest with herself and others about what she did, and how she has developed strategies to avoid any repetition in the future.

49. The Tribunal was of the view that Dr Veleshala has demonstrated full insight into her dishonesty and, if faced with a similar situation in the future, she would not repeat the behaviour. The Tribunal was also reassured that Dr Veleshala has, with the support of colleagues at the Trust, explored how she would return to work on a graded basis with ongoing support from colleagues and mentors. The Tribunal considered this to be a practical and well thought out plan to demonstrate that she is safe to return to unrestricted practice.

50. With regards to remediation, the Tribunal had regard to the various CPD courses and reading undertaken in respect of probity and ethics, the observation work completed, as well as the details of the coaching and mentoring work undertaken. This included a bespoke coaching course provided by Oxford Medical Training, which comprised three 1:1 sessions spread over four months. A certificate and detailed summary of the sessions was provided by the coach, Dr E, who outlined that the purpose of the coaching was to help Dr Veleshala understand her actions and their implications and to develop ways of preventing similar occurrences in the future.

51. The Tribunal has found that the work completed by Dr Veleshala since the 2024 Tribunal hearing has been very positive and she has demonstrated that she has continued to

engage and work hard on her development and remediation. The Tribunal was of the view that Dr Veleshala's efforts have been sincere and she has shown a committed effort to remediate and deal with her own shortcomings. The Tribunal determined that Dr Veleshala has remediated her dishonesty.

52. Having regard to the risk of repetition, the Tribunal had regard to the comments of the 2024 Tribunal that the risk of repetition was low at that stage. This Tribunal, taking account of the remediation and insight shown, determined that Dr Veleshala has consolidated her position and the risk of repetition remains extremely low.

53. In all the circumstances, the Tribunal has therefore determined that Dr Veleshala's fitness to practise is not impaired by reason of misconduct.

54. The Tribunal was of the view that the previous suspension would adequately satisfy 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.

55. The Tribunal was aware that the suspension imposed by the 2024 Tribunal is effective until 25 November 2025. The Tribunal decided that the suspension should continue until its expiry in order to ensure that Dr Veleshala has completed the full period of the 12-month suspension imposed by the 2024 Tribunal as "*a significant action and would adequately mark the Tribunal's concerns*". This period of suspension has marked that the conduct was unacceptable and reinforced the standards expected of medical professionals. The Tribunal has concluded that, the suspension running to expiry, is appropriate and fits with the expectations of the public and profession.

56. That concludes the case.