PUBLIC RECORD

Dates: 16/06/2025 - 23/06/2025

Doctor:	Dr Chitlapalli SATHYANATH
GMC reference number:	4484525
Primary medical qualification:	MB BS 1989 Gulbarga

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	Mr Ian Comfort
Lay Tribunal Member:	Mr Mark O'Brien
Registrant Tribunal Member:	Dr Ranjana Rani

Tribunal Clerk:	Mrs Olivia Gamble (16 – 17/06/25) Mr Sewa Singh (18 – 23/06/2025)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Simon Cridland, Counsel, instructed by by the Medical Protection Society
GMC Representative:	Ms Georgina Goring, 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 Facts - 18/06/2025

Background

1. Dr Sathyanath qualified as a doctor in 1989. He obtained his medical degree from Gulbarga University in India. Following his qualification as a doctor, he worked at the Wockhardt Heart Hospital in Bengaluru as a Cardiology Resident. He relocated to the UK in 1994 and subsequently fully registered with the GMC on 4 February 1998. Following this, he worked as a Senior House Officer (Internal Medicine) at the Walsgrave Hospital NHS Trust.

2. During this time, Dr Sathyanath completed rotations in cardiology, respiratory, neurology, rheumatology, dermatology and acute medicine and also successfully applied for membership of the Royal College of Physicians. In August 1998 he began working at the Department of Oncology at the Portsmouth Hospitals NHS Trust where he was involved in the management of patients with breast, lung, colorectal cancers and lymphoma in a multidisciplinary setting. He remained there until July 2003.

3. In July 2003, Dr Sathyanath entered GP training. He first worked as a GP Registrar at the Jubilee Surgery in Titchfield. In July 2005, he commenced employment as a GP Partner at the Bridgemary Medical Centre in Gosport and remains employed there today.

4. In addition to his work at the Bridgemary Medical Centre, Dr Sathyanath has also worked as a Director of Fareham Area Clinical Expertise Limited, which was a private limited company offering care services in the community to the Fareham and Gosport area. Dr Sathyanath worked as a director here from 2011 to 2020 and also ran clinics as a speciality doctor at the Department of Oncology as part of his special interest, focusing on breast, lung and colorectal cancers between 2008 – 2019.

5. The allegation that has led to Dr Sathyanath's hearing can be summarised as follows: It is alleged that on 13 September 2022, during a consultation with Patient A, Dr Sathyanath behaved inappropriately, in that, he performed an intimate examination on Patient A without offering a chaperone and without Patient A's consent. It is further alleged that Dr Sathyanath's actions were not clinically indicated and were sexually motivated.

6. The initial concerns were raised with the GMC by the police following an interview with Patient A following the consultation. Except for this referral to the GMC, the police closed its investigations with no further action.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Sathyanath is as follows:

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

1. On 13 September 2022 you:

a. placed your right hand inside Patient A's knickers; To be determined

b. brushed your right hand over Patient A's pubic bone region; To be determined

c. moved your right hand to the left side of Patient A's groin; Admitted and found proved and

d. then moved your right hand to the right side of Patient A's groin. Admitted and found proved

2. Your actions at paragraph 1 amounted to an intimate examination ('the Intimate Examination') of Patient A and you failed to:

a. offer Patient A a chaperone for the Intimate Examination; Admitted and found proved

b. obtain consent when carrying out the Intimate Examination in that you did not:

i. explain why the Intimate Examination was needed; Admitted and found proved

ii. inform Patient A that the Intimate Examination could be terminated at any time if she wanted; Admitted and found proved

iii. confirm that Patient A was happy to proceed with the Intimate Examination. Admitted and found proved

3. Your actions set out at paragraph 1 were:

a. not clinically indicated; To be determined

b. sexually motivated. 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

8. At the outset of these proceedings, through his Counsel, Mr Simon Cridland, Dr Sathyanath made admissions to paragraphs 1(c) and (d) and 2(a) and 2(b) in its entirety, 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 of the Allegation as admitted and found proved.

The Facts to be Determined

9. In light of the above, the Tribunal had to make a determination in relation to the remaining paragraphs of the Allegation, as set out above.

Witness Evidence

10. The Tribunal received evidence on behalf of the GMC from Patient A (in person) together with her witness statement dated 30 November 2023.

11. Dr Sathyanath gave oral evidence. The Tribunal also received his witness statement dated 25 April 2025.

Expert Witness Evidence

12. The Tribunal also received oral evidence from Dr B, expert witness for the GMC. It also received his main report dated 27 March 2024, together with his supplementary reports dated 25 August 2024 and 4 February 2025.

Documentary and Other Evidence

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

- an extract of Patient A's medical records for the period 9 – 20 September 2022;
- a record of a call to the GMC from Hampshire Constabulary (the police) on 26 September 2022 raising concerns about Dr Sathyanath;

- a record of the police interview with patient A on 10 October 2022;
- a record of the police interview with Dr Sathyanath on 11 April 2023;
- Dr Sathyanath's Rule 7 Response dated 19 June 2024;
- A defence bundle which included twelve testimonials from Dr Sathyanath's clinical colleagues;
- Audio recordings of the telephone conversations between Patient A and the Practice Manager;
- Text messages exchanged between Patient A and her friend;
- Email exchange between the Practice Manager and Patient A.

The Tribunal's Approach

14. The Tribunal received legal advice from the Legally Qualified Chair, as set out below:

Burden and Standard of Proof
The GMC bears the burden of proof; Dr Sathyanath need not prove anything. The standard is the balance of probabilities—whether it is more likely than not that events occurred. Serious allegations require careful analysis of inherent probabilities or improbabilities but no higher standard or special evidence.

Inferences
The Tribunal may draw reasonable inferences from evidence but must not speculate or confuse suspicion with proof. Inferences must exclude other possibilities (***Sony v GMC [2015] EWAC 0364 Admin***).

Sexual Motivation
Under s.78 of the Sexual Offences Act 2003, touching is "sexual" if a reasonable person would consider it so, based on nature or context. Motivation is key—it need not lead to gratification but must show intent or purpose (***Basson v GMC [2018]***, ***Harris v GMC [2021]***). Delay in reporting does not prove or disprove an allegation. The Tribunal should consider Patient A's reasons, acknowledging varied responses such as fear, shame, or confusion, and assess how these affect reliability.

Evaluating Evidence
Cases like ***Dutta***, ***Khan***, and ***Byrne***, stress:

- Avoid assessing evidence in isolation.
- Give priority to objective evidence (e.g. documents).
- Memory can be faulty; confidence and demeanour are not reliable indicators of truth.
- Credibility can be partial; not all of a witness's evidence must be accepted or rejected wholly.

Good Character

While not a defence, Dr Sathyanath's good character is relevant in two ways:

1. It supports credibility (credibility limb).
2. It makes misconduct less likely (propensity limb).

The Tribunal decides the weight of this evidence based on all they've heard.

The Tribunal's Analysis of the Evidence and Findings

15. In considering the evidence, the Tribunal had regard to the evidence presented to it from Patient A and from Dr Sathyanath.

16. 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 1

1. On 13 September 2022 you:

   a. placed your right hand inside Patient A's knickers

   b. brushed your right hand over Patient A's pubic bone region

17. The Tribunal considered paragraphs 1(a) and (b) together.

18. It had regard to Patient A's evidence as set out in her statement dated 30 November 2023, and which she maintained during her oral evidence to the Tribunal. At paragraphs 5 – 10, she stated:

> *'On 13 September 2022, I first met Dr Sathyanath when I attended an appointment with him at the Practice. When I walked into Dr Sathyanath's room, he was sat at his desk and directly behind him, was the consultation bed. At the appointment, I asked Dr Sathyanath about the blood tests results and he said that the test results were fine. Dr Sathyanath asked me what was wrong, and I told him about the pain on the side of my stomach. It was on the right hand side under the ribcage. I described to him what would happen when I was in pain. The pain was where my gallbladder [XXX].*
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> *Dr Sathyanath said that he wanted to examine my tummy. He didn't offer a chaperone to be present during the examination. I don't think he was wearing gloves, but I don't remember exactly. I didn't need to undress as I was wearing a loose top (**Exhibit 1**) and elasticated jeans. I got on the consultation bed, and I laid flat on my back because Dr Sathyanath was only feeling my tummy.*
>
> *I lifted my top up and moved the waist bit of my jeans down slightly. Dr Sathyanath was standing over me and felt my tummy with his hands. I pointed to where the pain*

was coming from, and he started there. He pressed under the ribcage but didn't spend very long, at most 15-20 seconds. He just examined the area below the ribcage, he was pressing down with four fingers right where my gall bladder [XXX]. I didn't feel any pain at that time as I wasn't having a flare up. Dr Sathyanath said that he just couldn't feel anything untoward or words to that affect.

After Dr Sathyanath examined my tummy area under the rib, he suddenly, quick as anything, took his hand into my knickers. He gave me no warning and it was completely out of the blue. Dr Sathyanath was easily able to take his hand down into my knickers, because of the elasticated waist of my jeans. His hand went in fast, but he really slowly brushed his hand over the pubic bone area. He then moved slowly across the pubic area and then moved his hand to my groin and checked the left hand side of the groin, and asked me if I had any swelling and I said no. When his hand was in the groin area, it felt like he was checking and feeling for something. He moved his hand to the other side of my groin. It happened really quickly but it felt like forever. I was taken back because I wasn't expecting that to happen. His hand came out and he didn't check any other part of my tummy.

I didn't say anything, I just froze and stared at the wall to my left. It instantly didn't feel right and just a million things were going through my head. It felt wrong, and I was questioning what had just happened. It all felt too much, and it didn't feel right. I didn't know that Dr Sathyanath was going to examine the pubic area.

The way that Dr Sathyanath brushed over my pubic area and the way he pushed his hand down my pants felt sexually motivated. At the time, I wouldn't have had it in me to even ask him 'what are you doing?'. It felt uncomfortable and I felt instantly violated. I couldn't speak, and I just froze.'

19. The Tribunal took account of Dr Sathyanath's Rule 7 Response, dated 19 June 2024, in which he denied placing his hands inside Patient A's knickers. It is stated:

'Dr Sathyanath accepts that as part of the abdominal examination of Patient A, he did palpate the inguinal groin area. Whilst Dr Sathyanath recollection is that he did not place his hands inside Patient A's knickers he does accept using the tips of his fingers placed just inside the waistline of Patient A's jeans which had been pulled down to expose her lower abdomen. He further accepts that he would have gently palpated the right and left side of the inguinal groin area and that by moving from right to left he may have brushed over Patient A's lower abdomen which could potentially have made slight contact were pubic bone region.'

20. In his statement at paragraph 31, dated 25 April 2025, and in his oral evidence, Dr Sathyanath maintained that he did not put his hand inside Patient A's knickers, nor did his hand brush Patient A's pubic bone region. However, in the same paragraph he stated *'There would have been no need for my hand to brush past Patient A's pubic bone and I am sure it*

did not happen in this case. If this happened it would have been entirely inadvertent however I have no recollection of it occurring when I examined Patient A.'

21. The Tribunal noted that in his police interview, Dr Sathyanath said that he probably placed his fingers into Patient A's underwear. In the police Record of Interview, the Tribunal noted it states:

> *'…He examined her groin, not her genital area, her stomach and thigh checking her lymph nodes and for signs of a hernia. He examined her from right to left and **may have placed his fingers (fingertips) into her trousers at groin level**, under her belt area.'*
>
> And
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> *'CS denied going into [xxxx] pubic bone or area, he stated he stayed away from that area as there was no need, he examined her abdomen as she had pains for 3 years, she also was diagnosed with [XXX] cancer and for this reason CS needed to check her groin and lymph nodes.*
> *CS stated [xxxx] was probably wearing underwear but could not recall. He stated **he probably placed his fingers into her underwear to feel her groin skin** directly and needed to go under clothing….'* (emphasis added)

22. Dr Sathyanath acknowledged during the police interview that he could not recall exactly what was said during the consultation with Patient A on 13 September 2022, or exactly what he did or what happened. However, what is clear is Dr Sathyanath said that he probably placed his fingers into Patient A's underwear to conduct the examination, and also, in his Rule 7 response, he said that in doing so, he may have inadvertently 'brushed' against Patient A's pubic bone region.

23. Patient A on the other hand is clear and consistent in her evidence as to what happened at the consultation. She described the examination made her feel really uncomfortable; she texted her friend immediately about what she considered an inappropriate examination; she reported her concerns to the Practice Manager the next day; and reported the matter to the police. In the absence of any evidence to the contrary, the Tribunal accepted Patient A's version of events.

24. Based on the evidence before it, and the inconsistencies in Dr Sathyanath's evidence, the Tribunal determined, on the balance of probabilities, that Dr Sathyanath placed his right hand inside Patient A's knickers, and that he brushed his right hand over Patient A's pubic bone region. It therefore found paragraphs 1(a) and (b) of the Allegation proved.

Paragraph 3

3. Your actions set out at paragraph 1 were:

   a. not clinically indicated;

25. In his statement dated 25 April 2025, at paragraphs 22 – 25, Dr Sathyanath stated:

> *'A comprehensive abdominal examination in the case of Patient A was warranted for several reasons. Patient A had been experiencing persistent right upper quadrant abdominal pain for three years, following her [XXX]. Despite multiple visits to the clinic, no underlying cause for her pain had been identified. Additionally, she has a medical history of [XXX] cancer, which was treated with radiation [XXX].*
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> *Considering her ongoing symptoms and past [XXX] cancer diagnosis, it was essential to rule out the possibility of cancer recurrence. In addition, at the time of the consultation, Patient A was prescribed Tamoxifen, a medication aimed at reducing the risk of cancer returning. One of the side effects of this medication is the potential thickening of the uterine lining, which in rare case can lead to uterine cancer. Attached as my* ***Exhibit CS/4*** *is an article from a medical journal exploring the association of tamoxifen use with the risk of endometrial cancer and uterine diseases.*
>
> *Moreover, there is a significant family history of [XXX] cancer in Patient A's lineage. There is well established research which suggests that individuals with a history of primary [XXX] cancer may have an elevated risk of [XXX].*
>
> *Given these factors, a comprehensive abdominal examination was required, including an assessment of the inguinal groin region for any lymph node enlargement, as cancer can spread via the lymphatic system. When talking of the "inguinal" or "groin region", I am referring to the part of the front of the body that joins the tors and the thigh (which does not include any part of the external genitalia or the inner part of the thigh, which it is often mistaken for. As mentioned above, it is widely regarded that a complete abdominal examination inclludes the examination of the inguinal groin area for any lymph nodes or hernias, and this is supported by various medical texts, including Hutchinsons' Clinical Methods which I studied at medical school.'*

26. The Tribunal had regard to the supplementary report of Dr B, dated 4 February 2025. In relation to whether the examination was clinically indicated, Dr B opined that, based on Patient A's presenting symptoms and her previous history of XXX cancer, the examination was clinically indicated. At paragraph 7 he stated:

> *'My view, as outlined above, is that it would not be clinically inappropriate in the circumstances outlined above in this question for a GP to examine a patient's groin for their lymph nodes. This examination in the first instance could be expected to be conducted by a GP and would not need a specialist such as an oncologist to carry out such an examination in my view. I do not believe that an opinion from an oncologist is needed here.'*

27. From the evidence before it, the Tribunal was satisfied that the examination was clinically indicated. It therefore found paragraph 3(a) of the Allegation not proved.

b. sexually motivated.

28. In relation to paragraph 3(b), the Tribunal has already found that the examination conducted by Dr Sathyanath was clinically indicated.

29. In his rule 7 response and in his oral evidence, Dr Sathyanath explained why and how he conducted the examination of Patient A in the way he did. In the Rule 7 response it is stated:

> *'On reflection Dr Sathyanath accepts when checking Patient A's inguinal groin area for any lymph nodes, lumps or swelling, given her history of previous [XXX] cancer, he should have obtained Patient A's informed consent for this part of the abdominal examination. Dr Sathyanath can understand that in failing to do so this created the risk of misunderstanding on the part of Patient A, and he apologises once again for any distress caused.*
>
> *At the time of the consultation Dr Sathyanath did not consider this aspect of the abdominal examination to amount to an intimate examination. In light of his background in oncology and his time working in the Lymphoma Clinic, Dr Sathyanath learnt the critical importance of inguinal node examination as part of a routine abdominal examination.*
>
> *However, Dr Sathyanath accepts that there is an argument that this aspect of the abdominal examination amounted to an intimate examination and that as such he should have obtained Patient A's informed consent. He also accepts that he should have offered her the option of having a chaperone present. He acknowledges that he should not have proceeded with this aspect of the examination unless Patient A consented to him doing so. Dr Sathyanath accepts that had he done so in this case, the misunderstanding which subsequently arose may not have taken place.'*
>
> And
>
> *'Whilst Dr Sathyanath accepts that he should have obtained Patient A's informed consent prior to checking the inguinal groin area, he vehemently denies that his actions were sexually motivated. As mentioned above Dr Sathyanath was at all times doing his best to diagnose Patient A's problem and provide her with an appropriate treatment or plan to assist her. Given her previous history of [XXX] cancer Dr Sathyanath considered that as part of the abdominal examination a check of the inguinal groin area for any lymph nodes or lumps was clinically indicated to ensure her there was no evidence to suggest that the cause of her problem was cancer related.'*

30. In his supplementary report dated 4 February 2025, Dr B opined that it would be acceptable for the clinician to place their hand inside the patient's underwear in the circumstances of this case. Dr B stated at paragraph 5:

'I am of the view that, as explained above, it would be acceptable to examine a female patient's groin whilst they were wearing underwear, if the GP is of the view that they can accurately palpate the groin lymph nodes and avoid touching the patient in the pubic area. This would help avert any excess indignity of needing to be fully undressed. My earlier criticism of the method in which the examination was carried out according to Patient A's version was more specific to touching the pubic area, which I deem to be inappropriate and falling seriously below the standard expected of a reasonably competent GP, as it could be interpreted as being sexually motivated. To be clear, I would expect a reasonably competent GP to remove his or her hand from one side of the groin along with removing it from under the underwear, before examining the groin on the other side of the patient's body, rather than brushing it along the patient's skin covering their pubic area.'

31. The Tribunal accepts Dr Sathyanath's evidence that his aim on that day was to conduct a thorough examination of Patient A as he had concerns that she had repeatedly complained about pain. Dr Sathyanath said that, at the time, he did not consider the examination of the inguinal lymph nodes to be an intimate examination, but having reflected on this he now accepts it was. It is clear from the evidence that this examination was conducted in a manner that gave little, if any, thought to the need for a chaperone or consent. The Tribunal is satisfied that this was not an attempt by Dr Sathyanath to behave improperly towards Patient A. The Tribunal considers that it is more likely than not that Dr Sathyanath's actions were careless and gave no consideration to the possible perception by Patient A or the professional risks he exposed himself to. The Tribunal notes Dr B's opinion that touching the pubic bone area could be interpreted as sexually motivated. However, the Tribunal accepts Dr Sathyanath's explanation that the brushing of Patient A's pubic bone region in the course of this examination was inadvertent and not sexually motivated.

32. Based on the evidence before it, the Tribunal considered that the GMC has not discharged its burden of proof, and it has not been provided with any persuasive evidence for it to be able to conclude that the examination carried out by Dr Sathyanath of Patient A was sexually motivated.

33. It therefore found paragraph 3(b) of the Allegation not proved.

The Tribunal's Overall Determination on the Facts

34. The Tribunal has determined the facts as follows:

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

1. On 13 September 2022 you:

a. placed your right hand inside Patient A's knickers;
Found proved

b. brushed your right hand over Patient A's pubic bone region;
Found proved

c. moved your right hand to the left side of Patient A's groin;
Admitted and found proved and

d. then moved your right hand to the right side of Patient A's groin.
Admitted and found proved

2. Your actions at paragraph 1 amounted to an intimate examination ('the Intimate Examination') of Patient A and you failed to:

a. offer Patient A a chaperone for the Intimate Examination;
Admitted and found proved

b. obtain consent when carrying out the Intimate Examination in that you did not:

i. explain why the Intimate Examination was needed;
Admitted and found proved

ii. inform Patient A that the Intimate Examination could be terminated at any time if she wanted;
Admitted and found proved

iii. confirm that Patient A was happy to proceed with the Intimate Examination.
Admitted and found proved

3. Your actions set out at paragraph 1 were:

b. not clinically indicated; Determined and found not proved

c. sexually motivated. Determined and found not 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 - 20/06/2025

1. 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 Sathyanath's fitness to practise is impaired by reason of misconduct.

The Evidence

2. 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 a bundle from Dr Sathyanath. This included certificates of courses he had completed such as a Maintaining Professional Boundaries course dated 19 to 21 March 2025, together with his reflective learning on the course; and an online course on 'Consent' dated 30 May 2023. Also included was a copy of the Chaperone Policy and Procedure (last reviewed and amended August 2024) at the Bridgemary Medical Centre.

Submissions

For the GMC

3. Ms Goring submitted that Dr Sathyanath's fitness to practise is impaired, although she acknowledged that this is a matter for the Tribunal exercising its own independent judgment. She reminded the Tribunal that impairment is a two-stage process: firstly, whether the matters found proved amount to serious professional misconduct; secondly, whether the doctor's fitness to practise is impaired as a result of the misconduct found.

4. Ms Goring referred the Tribunal to relevant case law. She also referred the Tribunal to Good Medical Practice (GMP) (2013 version) and submitted that Dr Sathyanath had breached paragraphs 8, 17 and 65 of GMP. Ms Goring rehearsed the concerns in this case, including that Dr Sathyanath conducted an intimate examination of Patient A without the presence of a chaperone or Patient A's consent, and placed his hand inside Patient A's underwear and brushed his hand against her pubic bone region. Ms Goring submitted that all of these matters fall seriously below the standards expected of a doctor. She said that this, coupled with the multiple breaches of GMP, amounted to serious misconduct. Ms Goring submitted that limbs a, b and c of the case of *CHRE v NMC and Grant [2011] EWHC 927 Admin* applied in this case.

5. In relation to insight, Ms Goring submitted that for a doctor to have insight there needed to be a high level of accountability and responsibility for their actions. She acknowledged that Dr Sathyanath, at the outset, made admissions to some of the charges against him. However, she submitted that in the stage 2 bundle provided by the doctor, the evidence to demonstrate insight was very limited, particularly in relation to the impact of his actions on Patient A and on the medical profession itself.

6. Ms Goring submitted that there was no evidence of reflections about the lack of informed consent, and Dr Sathyanath's reflections were completely silent on the impact of his actions on Patient A, and patients in general. She said that Dr Sathyanath had

demonstrated a serious lack of insight on his failure to offer Patient A a chaperone and he sought to shift the responsibility on Patient A suggesting that she could have asked for a chaperone at any point.

7. Ms Goring acknowledged that, whilst Dr Sathyanath had undertaken some CPD, he had failed to demonstrate through his reflections of his learning, any real insight into the concerns raised in this case.

8. Ms Goring invited the Tribunal to find Dr Sathyanath's fitness to practice is impaired.

For Dr Sathyanath

9. Mr Cridland submitted that Dr Sathyanath's fitness to practise is not impaired. He reminded the Tribunal that its task is to consider whether the acts or omissions found proved amount to serious professional misconduct, and if so, whether Dr Sathyanath's fitness to practise is impaired today. He stated that serious professional misconduct represented conduct which falls short of the standards expected. Mr Cridland submitted that Dr Sathyanath did not seek to suggest his failings in relation to paragraph 2 of the Allegation are not serious or that they do not amount to serious misconduct.

10. Mr Cridland submitted, referring to paragraphs 1c and 1d of the Allegation, that the examination was clinically indicated and done to examine and palpate the lymph nodes as required. In this respect, he reminded the Tribunal of its finding as set out in paragraph 30 of its determination on the facts. In relation to paragraphs 1a and 1b, Mr Cridland referred the Tribunal to paragraph 6 on page 77 of Dr B's report where Dr B says *'Whilst I am critical of any touching of a patient's pubic area, as I am of the view that more care should be taken by an examining clinician, I will fall short of stating that inadvertent 'slight contact with the pubic region' when the said region was covered by underwear, would fall below the standard expected of a reasonably competent GP.'* Mr Cridland submitted that in light of Dr B's report, Dr Sathyanath's actions did not amount to serious misconduct.

11. Mr Cridland then referred the Tribunal to the stage 2 defence bundle and submitted that there was very good evidence before the Tribunal to suggest that Dr Sathyanath had learnt from this experience. He said that very early on, Dr Sathyanath accepted that an examination of the lymph nodes was an intimate examination, adding that Dr Sathyanath now offered a chaperone to his patients. Mr Cridland submitted that from Dr Sathyanath's evidence at stage 1 of the proceedings, it is clear that he has been profoundly affected by the complaint and the experience of these proceedings.

12. Mr Cridland submitted that Dr Sathyanath has now adapted his practice so that where an abdominal examination is required, including a check of the inguinal groin area, he obtains informed consent from the patient and offers them a chaperone. Mr Cridland submitted that this clearly demonstrated that Dr Sathyanath has changed his clinical practice in light of these events.

13. Mr Cridland drew the Tribunal's attention to the courses Dr Sathyanath had attended, which included a three-day maintaining professional boundaries course, and his learning from it. He referred the Tribunal to the Chaperone Policy of the Practice which had now been amended to better reflect the process and procedures to be followed and the circumstances in which a chaperone might be appropriate.

14. Mr Cridland drew the Tribunal's attention to the testimonials provided by Dr Sathyanath's clinical colleagues all of whom he said highly respected Dr Sathyanath and held him in high regard, and attested to his clinical practice and character.

The Relevant Legal Principles

15. 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.

16. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task of the panel, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and
- whether the misconduct is likely to be repeated.

17. The Tribunal must determine whether Dr Sathyanath's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

18. Throughout its deliberations, the Tribunal has been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

a. to protect, promote and maintain the health, safety, and wellbeing of the public
b. to maintain public confidence in the profession
c. to promote and maintain proper professional standards and conduct for members of the profession

19. The Tribunal considered the overall risk to public safety and the impact of its findings on all three elements of the overarching objective. It also considered whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment was not made.

20. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: firstly, it must consider whether the facts as found proved amount to misconduct which was serious; and secondly, whether such misconduct leads to a finding of impairment.

21. Misconduct has been defined and described in several cases. In *Roylance v GMC (No 2) [2001] 1 AC 311* it was said that professional misconduct is falling short by omission or commission of the standards of conduct expected among medical professionals and such falling short must be serious. The decision in every case as to whether the misconduct is serious has to be made by the Tribunal in the exercise of its own skilled judgment on the facts and circumstances and in the light of the evidence.

22. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Grant*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

> *'..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that 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. ……..'*

23. The Tribunal also bore in mind the guidance in Grant (above) at paragraphs 71 and 74, that:

> *"it is essential when deciding whether fitness to practise is impaired, not to lose sight of fundamental considerations […] namely the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession".*
>
> *"……the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public…. 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 particular circumstances."*

The Tribunal's Determination on Misconduct

24. The Tribunal first considered whether the facts admitted and found proved amounted to misconduct, which was serious. Dr Sathyanath admitted at the outset of these proceedings that on 13 September 2022, whilst conducting an intimate examination of Patient A, he moved his right hand to the left side of Patient A's groin and then to the right side; and that he failed to offer Patient A a chaperone for the intimate examination, and obtain her consent when carrying out the intimate examination in that he did not explain why one was needed, inform Patient A that the intimate examination could be terminated at any time if she wanted, and confirm with her that she was happy to proceed with the intimate examination.

25. The Tribunal found proved at the facts stage that Dr Sathyanath placed his right hand inside Patient A's knickers, and brushed his right hand over Patient A's pubic bone region.

26. The Tribunal also found, however, that the intimate examination was clinically indicated and that Dr Sathyanath's actions were not sexually motivated.

27. The Tribunal determined that the following paragraphs of GMP (2013 version), were engaged in this case:

> *'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *11. You must be familiar with guidelines and developments that affect your work.*
>
> *12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.*
>
> *17. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.*
>
> *32. You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.*
>
> *65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'*

<u>In relation to Paragraph 1 (a)-(d)</u>

28. The Tribunal has considered the entirety of paragraph 1 and its sub-particulars as Dr Sathyanath's actions, when examining Patient A, are intrinsically linked.

29. The Tribunal had regard to the report of the GMC's expert witness, Dr B. It was Dr B's opinion that based on Patient A's presenting symptoms at the time, and her previous medical history of XXX cancer, undertaking of an examination such as that conducted by Dr Sathyanath, could be clinically indicated. Dr B also went on to say, however, that because the examination involved examining the lymph nodes in the groin area, this would be considered an intimate examination. In his written and oral evidence, Dr Sathyanath accepted this, with the explanation as set out in the Tribunal's determination on the facts. Dr B also stated that during the intimate examination it was possible to inadvertently brush the pubic bone region in order to palpate the lymph nodes in the groin area.

30. The Tribunal took into account Patient A's evidence about the way in which the consultation to deal with her presenting symptoms of pain in her stomach area and abdomen, led to Dr Sathyanath conducting an intimate examination on her. She explained that the consultation felt rushed, and that little time, if any, was afforded to her to understand what was happening. She believed that she was undergoing an examination of her abdominal area only and not her groin area.

31. The Tribunal had regard to the context in which the intimate examination took place. It took into account Dr B's opinion, and its own findings as set out in its determination on the facts. It had found that Dr Sathyanath's actions were careless and he gave no consideration to the possible perception by Patient A or the professional risks he exposed himself to.

32. The Tribunal took into account Dr B's opinion that a reasonably competent GP would be expected to remove their hand from the patient's underwear before moving their hand over to the other side of the groin area. Patient A described that she felt very uncomfortable and that this would have been evident to Dr Sathyanath from her reaction whist Dr Sathyanath was conducting the intimate examination. In her statement of 30 November 2023, she stated:

> *'I just froze and stared at the wall to my left. It instantly didn't feel right and just a million things were going through my head. It felt wrong, and I was questioning what had just happened. It all felt too much, and it didn't feel right. I didn't know that Dr Sathyanath was going to examine the pubic area.*
>
> *The way that Dr Sathyanath brushed over my pubic area and the way he pushed his hand down my pants felt sexually motivated. At the time, I wouldn't have had it in me to even ask him 'what are you doing?'. It felt uncomfortable and I felt instantly violated. I couldn't speak, and I just froze.'*

33. Dr Sathyanath's failure to explain to Patient A that he was going to examine the inguinal groin area during which he may have inadvertently brushed against her pubic bone region, caused Patient A such discomfort and had a detrimental impact on her. In her evidence Patient A explained that she felt really uncomfortable; texted her friend immediately about what she considered an inappropriate examination; reported her concerns to the Practice Manager the next day; and reported the matter to the police.

34. Whilst the Tribunal considered that Dr Sathyanath's actions in brushing his hand against Patient A's pubic bone region were not intentional, it could not ignore the impact this had on Patient A as a consequence of the intimate examination he conducted on her. It was satisfied therefore, that Dr Sathyanath's actions crossed the threshold and amounted to serious professional misconduct.

In relation to Paragraphs 2(a) and 2(b)(i – iii)

35. At this stage of the proceedings, Dr Sathyanath conceded that the entirety of his actions set out in paragraph 2 of the Allegation amounted to serious misconduct.

36. Dr Sathyanath failed to explain to Patient A exactly what the examination, which he subsequently accepted could be considered to be an intimate examination, would include. He also failed to obtain any consent from Patient A. Because of this, Patient A was not in a position to consider whether she would have liked to have a chaperone present during the intimate examination.

37. Dr Sathyanath's failure to make Patient A aware that she could ask for the intimate examination to be terminated at any time meant that she endured an uncomfortable physical examination which she described as an intimate examination. This is because Dr Sathyanath inadvertently brushed against her pubic bone region whilst palpating the lymph nodes in the inguinal groin area. She was denied the opportunity to consider whether she wanted to undergo the intimate examination because Dr Sathyanath failed to inform her of it prior to conducting it, when she believed that he was only going to conduct an abdominal examination. Following the intimate examination, she felt strongly enough to text her friend immediately, reported her concerns to the Practice Manager the next day, and reported the matter to the police.

38. For the reasons stated above, and as a consequence of its findings, the Tribunal determined that Dr Sathyanath's actions amounted to serious professional misconduct.

The Tribunal's Determination on Impairment

39. The Tribunal had regard to its findings and conclusions as set out in its determination on facts, to the submissions from both parties, and to the documentation that has been provided to it.

40. From the evidence placed before it, the Tribunal was satisfied that Dr Sathyanath's misconduct was remediable.

41. It took into account that Dr Sathyanath has participated in continuous professional development (CPD) courses specifically targeted to addressing the concerns identified in this case. These included attending a three-day course in March 2025 on Maintaining Professional Boundaries, and an online course in May 2023 on Consent. Dr Sathyanath

provided his reflections and learning from the maintaining professional boundaries course, together with how he had incorporated his learning into his clinical practice as a result. He stated his learning as:

- Constant awareness of the boundaries and make sure it is always maintained;
- Clear explanation of the procedure/examination to the patient and confirm their understanding of the same;
- Gain consent and offer chaperone where relevant;
- Awareness of cognitive distortions that can impact on the clinical practice;
- Reflect on my consultations at the end of the day;
- Role played the scenario with my peer on the course.

42. Dr Sathyanath went on to list the changes he had made in his clinical practice as a result of the course. This included that he now offered a clear explanation of the examination he intended to perform, obtained the patient's informed consent and offers a chaperone where it is an intimate examination, as well as documenting everything in the clinical notes. Further, the Practice Chaperone Policy had been reviewed in August 2024 and now included reference to intimate examinations and the need to document everything in the clinical notes. He also stated that he reviewed the GMC guidelines periodically noting and taking on board any changes. In addition, he had requested a colleague to undertake random reviews of his consultations to ensure there were no probity concerns.

43. In considering insight, the Tribunal took into account the steps Dr Sathyanath had taken to address the concerns identified in this case. Immediately following the complaint, Dr Sathyanath accepted responsibility early on for the way his actions had made Patient A feel. He apologised to Patient A for the care and treatment he provided to her, and attempted, without success, to meet with Patient A face-to-face so that he could explain the details of the consultation and the examination, and apologise to her. He offered to remediate the concerns and his failings.

44. In his Rule 7 response, Dr Sathyanath continued to accept responsibility and apologised for his actions. He recognised that although at the time he did not consider the examination which he performed was an intimate examination, he accepted why it might be considered to be an intimate examination. He gave a full and clear explanation of why he performed the intimate examination, and what he did. At these proceedings, he made admissions at the outset.

45. Whilst the Tribunal was encouraged by this, it was concerned that Dr Sathyanath had not been able to demonstrate to it that he had full insight into the concerns raised. Further, he provided limited evidence that he had fully grasped the impact that his actions had on Patient A, the medical profession, public confidence in the medical profession and the wider public interest.

46. However, the Tribunal was provided with testimonials from Dr Sathyanath's clinical colleagues. It noted in particular the testimonial from Dr C in which she states:

> *'Dr Sathyanath has been consistently open and honest about the complaint made against him and the events since 2022. Over the past 15 months, we have had multiple one-to-one discussions in which he has demonstrated clear reflection on the allegations and their implications. He has acknowledged the seriousness of the matter and described the steps he has taken in response. Notably, he has made changes to his use of chaperones, and wider practice-level adjustments have also been implemented as a result of this issue.*
>
> *In all my interactions with Dr Sathyanath, I have found him to be courteous, transparent, and professional. He remains committed to delivering high-quality patient care at Bridgemary Medical Centre, despite the challenges posed by the complaint and the restrictions placed by the Performers Team. I have had no concerns about his conduct during our time working together.'*

47. In her testimonial dated 20 May 2024, Ms D stated:

> *'As his appraiser, I was responsible for looking at his professional journey over the previous year, checking he was suitably qualified for his job and was keeping adequately up to date with his learning, as well as ensuring he conducted a GMC approved survey from both colleagues and patients, once in each five year revalidation cycle.*
>
> *He conducted himself with integrity and professionalism with no arrogance or lack of insight into his role as part of a team striving to give the best possible care to his patients. Nothing in his appraisal body of evidence or in our appraisal discussion alerted me to any professional misconduct.'*

48. The Tribunal was provided with information that XXX. However, on inquiring with the parties, no additional information was provided, and the parties agreed that Dr Sathyanath should benefit from a good character direction. In these circumstances, the Tribunal could only conclude that there had been no concerns prior to or since these events, in a career spanning over twenty years. There is clear evidence before the Tribunal that Dr Sathyanath has taken steps to remediate his misconduct, and has put in place measures to ensure his clinical practice meets the standards expected of reasonably competent GPs and to address any concerns about his clinical practice, for example, having one-to-one sessions with Dr C, as well as discussing the issues raised in this case with his appraiser during his appraisal in 2023.

49. In all the circumstances, the Tribunal was satisfied that Dr Sathyanath has demonstrated sufficient insight and remediation into his misconduct, to satisfy it that the risk of repetition is low.

50. The Tribunal considered that fellow professionals, aware of the context of this case, would not expect Dr Sathyanath to have done more. Further, a member of the public, aware of the facts of this case, would not be surprised that a finding of no impairment had been made.

51. In the circumstances, the Tribunal has determined that Dr Sathyanath's fitness to practise is not impaired by reason of misconduct.

Determination on Warning - 23/06/2025

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

Submissions

For the GMC

2. Ms Goring submitted that it would be appropriate to issue a warning in this case. She referred the Tribunal to relevant paragraphs in the GMC's Guidance on Warnings, updated May 2025 ('the Guidance'), in particular paragraph 10, which sets out the purpose of a warning, and paragraph 16, which sets out the test to be applied. Ms Goring submitted that the GMC relied on the first limb of this paragraph, and reminded the Tribunal that it had found in its determination on impairment that Dr Sathyanath breached a number of paragraphs of Good Medical Practice (GMP). She also reminded the Tribunal that Dr B in his report had opined that Dr Sathyanath's actions in respect of paragraphs 1 and 2 of the Allegation fell seriously below that expected of a reasonably competent GP, and of the Tribunal's finding that Dr Sathyanath's actions amounted to serious professional misconduct.

3. Ms Goring then took the Tribunal to paragraph 20 of the Guidance and submitted that sub-paragraphs a, b, c and d were all engaged by the facts of this case given that Dr Sathyanath had not, as the Tribunal had found, demonstrated full insight into the concerns in this case.

4. In all the circumstances, Ms Goring invited the Tribunal to issue a warning.

For Dr Sathyanath

5. Mr Cridland submitted that a warning is neither necessary nor proportionate. He referred the Tribunal to paragraphs 71 and 72 of the Sanctions Guidance (SG), which touched upon when a warning might be considered. He highlighted paragraph 13 of the Guidance which sets out how long a warning remains in the public domain on the registrant's record. Mr Cridland referred the Tribunal to paragraphs 14 and 16 of the Guidance and submitted that the Tribunal needed to ask itself whether a warning was necessary and proportionate, and whether there had been a significant departure from GMP or there were any significant

concerns. He submitted that these tests must be met before considering whether a warning is necessary and proportionate.

6. Mr Cridland accepted that paragraph 20a and 20b of the Guidance, which sets out the factors to be considered by the decision makers, was made out in this case. However, he submitted that taking account of the passage of time since the events, Dr Sathyanath's oral and written evidence, the impact of these proceedings on Dr Sathyanath, and everything he had done to address the concerns identified, there are now no serious concerns. In relation to paragraphs 20c, Mr Cridland submitted that this was a matter for the Tribunal. In relation to paragraph 20d, he submitted that the criterion was not made out in this case.

7. Mr Cridland asked the Tribunal to consider that the public determinations produced during these proceedings themselves constituted a marking of disapproval of Dr Sathyanath's conduct.

8. In all the circumstances, he invited the Tribunal to conclude that a warning is not necessary or proportionate.

The Tribunal's Determination on Warning

9. The Tribunal reminded itself of the relevant statutory over-arching objective in section 1 of the Act, in particular s1(1B) the pursuit by the GMC of the following objectives –

> *"(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."*

10. The Tribunal had regard to the Guidance, in particular the following paragraphs; the purpose of warnings (paragraphs 10 -15), the test for issuing a warning (paragraphs 16 – 18), factors to consider (paragraphs 19 – 20), further factors to consider (paragraph 32), and proportionality (paragraph 26).

11. 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 has taken into account the Guidance and has applied the principle of proportionality, weighing the interests of the public with those of Dr Sathyanath.

12. In its determination on impairment, the Tribunal stated in paragraphs 24, 32, 33 and 37:

> *'24 … Dr Sathyanath admitted at the outset of these proceedings that on 13 September 2022, whilst conducting an intimate examination of Patient A, he moved*

his right hand to the left side of Patient A's groin and then to the right side; and that he failed to offer Patient A a chaperone for the intimate examination, and obtain her consent when carrying out the intimate examination in that he did not explain why one was needed, inform Patient A that the intimate examination could be terminated at any time if she wanted, and confirm with her that she was happy to proceed with the intimate examination.'

32 The Tribunal took into account Dr B*'s opinion that a reasonably competent GP would be expected to remove their hand from the patient's underwear before moving their hand over to the other side of the groin area. Patient A described that she felt very uncomfortable and that this would have been evident to Dr Sathyanath from her reaction whist Dr Sathyanath was conducting the intimate examination. In her statement of 30 November 2023, she stated:*

> *'I just froze and stared at the wall to my left. It instantly didn't feel right and just a million things were going through my head. It felt wrong, and I was questioning what had just happened. It all felt too much, and it didn't feel right. I didn't know that Dr Sathyanath was going to examine the pubic area.*
>
> *The way that Dr Sathyanath brushed over my pubic area and the way he pushed his hand down my pants felt sexually motivated. At the time, I wouldn't have had it in me to even ask him 'what are you doing?'. It felt uncomfortable and I felt instantly violated. I couldn't speak, and I just froze.'*

33 Dr Sathyanath's failure to explain to Patient A that he was going to examine the inguinal groin area during which he may have inadvertently brushed against her pubic bone region, caused Patient A such discomfort and had a detrimental impact on her. In her evidence Patient A explained that she felt really uncomfortable; texted her friend immediately about what she considered an inappropriate examination; reported her concerns to the Practice Manager the next day; and reported the matter to the police.

37 Dr Sathyanath's failure to make Patient A aware that she could ask for the intimate examination to be terminated at any time meant that she endured an uncomfortable physical examination which she described as an intimate examination. This is because Dr Sathyanath inadvertently brushed against her pubic bone region whilst palpating the lymph nodes in the inguinal groin area. She was denied the opportunity to consider whether she wanted to undergo the intimate examination because Dr Sathyanath failed to inform her of it prior to conducting it, when she believed that he was only going to conduct an abdominal examination. Following the intimate examination, she felt strongly enough to text her friend immediately, reported her concerns to the Practice Manager the next day, and reported the matter to the police.'

13. The Tribunal was clear that Dr Sathyanath's actions, which amounted to serious misconduct, represented a significant departure from GMP.

14. The Tribunal then considered the factors set out in paragraph 20 of the Guidance, namely:

> *'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).'*

15. Having regard to its previous determinations, the Tribunal was satisfied that paragraphs 20(a) – (c) were met in this case. It then considered whether there was a need to formally record the concerns. In so doing, it considered the extent to which this case met the mitigating factors set out in paragraph 32 of the guidance, whether the need for formal action was required given the public hearing of these matters, and whether it would be proportionate to issue a warning.

16. The Tribunal considered that, insofar as paragraph 32 set out factors that might weigh in Dr Sathyanath's favour when deciding whether to issue a warning, that each factor had been satisfied in this case. However, it also noted that those factors had been significant in the Tribunal not finding the fitness to practice of this doctor impaired and had to be viewed in the context of what the Tribunal considered to be a significant departure from GMP. It took into account its finding that Dr Sathyanath had not demonstrated insight into some of the matters set out in its determination on impairment.

17. The Tribunal then considered the significance of the hearing and the record of its findings as representing a deterrent to the doctor and to the wider profession, to the extent that this might mitigate the need for formal action. As the Tribunal made clear in its determination on impairment, it considered the risk of repetition to be low. However, the Tribunal notes that members of the public and the profession had not had a direct involvement with the hearing and might well consider that a finding of misconduct alone,

without any formal warning, was insufficient action in this case. Given the Tribunal's findings in this case, which it has found amounted to a significant departure from GMP, the Tribunal considered that a formal response was required in this case.

18. Finally, the Tribunal did consider whether the issue of a warning would be a proportionate step. It determined that it was, as the concerns fell just below the threshold of impaired fitness to practise. A warning would formally record the misconduct without restricting Dr Sathyanath's practice.

19. In all the circumstances, whilst Dr Sathyanath's misconduct did not warrant a finding that his fitness to practise is currently impaired, given the circumstances of the case, the Tribunal is clear that a warning is required to protect patients, maintain public confidence in the medical profession, and to uphold proper standards in the profession.

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

> "Dr Sathyanath,
>
> On 13 September 2022, you carried out an intimate examination of Patient A during which you moved your right hand to the left side of Patient A's groin and then to the right side; in so doing you brushed against Patient A's pubic bone region. You also failed to offer Patient A a chaperone for the intimate examination, and obtain her consent when carrying out the intimate examination in that you did not explain why one was needed, inform Patient A that the intimate examination could be terminated at any time if she wanted, and confirm with her that she was happy to proceed with the intimate examination.
>
> This conduct does not meet with 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 1, 11, 12, 17, 32 and 65 of Good medical practice.
>
> 'Professionalism in action
>
> *1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> Develop and maintain your professional performance
>
> *11. You must be familiar with guidelines and developments that affect your work.*

12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

Apply knowledge and experience to practice

17. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.

Communicate effectively

32. You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

Act with honesty and integrity

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

Whilst this failing 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 medical register in line with the GMC's publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy ."

21. The parties advised the Tribunal that an interim order of conditions was currently in place on Dr Sathyanath's registration. XXX. The parties agreed that the Tribunal should take no action regarding the interim order currently in place but allow this to be dealt with at the earliest possible interim order review hearing. The Tribunal agreed with the submissions and took no action regarding the interim order.

22. That concludes the case.