

PUBLIC RECORD

Dates: 10/03/2025 - 12/03/2025

Doctor: Dr Thirumurugan SUNDARESAN

GMC reference number: 5194243

Primary medical qualification: MB BS 1998 Karnatak

Type of caseRestoration following
disciplinary erasure**Summary of outcome**

Restoration application granted. Restore to Medical Register.

Tribunal:

Legally Qualified Chair	Mr Julian Weinberg
Lay Tribunal Member:	Mrs Barbara Larkin
Registrant Tribunal Member:	Dr Deborah Brooke

Tribunal Clerk:	Miss Emma Saunders (10/03/2025) Ms Ciara Fogarty (11 - 12/03/2025)
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Alan Taylor, 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 Restoration - 12/03/2025

1. The Tribunal has convened to consider Dr Sundaresan's application for his name to be restored to the GMC register following his erasure for disciplinary reasons in December 2014.
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').
3. This is Dr Sundaresan's second application to be restored to the GMC register. His first application was heard at a hearing in August 2022.

Background

4. Dr Sundaresan qualified in 1998 and at the time of the events that led to Dr Sundaresan's erasure he was practising as a General Practitioner (GP) Partner at the East Street Surgery in Rochdale, Greater Manchester ('the Surgery').

Initial background

5. Concerns were raised by the Practice Manager at the Surgery that Dr Sundaresan, his wife and other employees had been in the Surgery over the Easter weekend in 2008 and input data into the Surgery EMIS system. The Heywood, Middleton and Rochdale Primary Care Trust identified that patient records indicated that they had presented for treatment at the surgery but there was no corresponding record of their appointments. Additionally, patients at the Surgery had false entries created on the EMIS system that purported to demonstrate that they had been screened by the digital retinopathy screening services when this was not the case. At the end of that financial year the performance of the practice in relation to the Quality and Outcomes

Framework (QOF) data had suddenly improved significantly, in circumstances where the Surgery had previously been underperforming.

6. An independent audit was carried out in November 2008 and the NHS Counter Fraud team was contacted. A wide variety of anomalies were identified. The case was passed to the Crown Prosecution Service.

7. On 6 February 2014 at Manchester Crown Court, Dr Sundaresan was convicted upon indictment by his own admission to two counts of dishonestly making false representations to make gain for self/another or cause loss to another/expose another to risk. One count related to his own actions and the other to him instructing another person to make entries on the EMIS computer system that Dr Sundaresan knew to be untrue or misleading. Dr Sundaresan was sentenced to nine months imprisonment, suspended for 18 months, and ordered to pay a contribution towards the costs of the prosecution of £50,000.

8. An Interim Orders Panel (IOP) hearing took place on 9 April 2014 and an interim order of suspension of nine months was imposed.

The 2014 Panel

9. The circumstances that led to Dr Sundaresan's erasure were considered at a hearing before a Fitness to Practise Panel in December 2014 ('the 2014 Panel'). In addition to the convictions, the Panel considered an additional allegation of dishonesty relating to Dr S's medicolegal work.

10. Dr Sundaresan had given an expert opinion on 1 October 2013. The insurers had concerns about the claim and instructed Weightmans. In May 2014 Weightmans decided to put some questions to Dr Sundaresan under Part 35 of the Civil Procedure Rules and, as part of their preparation, they searched his name on the GMC register. At this point Dr Sundaresan was suspended by virtue of the interim order imposed on 9 April 2014. Dr Sundaresan responded to the questions in a letter dated 27 May 2014. Weightmans contacted the GMC on 25 June 2014 to ask whether a doctor who was suspended could undertake this work and, having also discovered the conviction for fraud, to ask whether a doctor with this sort of conviction could undertake expert work.

11. Dr Sundaresan made admissions to most of the Allegation. This included to the allegations that, in respect of the 27 May 2014 letter, Dr Sundaresan had falsely stated "*I hold full*

registration with the General Medical Council” and failed to declare that his registration was subject to IOP suspension. The 2014 Panel found that Dr Sundaresan’s actions were misleading but did not find that they were dishonest.

12. The 2014 Panel was not satisfied that the GMC had provided sufficient evidence to prove that Dr Sundaresan’s actions were anything other than a mere oversight in not spotting the incorrect sentence within the template he used for Part 35 responses. It had been accepted that Dr Sundaresan was entitled to complete Part 35 responses provided this did not involve clinical contact with patients.

13. The 2014 Panel did not find misconduct in Dr Sundaresan’s case but determined that his fitness to practise was impaired by reason of his conviction. The 2014 Panel bore in mind the *“enormous pressures”* on Dr Sundaresan at the time but found that his actions in falsifying 7606 entries on 1703 patients’ records were serious acts of dishonesty and placed patients at potential unwarranted risk of harm by including treatments and/or consultations on their records that had not taken place.

14. The 2014 Panel had regard to the sentencing remarks as to the *“underlying concern of probity”* as well as Dr Sundaresan’s attempts to apportion blame on others, his continued denial and his late guilty plea. It was not satisfied that Dr Sundaresan had demonstrated sufficient insight into the circumstances of his conviction or that he understood the seriousness of his actions. The 2014 Panel determined to erase Dr Sundaresan’s name from the GMC register.

The 2022 Tribunal

15. Dr Sundaresan’s first application for restoration was heard at a hearing in August 2022 (‘the 2022 Tribunal’). The 2022 Tribunal determined to refuse Dr Sundaresan’s application.

16. Dr Sundaresan gave oral evidence at the hearing and the 2022 Tribunal had regard to the supporting documentation with his application. Dr Sundaresan told the 2022 Tribunal that he accepted that making false entries in the patient records was profoundly wrong and that he had abused his position as a GP Partner. Dr Sundaresan also stated that he had found it difficult to accept that his actions were wrong and dishonest and had sought to blame his colleagues at the time. He described his actions as *“senseless, ruthless and possessed”* and that his thinking had been *“clouded”*.

17. The 2022 Tribunal acknowledged that Dr Sundaresan expressed regret, shame and remorse. It was of the view that, although it was accepted that Dr Sundaresan genuinely regretted his actions, the focus of his written and oral evidence was on himself and his family. The 2022 Tribunal only had limited evidence that Dr Sundaresan had reflected on the impact on his patients, his colleagues, and his GP partner. Also, an apology had not been given to the colleagues that Dr Sundaresan had blamed for what happened. The 2022 Tribunal was not persuaded that Dr Sundaresan accepted full responsibility for his actions, given that he said that he had not realised at the time of adding the false entries that he was acting dishonestly, or that the QOF data had financial implications for the Surgery. The 2022 Tribunal concluded that Dr Sundaresan had not fully acknowledged the rationale for his actions or taken the opportunity to show that meaningful lessons had been learnt.

18. The 2022 Tribunal noted that Dr Sundaresan had undertaken numerous courses but that they were not related to his dishonest conduct. The 2022 Tribunal found no evidence before it to show that Dr Sundaresan had undertaken relevant and effective learning or reflection in order to remediate his dishonest conduct.

19. The 2022 Tribunal was of the view that the risk of repetition was low but that this was primarily as the personal circumstances for Dr Sundaresan had been devastating, not because he fully acknowledged why he had acted the way he had. The 2022 Tribunal also took the view that Dr Sundaresan had not demonstrated that he had taken sufficient steps to maintain his medical knowledge and skills since the 2014 erasure.

The Current Restoration Hearing

The Evidence

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

Documentary Evidence

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

- Determinations of the 2014 Panel and the 2022 Tribunal hearings;
- Transcripts of the 2014 Panel and 2022 Tribunal hearings;

- Dr Sundaresan’s reflective journal with entries from 29 August 2022 to 7 February 2025 and consisting of around 135 pages;
- Letter dated 7 February 2025 from Dr Sundaresan’s mentor, Dr B, GP Partner at the Claverley Medical Practice;
- Letter dated 30 January 2025 from Dr Sundaresan’s life coach, Ms A, Transformational Coach;
- Clinical Attachment letter from Dr C, GP Partner at the Riverside Medical Centre in Preston, and accompanying notes;
- Employment references from Dr Sundaresan’s work in India: Newlife Medical Centre, Paloma Clinics and Ouris Digital;
- Various apology letters from Dr Sundaresan dated December 2023 and September 2024;
- Various letters of support for Dr Sundaresan, including from his wife, several medical practitioners and from the Chelwood Food Bank;
- Continuing Professional Development (CPD) certificates and accompanying handwritten notes;
- Details of books and courses undertaken by Dr Sundaresan;
- Various patient feedback forms regarding Dr Sundaresan; and
- Dr Sundaresan’s Certificates of Good Standing (CGS) from Tamilnadu Medical Council dated 20 September 2024 and 5 March 2025.

Witness Evidence

22. Dr Sundaresan provided a letter to the Tribunal dated 10 February 2025 and also gave oral evidence at the hearing.

Dr Sundaresan’s letter dated 10 February 2025

23. Within his letter, Dr Sundaresan spoke of a number of matters including his passion for medicine, his reflection, and his personal growth. In respect of his actions in March 2008 he stated that he had been *“overwhelmed by the demands”* and done *“an act of poor judgement... without considering the ethical and professional implications to patients, [to his colleagues], to the reputation of the profession and to the [Surgery]”*. Dr Sundaresan stated that he had been consumed by fear on receiving the initial letter from NHS fraud services and that his initial dishonest act had *“led to further cover-ups, implicating others in an attempt to deflect responsibility”*.

24. Dr Sundaresan stated that, looking back, he recognised that his *“fear of failure and deep-seated perfectionism played a significant role in [his] dishonesty”*. Dr Sundaresan stated that he had extensively reflected on his journey in his personal reflective journal *“analysing the choices [he] made, the motivations behind them, and the lessons learned”*.

25. Dr Sundaresan stated that he has had monthly sessions with his mentor since September 2022 and with his coach since December 2022. He stated that these sessions had *“helped refine [his] self-reflection and guide [him] toward deeper accountability”*. Dr Sundaresan stated that he had thoroughly reviewed the MPTS determination, accepted all the findings and remained committed to his reflective journey. He travelled to India and joined his father’s family practice to enable him to update his clinical skills and embark on a spiritual journey within a supportive family environment. Dr Sundaresan stated that he now conducts remote and in-person consultations at both sites of the practice *“performing minor surgeries such as joint injections, lump removals, and non-surgical cosmetic procedures, supported by a trained team and family”*. Dr Sundaresan stated that he had initially found adapting to the Indian private healthcare system to be challenging, and spoke of the real-life ethical dilemmas present in medical practice in India, but he has learned to navigate the system while maintaining the highest standards of practice.

26. Dr Sundaresan stated that, at his monthly sessions with his mentor, they review key events, apply Good Medical Practice (GMP) principles and discuss monthly British Journal of General Practice reviews. He stated that his mentor had encouraged him to use the GMC reflective practitioner framework *“What, So What, Now What?”* to analyse transformative incidents. Dr Sundaresan stated that Dr B had used role play to help him *“fully grasp the pain, shame, reputational damage, and livelihood risks”* that were the results of his actions. Dr Sundaresan also referred to the clinical attachment work he had completed.

27. Dr Sundaresan detailed the learning from his coaching sessions with Ms A. He stated that she had placed him at the centre of the events in 2008 *“helping [him] identify barriers rooted in [his] thought processes, fear, shame, and concern for [his] societal image”*. Dr Sundaresan stated that Ms A had pushed him beyond his comfort zone to confront the true consequences of his actions and they had worked on resetting his mindset to break free from past dishonesty and justifications. Dr Sundaresan stated that this work had *“empowered [him] to take ownership of [his] actions, seek help when faced with challenges, accept responsibility when mistakes occur, and offer sincere apologies when needed”*.

28. Dr Sundaresan referred to his spiritual journey, including the reading undertaken and mindfulness techniques learnt. He also spoke about the impact that his actions had had XXX. Dr Sundaresan stated that the moment XXX discovered the truth of his conviction online marked a defining point in his life. Dr Sundaresan stated that *“these life-altering events have acted as a catalyst for significant change... I have come to understand the true meaning of responsibility and accountability... My commitment to placing patients first, always acting with transparency, and consistently demonstrating ethical behaviour is now at the core of my identity”*.

29. Dr Sundaresan stated that he understood that his past behaviour harmed patients but also affected the wider healthcare community including his colleagues and system itself. He stated that he now took full ownership of his actions and *“felt the real pain, shame, and suffering [he] had caused”*. Dr Sundaresan stated that he has worked diligently to improve himself and was no longer the same person as he had been in 2008. He stated that he had *“undergone a deep inner shift in alignment with ethical principles”* and was *“now committed to regaining trust in [his] professional conduct”*.

30. Dr Sundaresan stated that he had undertaken remedial action through a structured learning process with support from his mentor, coach and spiritual practices. He spoke about the CPD undertaken and that he is currently practising as a GP in India. Dr Sundaresan also referred to the courses and books he had completed in respect of ethical principles and honesty. Dr Sundaresan stated that he had deeply reflected on all of his learning in his reflective journal to allow him to critically assess his growth and continuously improve his practice.

31. Dr Sundaresan stated that he has *“undergone a complete 360-degree transformation, and now walk a new path that is built on reinforced values”*. He stated that he was no longer blind to the consequences of his actions, he now openly admits his mistakes and is at peace with himself. Dr Sundaresan stated that he assured the Tribunal that he will not repeat the mistakes of his past, had *“taken a long and difficult journey to address the ethical blind spots that once clouded [his practice]”* and would continue to strive to maintain high ethical standards in his future actions. Dr Sundaresan asked the Tribunal to grant him a second chance to serve as a GP.

32. In his letter dated 7 February 2025 Dr B stated that he had been Dr Sundaresan’s mentor since September 2022. He spoke about Dr Sundaresan’s progress in terms of his clinical practice in India, an 11-week clinical attachment that Dr Sundaresan completed with

him at the Cleverley Practice from April to June 2023, and the insight that Dr Sundaresan has developed. Dr B visited India in April 2024 and stated that he had the opportunity to visit Dr Sundaresan's practice to assess his progress. Dr B stated that he was impressed with the setup and that Dr Sundaresan was in a well-supported environment as he prepared for his return to practise in the UK. Dr B stated that he firmly believed that Dr Sundaresan had undergone a significant transformation. He stated that Dr Sundaresan has gained full insight into his actions through continuous mentorship, coaching, spiritual involvement, and self-reflection. Dr B stated that Dr Sundaresan had *"learned from his past mistakes and actively worked to rebuild his professional integrity and ethical foundations"*. He stated that *"based on [his] extensive interactions with [Dr Sundaresan] over the past two years... [he is] confident in [Dr Sundaresan's] ability to uphold the highest standards of Good Medical Practice. Therefore, I would respectfully request the MPTS to provide [Dr Sundaresan] the opportunity to return to the GMC register. I would be happy for him to join our practice"*.

33. In her letter dated 30 January 2025 Ms A provided an account of the life coaching journey that she had facilitated for Dr Sundaresan. She stated that, over the last two years (34 sessions), Dr Sundaresan had worked with her to *"confront the repercussions of his 2008 actions"* and that their work had *"centred on self-reflection, accountability, and the kind of transformative growth that requires courage, vulnerability, and an unwavering commitment to integrity"*. Ms A stated that what stood out was Dr Sundaresan's *"consistent willingness to engage deeply with the difficult emotions tied to his experiences, including shame, guilt, and remorse, all while demonstrating a sincere desire to reconcile with his past and live in alignment with his core values"*. Ms A stated that a pivotal part of Dr Sundaresan's journey has been reframing his mindset using neuro-linguistic programming (NLP). She referred to the exploring of beliefs and patterns of thinking, as well as visualisation exercises where Dr Sundaresan *"was able to revisit his decisions and imagine alternate paths rooted in integrity and ethical considerations"*. Ms A stated that she wholeheartedly supported the progress that Dr Sundaresan had made and the accountability he had demonstrated throughout the time they had worked together. She stated that Dr Sundaresan's journey has been challenging but that the result was a profound transformation, and she was *"confident that his continued commitment to integrity and growth will define his path forward"*.

34. In a letter dated 8 January 2025, Dr C confirmed that Dr Sundaresan had attended the Riverside Medical Centre to observe his weekly Wednesday morning GP surgeries during the period September to mid October 2024. Dr C stated that Dr Sundaresan had been extremely eager to continue the shadowing, but they were unable to accommodate him due to practice

pressures. Dr C provided a summary of the matters they had discussed, including clinical developments in medication and the review of local microbiology guidance.

35. In a letter dated 9 January 2025, Dr D, Director at Newlife Medical Centre in India, provided a summary of the work that Dr Sundaresan undertakes with them. Dr D stated that Dr Sundaresan has worked with them as a Consultant GP since 1 November 2022. He stated that Dr Sundaresan *“handles a wide range of responsibilities, including conducting outpatient appointments, performing minor surgeries, and managing emergencies such as myocardial infarctions, diabetic hypoglycaemia, diabetic ketoacidosis, respiratory tract infections, gastroenteritis, and other common medical conditions”*. Dr D stated that Dr Sundaresan *“is highly skilled in chronic disease management, including asthma, hypertension, diabetes, COPD, and contraception”*. Dr D also stated that Dr Sundaresan *“consistently demonstrates honesty, integrity, and the ability to work effectively under pressure while delivering excellent care to our patients”*.

Dr Sundaresan’s oral evidence

36. In his oral evidence, Dr Sundaresan thanked the Tribunal for the opportunity today, including in allowing him to explain himself as to the wrongdoings in his past. Dr Sundaresan asked the Tribunal to grant his application for restoration.

37. Dr Sundaresan spoke about the help that he had sought after the 2022 hearing, including the positive support he had received from his mentor. Dr Sundaresan stated that he completely accepted the findings of the 2022 Tribunal. Dr Sundaresan said that he had, with reading and learning, been focusing on the impact of what he has done to others and in changing and developing himself.

38. Dr Sundaresan spoke about the index events in 2008. He stated that he was reckless, had been focused on achieving targets, and that he had disregarded colleagues, patients, the healthcare profession and the whole GMC. Dr Sundaresan stated that he was not the same person as he was in 2008. He said that he was not ethically blinded anymore and was seeing the bigger picture as a result of his actions. He spoke about the shame he felt for his actions and the impact that they had on his family, colleagues, patients and the GMC.

39. Dr Sundaresan spoke about how his approach would be completely different if he encountered the same issues again. He stated that he would have asked why the alerts were coming up and considered if they could get any external help or put on extra targeted clinics

to help solve the issue. Dr Sundaresan stated that he would go back to the PCT and explain about the error in an effort to fix it. He said that he was of the mindset, at the time, that asking for help was exposing his weakness. Dr Sundaresan said that he had been filled with fear at the time and kept on covering up his actions until he could no longer do that. He stated that he had completely failed to be honest and lost the trust of patients and the profession. He stated that his reading and learning had helped him reconnect with the core values of the profession and referred to several key books that he had found most useful.

40. Dr Sundaresan stated that, when things go wrong, it was previously his approach to believe that the wrongdoing must be someone else's fault. He spoke about his upbringing and his family. Dr Sundaresan stated that his father, on a recent visit to India, encouraged him to focus on spirituality and on doing the right thing. Dr Sundaresan stated that trust, once lost, is difficult to regain and that he was taking this all very seriously. Dr Sundaresan spoke about the process of improvement that he had undertaken, including facing the reality of the situation, identifying the problems that he needed to rectify, and focusing on the importance of professional ethics in his day-to-day practice.

41. Dr Sundaresan stated that he had had several opportunities to say sorry and hold his hands up in the past but that he had not done so. He said he was filled with fear at the time about what was going to happen and that he felt he had gone too far to admit matters. Dr Sundaresan stated that, when he deeply reflects, he can see things completely differently to where he was in the past. He referred to real life examples of his current practice where his integrity could have potentially be called into question where, for example, he had taken an ethical decision to not prescribe medication when it was demanded by patients but it was not medically justified.

42. Dr Sundaresan spoke about the remediation he had had undertaken. Dr Sundaresan provided his handwritten notes and typed reflections on various courses, videos and books. Dr Sundaresan stated that he had kept his medical skills and knowledge up to date and referred to the CGSs he received from Tamilnadu Medical Council.

43. Dr Sundaresan stated that he was a changed person and that he wanted to be open and honest. He stated that he wanted to put his hands up first and say 'I've done this' and address how he can fix any problems he has created. Dr Sundaresan stated that, if he does not know the right thing to do, he has safeguards in place via his mentor to seek advice. Dr Sundaresan stated that he had completed the work identified by the 2022 Tribunal and that

he has been doing everything that he can to make amends. He stated that he would never repeat his wrongdoing.

44. Dr Sundaresan referred to the apologies, both in writing and in person, that he had made. He said that he knew he ought to have made his apologies, a long time ago but that there had been several factors, including his own fear, which had prevented him from doing so. Further, Dr Sundaresan took the Tribunal through the various positive testimonials and patient feedback that he had obtained.

Submissions

Submissions on behalf of the GMC

45. Mr Taylor, Counsel, stated that the GMC was neutral in relation to Dr Sundaresan's application for restoration. The Tribunal noted that Mr Taylor made no specific submissions to the effect that Dr Sundaresan was unfit to be restored to the Medical Register.

Submissions from Dr Sundaresan

46. Dr Sundaresan submitted he has taken the findings of the previous Tribunal very seriously. He submitted he has understood what went wrong in 2008 and accepted that there has been a long delay in his journey of obtaining insight to identify the root cause of the issue. He submitted his dishonest actions disregarded patients and were far away from ethical values. Dr Sundaresan submitted in the past he had confronted external factors and not himself. He submitted he has now experienced significant insight moments in the reflective journal and practises patience, gratitude and meditation. Dr Sundaresan submitted he now understands the full impact of his actions and the consequences to patients and has remorse, regret, shame and guilt. He submitted he now has reflected meaningfully on the effect of his actions on patients and the profession as a whole.

47. Dr Sundaresan submitted he has offered apologies to everyone affected by his actions and offered a clear explanation for the reasons for the failures. He submitted he has shown a full understanding of the events, is self-critical and has learnt meaningful lessons from his past actions. He submitted he has taken positive steps towards remediation and has undertaken high impact cost effective courses which are relevant, measurable and effective and deeply reflected on the course content. He accepted that dishonesty is hard to remediate but has approached it by going to the root cause of his dishonesty and changed his

thought process to conscious thinking and acting through meaningful reflections, mentoring, coaching, meditation and reading. He submitted his remediation has been assisted by targeted learning and by regular sessions with his mentor and coach. He submitted he has applied what he has learnt from the experience that led to concerns being raised.

48. Dr Sundaresan submitted he has targeted quality learning and reflection and has completed skills-targeted CPD courses and has been in full time general practice in India. This is supported by good standing certificates and supported by several testimonials. He submitted he now will ask for help from colleagues when faced with clinical treatment plans and management of patients

49. Dr Sundaresan submitted he has taken significant steps towards addressing the deficiencies highlighted by previous Tribunals and his medical knowledge and skills are up to date. Following the last hearing, Dr Sundaresan submitted he went into full time general practice treating common medical complaints, chronic diseases, emergencies, minor surgeries and worked between 30 to 50 hours a week, and at all times offering the best cost effective management to get the best outcomes.

50. Dr Sundaresan thanked the Tribunal for the opportunity and submitted if permitted back to practice he would meet the overarching objective, He submitted the process has given him time to process and has transformed him into a different person who now acts and thinks differently.

The Tribunal's Approach

51. The Tribunal reminded itself that its power to restore a practitioner to the GMC register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

52. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Sundaresan's name to the GMC register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Sundaresan's name should be restored to the GMC register, it can do so only without restrictions on his practice.

53. Throughout its consideration of Dr Sundaresan’s application for restoration, the Tribunal was guided by the approach laid out in the MPTS ‘*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*’ (‘the Guidance’).

54. The Tribunal reminded itself that the onus is on Dr Sundaresan to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the findings of the original Tribunal.

55. The guidance sets out at B2 that:

“The test to be applied by tribunals when considering if a doctor should be restored is that ‘having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?’.”

56. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the Guidance which address:

1. the circumstances which led to the erasure;
2. whether Dr Sundaresan has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
3. what Dr Sundaresan has done since his name was erased from the register;
4. the steps Dr Sundaresan has taken to keep his skills and knowledge up to date;
and
5. the lapse of time since erasure;

and then go on to determine whether restoration will meet the overarching objective.

The Tribunal’s Decision

57. The Tribunal has considered the submissions made and has evaluated the evidence in order to reach its decision as to whether Dr Sundaresan’s name should be restored to the GMC register.

The circumstances which led to Dr Sundaresan’s erasure

58. The Tribunal reminded itself of the circumstances that led to Dr Sundaresan's erasure. The 2014 Tribunal determined that Dr Sundaresan's fitness to practise was impaired by reason of his convictions. The current Tribunal noted the nature and high level of seriousness of Dr Sundaresan's actions which led to a suspended prison sentence. Dr Sundaresan's dishonest actions were premeditated and occurred over a 4-day period. False entries were made in more than 1700 patient records (more than one third of the patients registered with the surgery) and had the potential to impact on the future care of those patients. Dr Sundaresan attempted to blame others, which is a position that he sustained for several years; he maintained his innocence until a few days before his Crown Court trial. Further, the Tribunal noted that, although it may not have been Dr Sundaresan's primary motivation, there was a potential financial gain as a consequence of his dishonesty.

59. The Tribunal noted that Dr Sundaresan's actions had brought the medical profession into disrepute and had breached fundamental tenets of the profession. The Tribunal had particular regard to the 2014 FTP Panel's findings at the sanction stage, in which it was stated:

"Your convictions were particularly serious because of the vast scale of dishonest entries on patient records, it was done in total disregard of those patients, which could have led to very grave consequences. You attempted to cover up your actions for over six years, during which time, because of your denials, you were able to practice unrestricted. It is clear that you put your own interests before those of your patients. You attempted to blame others for your own dishonest actions. It is unclear to the Panel, even at this late stage, that you understand the seriousness of your actions or their consequences. Your actions have brought the medical profession into disrepute, undermine public confidence in the profession and are fundamentally incompatible with being a doctor."

Whether Dr Sundaresan has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

60. The Tribunal noted that today Dr Sundaresan recognised that he was only at the beginning of his reflective journey in 2022. The Tribunal considered with care Dr Sundaresan's witness statement and his oral testimony given to this hearing. Comparing the doctor's position in 2014 with that set out in his witness statement provided to this Tribunal, it noted that Dr Sundaresan's acceptance of his dishonest conduct had developed considerably. He had now fully accepted that he had been intentionally dishonest and had reflected on the reasons for this. The current Tribunal considered that Dr Sundaresan could have not been more remorseful for his conduct and had apologised and shown contrition to affected colleagues and patients.

61. The Tribunal had regard to the apology letters Dr Sundaresan had written to colleagues. It had particular regard to the following paragraph:

“I want to express my deepest remorse and ask for your forgiveness. I understand the emotional toll my actions have taken on you, your family, fellow patients, and the dedicated team at East Street Surgery. I am committed to making amends and taking steps towards personal growth and ethical practice.”

The Tribunal noted Dr Sundaresan had produced a similar apology letter to the Bangladeshi Community Association.

62. The Tribunal had regard to the employment reference from Dr D of Newlife Medical Centre, India, in particular to the following paragraph:

“His technical and clinical improvements have significantly improved patient care at our practice. We believe he has learned from his past experiences, and he has expressed sincere regret for his previous actions. On several occasions, he has demonstrated genuine remorse and a commitment to upholding the principles of the Hippocratic Oath.”

63. The Tribunal noted Dr Sundaresan has produced several apologies and expressions of regret that have extended to patients, his colleagues and the Bangladeshi community. The Tribunal noted in his oral evidence Dr Sundaresan expressed the following regarding his insight.

“I was at the beginning of my transformation... at the bottom of the hill...I have taken the Tribunal’s findings extremely seriously... I have created constructive steps to assist me to climb up the hill.”

64. The Tribunal had regard to the letter Dr Sundaresan produced for the MPTS, it had particular regard to the following paragraph:

“I fully recognise that my actions were in direct violation of the principles outlined in Good Medical Practice, and they fall on the higher end of the severity spectrum when it comes to professional punishment. Unfortunately, the damage caused by my dishonesty, the cover-ups, blaming Dr E and Dr F, my disregard for patients, the falsification of medical records, and the disrespect towards the profession’s values cannot be undone. The trust I shattered is irreparable. These acts undermined public confidence in the profession and tarnished the

integrity of healthcare systems. This journey toward redemption has not been a brief one; it has been a prolonged and transformative process.”

65. The Tribunal considered Dr Sundaresan’s remediation to be extensive and noted his journey of reflection has considerably developed since 2022. The Tribunal noted Dr Sundaresan’s extensive reading, counselling and mentoring. He has undertaken meditation to aid his insight and remediation journey. The Tribunal accepted that Dr Sundaresan has genuine and meaningful insight. In light of the several steps taken by Dr Sundaresan the Tribunal considered that his dishonest behaviour was highly unlikely to be repeated.

66. The Tribunal had regard to the letter from Dr Sundaresan’s mentor Dr B to the MPTS, and had particular regard to the following paragraphs:

“My regular mentoring with Dr. Sundaresan, coaching sessions, spiritual involvement, and insights from self-reflection through books have deeply transformed both of us. These practices have played a significant role in reshaping his approach to medical ethics, professionalism, and personal growth. This continuous process of reflection and development has left no room for repetition of past mistakes, and I am confident that the risk of such behaviour is now zero...”

In conclusion, I firmly believe that Dr. Sundaresan has undergone a significant transformation. Through continuous mentorship, coaching, spiritual involvement, and self-reflection, he has gained full insight into his actions. His clinical skills and knowledge, continuously updated through practice in India, reflect his ongoing commitment to patient safety and professional growth. He has learned from his past mistakes and actively worked to rebuild his professional integrity and ethical foundations. Based on my extensive interactions with him over the past two years, along with my visit last year, I am confident in his ability to uphold the highest standards of Good Medical Practice. Therefore, I would respectfully request the MPTS to provide him the opportunity to return to the GMC register. I would be happy for him to join our practice.”

67. The Tribunal had regard to the letter from Dr Sundaresan’s coach Ms A to the MPTS, and had particular regard to the following paragraphs:

“Dr Sundaresan’s transformation has been marked by his resilience and determination to realign his professional and personal identity with a commitment to ethical living. He has emerged from this process with a deeper understanding of the ripple effects of his decisions, a

renewed sense of moral clarity, and an unwavering dedication to ensuring his future actions reflect the values he holds dear.

In closing, I wholeheartedly support the progress Dr Sundaresan has made and the accountability he has demonstrated throughout our time working together. His journey has been challenging, but the result is a profound transformation that I believe will serve him and those he seeks to serve in his professional capacity well. I am confident that his continued commitment to integrity and growth will define his path forward.

I have obtained Dr Sundaresan's consent to write this letter and would be happy to provide further information or clarification as required.

I have seen details of Thiru's convictions and notwithstanding, I feel that my reference reflects different and more positive aspects of Thiru's character. I consent to my reference being disclosed during the proceedings."

68. The Tribunal noted Dr Sundaresan's self-reflection and various CPD certificates including probity, self-reflection and developing insight, patient safety and quality improvement in primary care. The Tribunal noted Dr Sundaresan had completed CPD in 'Updates to the GMC's Good Medical Practice'. It noted Dr Sundaresan has now identified his shortcomings and since practising in India there had been no concerns. It noted Dr Sundaresan has kept his medical skills up to date and has provided a list of procedures he has completed and it noted that his current employer speaks highly of him.

69. The Tribunal noted positive feedback from Dr Sundaresan's patients in India. It did however note patient feedback stating Dr Sundaresan had not provided antibiotics when requested. The Tribunal considered this was however demonstrative of Dr Sundaresan's integrity in not prescribing antibiotics, even when requested but not clinically necessary, given that to have done so would be of financial benefit to the clinic.

70. The Tribunal considered that the testimonial evidence both written and oral were extremely positive and supported Dr Sundaresan's evidence that his remediation has substantially developed since the circumstances which led to his erasure and since the 2022 hearing. The evidence suggested that Dr Sundaresan has fully understood his failings, learned from them and was incorporating the learning from them into his current role to improve patient care.

71. Having heard Dr Sundaresan and read his reflections, and taking into account the very positive testimonials, the Tribunal was satisfied that Dr Sundaresan has acknowledged and fully accepted his conviction. It was satisfied Dr Sundaresan now knows that he should have acted differently, recognises where he went wrong and the potential impact of his actions on patients, the public and the profession.

72. The Tribunal was therefore satisfied that Dr Sundaresan has full insight into his actions.

What Dr Sundaresan has done since his name was erased from the register and the steps Dr Sundaresan has taken to keep his medical knowledge and skills up to date

73. The Tribunal next considered what Dr Sundaresan has done since his erasure and the steps he has taken to keep his medical skills and knowledge up to date.

74. Dr Sundaresan has kept his clinical skills up to date and has been practising in India. There have been no concerns regarding his honesty or probity.

75. In addition, Dr Sundaresan provided the Tribunal with an extensive list of CPD undertaken over recent years. This, together with his recent clinical work, constituted persuasive evidence that that he has been able to keep his medical knowledge and skills up to date.

The lapse of time since erasure

76. The Tribunal took account of paragraph B33 of the Guidance:

“The length of time that has elapsed since the doctor was erased will be relevant although will not necessarily equate to them no longer posing a risk to patients or to public confidence in the profession.”

77. The Tribunal noted that Dr Sundaresan was erased in 2014 but given the roles he has undertaken in India, the lapse of time was not a significant detrimental factor. It also considered that the lapse of time has enabled Dr Sundaresan to develop his insight fully and remediate his dishonest behaviour.

Will restoration meet the overarching objective?

78. The Tribunal had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the profession; and
- To promote and maintain proper professional standards and conduct for members of that profession.

79. The Tribunal was satisfied that Dr Sundaresan's clinical knowledge and skills were sufficiently up to date and that he was an experienced GP, albeit having been out of practice in the UK since 2014.

80. As already set out the Tribunal was satisfied that Dr Sundaresan had a good support network were he to return to the register. It was satisfied that given his learning and insight, Dr Sundaresan would not put himself in a similar position to the circumstances which led to his erasure again and that it was unlikely there was a risk of repetition.

81. The Tribunal was therefore satisfied that the first limb of the overarching objective would not be undermined were Dr Sundaresan allowed to return to the register.

82. When considering the second limb of the overarching objective, public confidence in the profession, the Tribunal considered that Dr Sundaresan's convictions had serious adverse impacts, not only on the reputation of the profession but for patient safety.

83. The Tribunal was impressed by Dr Sundaresan's evidence, in his witness statement and the evidence of his testimonial witnesses, as to the way he had reflected and taken responsibility for his past misconduct. It was evident that Dr Sundaresan had learnt from reflecting on his past errors and had used this to good effect with those with whom he worked.

84. The Tribunal considered that Dr Sundaresan's name having been erased from the medical register met the public interest at that time in 2014 and sent a clear message to the profession. It was clear that his insight at that time was materially lacking in important respects, as he acknowledges. However, since that time, the Tribunal considered that Dr Sundaresan had provided persuasive evidence of his development of current full insight, full remediation and a very low risk of repetition.

85. The Tribunal was of the view that, in considering the effect on public confidence, the well-informed member of the public would have regard not just to the reasons found for his original erasure, but also the full circumstances of Dr Sundaresan's development of insight and remediation steps. The Tribunal was satisfied that a member of the public fully informed of all the circumstances of this case would not have their confidence in the profession undermined if Dr Sundaresan name was restored to the register.

86. The Tribunal was therefore satisfied that the second limb of the overarching objective would not be undermined were Dr Sundaresan by granting his application for restoration.

87. Given all the circumstances of this case as set out above in relation to the first two limbs of the overarching objective, the Tribunal was satisfied that the maintaining of professional standards would not be undermined if Dr Sundaresan's name was restored to the register.

88. Accordingly, and with regard to all of the particular circumstances of this case and evidence before it, the Tribunal determined that Dr Sundaresan's name should be restored to the medical register. It therefore determined to grant Dr Sundaresan's application for restoration to the medical register.