

PUBLIC RECORD**Date:** 23/05/2025

Doctor: Dr Saadia Kamran RAO
GMC reference number: 6098868
Primary medical qualification: MB BS 2003 Ziauddin Medical College

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Nicholas Flanagan
Registrant Tribunal Member:	Dr Marianne Kennedy
Registrant Tribunal Member:	Dr Sarah Marwick

Tribunal Clerk:	Mr Michael Murphy
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Stephen McCaffrey, Counsel
GMC Representative:	Ms Sian Jones, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 23/05/2025

1. At this review hearing, the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Rao's fitness to practise is impaired by reason of misconduct.
2. This determination will be read in private. However, as this case concerns Dr Rao's misconduct a redacted version will be published at the close of the hearing.

Background

3. Dr Rao qualified in 2003 and moved to the UK in 2005. Dr Rao completed her training in Paediatrics and Neonates in 2017, having worked at Colchester General Hospital, part of East Suffolk & North Essex NHS Foundation Trust ('the Trust') between 2012 and 2014 as part of her training program. At the time of the events in the Allegation Dr Rao was a Consultant at Colchester General Hospital, a position she had held since 2017.
4. The facts found proved at Dr Rao's initial hearing which took place in 2024 can be summarised as concerns relating to deficient professional performance and probity which arose from Dr Rao's treatment of Patient A where it was proved that there were failings to carry out a number of actions that were required for the treatment and care of a patient.
5. The 2024 Tribunal found proved that Dr Rao did not provide good clinical care to Patient A in 2021 in that she performed a cerebrospinal drainage procedure ('the Procedure') on Patient A and aspirated approximately 110ml of cerebrospinal fluid ('CSF') which was an excessive amount, falsely told Miss B that she had aspirated around 75mls of CSF during the Procedure, falsely told Miss C that during the Procedure she had aspirated less than the 110mls of CSF that had been recorded and about 75mls of CSF and that this needed changing in the documentation. The Tribunal also found proved that Dr Rao collected four vials containing CSF she aspirated during the Procedure from the

laboratory and clandestinely disposed of approximately 50mls of CSF, asked Miss D to measure the remaining CS and to make a note in Patient A's medical records of the volume of CSF Miss D had just measured. She also made an entry in Patient A's medical records stating that 36ml of CSF had been measured by Miss D from the four vials obtained from the laboratory and told Miss E to inform Patient A's mother if asked that during the Procedure she had aspirated 36ml of CSF alongside 10ml that went to the laboratory. In addition, the 2024 Tribunal found that Dr Rao's actions were dishonest.

6. The 2024 Tribunal concluded that Dr Rao had engaged in a course of conduct which was, in all aspects, dishonest, and therefore brought the profession into disrepute, put patient safety at risk, and amounted to serious misconduct. The 2024 Tribunal found that a finding of impairment in relation to the dishonesty element of this case was necessary in order to protect, promote and maintain the health, safety and wellbeing of the public due to the inherent safety concerns regarding a dishonest doctor. It also found that a finding of impairment was necessary to promote and maintain proper professional standards and conduct for members of the medical profession.
7. The 2024 Tribunal concluded that a period of suspension would protect, promote and maintain the health, safety and well-being of the public because Dr Rao would be unable to return to unrestricted practice until she is able to demonstrate that she had a period to reflect and remediate. Secondly, it concluded that a period of suspension would promote and maintain public confidence in the medical profession because it comes as a result of a lengthy and rigorous disciplinary process with which Dr Rao has cooperated with and it represented a significant sanction which will protect public safety. Lastly, it concluded that a period of suspension would promote and maintain proper professional standards and conduct for members of the profession as it sent a signal that this is behaviour unbefitting of a medical professional.
8. The 2024 Tribunal set out that a future Tribunal may be assisted by:
 - An updated report from Professor J, as well as her and Professor J's attendance at the review to answer questions from the GMC and the review Tribunal;
 - Ongoing reflections on the work undertaken with Professor J and any other learning: this should be produced incrementally, such as by way of a monthly learning log, during her suspension rather than at the end so that the review panel can assess any development of insight and risk of repetition;

- Evidence of a rational and deliverable plan to cope in the future with similar events and prevent repetition, namely how she would react upon being involved in any untoward clinical incident or complaint;
- Any other evidence Dr Rao feels may assist the reviewing Tribunal.

The Evidence

9. The Tribunal has taken into account all the evidence received, both oral and documentary.
10. Dr Rao gave oral evidence at the hearing in which she confirmed that there has been a ‘huge change’ due to her meetings with Professor J in which she has learned about herself. She stated that previously ‘she never took time for herself and that now she would take a break from work when it is needed’. Dr Rao referred to positive feedback she has received and that this made her feel appreciated. She also referred to XXX she has received and stated that she would now ‘cope differently by making sure that [XXX]’. She also said that she would now explain to patients, and their parents, what exactly is happening at each stage during any treatment.
11. In addition, Dr Rao explained that to prevent any future mistakes she would in future completely understand the patient’s history and take consent from patients personally. Dr Rao also explained how she has kept her clinical knowledge and skills up to date which included continuing professional development and appraisals. She stated that she could return to work by first undertaking locum work. She also explained that initially she would decline undertaking consultant work in a level 3 setting and also ‘limit her working to 3 or 4 sessions per week’ and no weekends or nights. Dr Rao acknowledged that she had made a mistake, which had taken her some time to realise and reflect on. She informed the Tribunal that she has XXX.
12. The Tribunal received documentary evidence which included, but was not limited to, the following:
 - Appraisal Certificates for 2023, 2024 and 2025;
 - Various CPD certificates, dated from 29 November 2024 to 28 March 2025;
 - NLS Certificate, dated 4 March 2025;
 - EPALS Certificate, dated 20 March 2025;
 - Various CPD certificates, dated from 29 November 2024 to 28 March 2025;

- Mentoring report, dated February 2025;
- Report from Professor J;
- Dr Rao's reflections.

Submissions

13. On behalf of the GMC, Ms Jones reminded the Tribunal that at the initial hearing Dr Rao made full admissions to the Allegation. She stated that Dr Rao has provided evidence to demonstrate that she had complied with the previous Tribunal's recommendations and that she has been in regular contact with Professor J. As such, she submitted that the GMC was neutral as to whether Dr Rao's fitness to practise is currently impaired.
14. On behalf of Dr Rao, Mr McCaffrey submitted that there has been clarity and understanding of the matters raised that had previously been lacking or non-existent. He stated that the quality of work undertaken by Dr Rao should be noted and that this was deeply personal to her and involved XXX.
15. Mr McCaffrey stated that Dr Rao has engaged properly with Professor J and that the clinical issue was isolated and that this was really a probity case. He stated that Dr Rao is now able to speak clearly about how she would deal with any mistakes in the future and that her mindset has shifted. He submitted that Dr Rao should be allowed to gradually return to the workforce and that the Tribunal could be confident that a competent practitioner is returning to practise.

The Relevant Legal Principles

16. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgment alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practice.
17. This Tribunal must determine whether Dr Rao's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

18. In its deliberations, the Tribunal noted that the GMC had no enduring concerns regarding Dr Rao and that the GMC's position on impairment was one of neutrality. It also noted that Dr Rao has provided evidence of the matters identified and recommended by the 2024 Tribunal.
19. The Tribunal took the view that this was primarily a probity case which stemmed from the initial clinical issue with Patient A in 2021. Taking into account all of the evidence received, it took the view that Dr Rao has taken considerable steps in remediating the probity concerns identified. The Tribunal took account of the passage of time since the events in the Allegation and that this related to an isolated incident with no repetition in an otherwise unblemished career.
20. The Tribunal assessed and considered carefully the evidence given, noting Dr Rao's statement in which she indicated she would return to practise with a modest number of shifts and not undertake any level 3 consultant work. It was impressed by her evidence that she is now able to understand the deficiencies in her practice and behaviour so she is now able to mitigate the risk of any recurrence in the future. The Tribunal took the view that Dr Rao's insight has developed significantly and noted that she has taken remedial steps such as attending sessions with Professor J and providing her written reflections.
21. The Tribunal had some hesitation regarding the level of caution Dr Rao displayed regarding her return to practise but it was satisfied that in undertaking less onerous work on a staged basis, that sufficient safeguards are in place. The Tribunal would expect Dr Rao to have a significant support mechanism in place, including remaining in a stable workplace. Further, the Tribunal would have liked Dr Rao to evidence her renewing her knowledge and understanding of up to date guidelines before returning to clinical practice. However, despite these concerns, the Tribunal was nevertheless satisfied that there was sufficient evidence to demonstrate that Dr Rao is safe to return to unrestricted practice.
22. On balance, the Tribunal was satisfied that public confidence in the medical profession would not be undermined by a finding of no impairment as Dr Rao has provided a significant quantity of evidence to alleviate the concerns raised in this case.

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23. This Tribunal has therefore determined that Dr Rao's fitness to practise is not impaired by reason of misconduct.
24. The Tribunal also determined that the order of suspension currently imposed on Dr Rao's registration should remain in place until it expires.
25. Case concluded.