

PUBLIC RECORD

Dates: 09/02/2022 -11/02/2022

Medical Practitioner's name: Dr Aliveni RAMANUJAM

GMC reference number: 6066419

Primary medical qualification: MB BS 1997 Gulbarga

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

Restoration application granted. Restore to Medical Register.

Tribunal:

Legally Qualified Chair	Mr Andrew Clemes
Medical Tribunal Member:	Dr Paul Mitchell
Medical Tribunal Member:	Dr Harriet Leyland

Tribunal Clerk:	Ms Angela Carney
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Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Katie Nowell, 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 Restoration Application - 11/02/2022

1. This determination will be read in private. However, as this case concerns Dr Ramanujam's previous misconduct a redacted version will be published at the close of the hearing with confidential matters removed.

Background

The 2011 Panel

2. Dr Ramanujam was referred to a Fitness to Practise Panel hearing in May 2011 to consider whether her fitness to practise was impaired by reason of misconduct. The 2011 Panel found that in September 2008 Dr Ramanujam had registered as a student at the University of Gloucestershire studying a module entitled "APH409 Certificate of Professional Studies in Awareness of Cognitive Behavioural Practice" ("the Module").

3. In July 2009, Dr Ramanujam submitted her course assessment for the Module. Parts of her assessment had been substantially copied, without proper reference, from the Royal College of Psychiatrists' website and from a student paper submitted to the University of Birmingham dated 1 June 2009 ("the Birmingham Paper"). Dr Ramanujam admitted that her actions were misleading, and that her actions in relation to the Birmingham Paper were dishonest.

4. On 11 September 2009, Dr Ramanujam attended a meeting, during which she claimed she had made a genuine mistake in relation to copying from the Royal College of Psychiatrists' website. At that meeting, Dr Ramanujam implied that the only verbatim copying she had done was from the Royal College of Psychiatrists' website, which she admitted was misleading and dishonest.

5. In October 2009, Dr Ramanujam resubmitted her course assessment for the Module. Parts of her assessment had been substantially copied, without proper reference or acknowledgement, from other sources, including the Birmingham Paper, the Royal College of Psychiatrists' website and the Wikipedia website. Dr Ramanujam admitted that her actions were misleading. Dr Ramanujam also admitted that her actions in relation to the Birmingham Paper and the Wikipedia website were dishonest.

6. On 3 December 2009, Dr Ramanujam attended a meeting, during which she denied having copied from the Birmingham Paper. Dr Ramanujam admitted that her actions were misleading and dishonest.

7. The May 2011 Panel found that Dr Ramanujam's fitness to practise was impaired by reason of her misconduct. It considered that a 12-month suspension would mark the seriousness of Dr Ramanujam's misconduct and be proportionate in the circumstances. It did not consider it necessary to suspend Dr Ramanujam's registration with immediate effect, as it had concluded that there were no patient safety concerns and no issues regarding her clinical practice.

The 2012 Panel

8. Dr Ramanujam's case was reviewed in May 2012. The 2012 Panel review bore in mind the activities and courses Dr Ramanujam had undertaken in the previous 12 months, which included participating in teaching workshops and attending a Medical Ethics and Law Workshop.

9. The 2012 Panel also noted all the testimonials and had regard in particular, to the letters from two Consultant Psychiatrists from the Birmingham and Solihull Mental Health Trust where Dr Ramanujam had worked before her suspension. The Consultant Psychiatrists stated that that Dr Ramanujam had demonstrated sufficient insight and understanding of her actions which had led to her suspension, and one was in no doubt that she would return to work a better and stronger individual. The 2012 Panel also noted the letter from the Clinical Director, the Cumbria Partnerships NHS Foundation Trust which stated that she had met with Dr Ramanujam on three occasions, on all of which she appeared to have demonstrated insight, both with regard to the concerns identified by the GMC and the remedial action recommended.

10. The 2012 Panel bore in mind Dr Ramanujam's statement of reflection in which she reassured the Panel that 'this will never happen again' and stated that she had 'learnt her lesson'.

11. The 2012 Panel noted that no concerns about Dr Ramanujam's clinical work had been raised. The 2012 Panel was of the opinion that Dr Ramanujam had sufficiently maintained her medical knowledge, and that, in this regard, patients would not be placed at risk by her resuming unrestricted medical practice.

12. The 2012 Panel was satisfied that Dr Ramanujam would be unlikely to repeat the same behaviour in the future, or to act dishonestly in some other way. The 2012 Panel also considered that the 2011 Panel's finding of impaired fitness to practise, and the sanction imposed in 2011, had addressed Dr Ramanujam's misconduct and the public interest in relation to declaring and upholding proper standards of conduct and behaviour by all doctors. The 2012 Panel concluded that Dr Ramanujam had sufficiently addressed all the concerns raised in the original finding of impairment and determined that her fitness to

practise was not impaired by reason of misconduct. Accordingly, Dr Ramanujam's suspension expired on 15 June 2012.

GMC Undertakings 2014

13. An investigation was opened by the GMC into the fitness to practise of Dr Ramanujam following a referral from Dr A, the Medical Director of Cumbria Partnership NHS Foundation Trust. Dr Ramanujam had worked as a Locum Appointment in Service in General Adult Psychiatry on a fixed term contract, during the period 1 November 2012 to 6 August 2013. Dr Ramanujam was excluded from work on 11 March 2013 due to concerns relating to her practice. Her employment with the Trust came to an end on the expiry of her Fixed Term Contract. The concerns raised included:

- Ongoing prescribing errors: Incorrect doses, omission of medications in the discharge summary to the GP, incorrect titration dates for clozapine, incorrect insulin dose
- No clear documentation in notes
- GP discharge notifications and summaries
- Falling asleep whilst at work - during educational sessions, handover meetings with CRHT, in one-to-one supervision

14. An internal investigation report concluded in July 2013 that as a general benchmark, Dr Ramanujam had several years' experience working with patients in mental health services including acute care. Given the level and nature of experience, a doctor in this position would usually be ready for a significant amount of autonomous practice much akin to a senior speciality doctor. Based on the information collected in this investigation, Dr Ramanujam's performance fell significantly below the expected standard for a doctor with this amount of experience.

15. Whilst the less serious performance concerns were considered to be potentially feasible to remediate, based on the nature, degree and range of concerns it was found that it would be unlikely that a remediation plan could be delivered within the Trust alone as there was such a range of concerns about Dr Ramanujam's fundamental competency alongside her professional judgement relating to Good Medical Practice as well as her psychiatric practice.

16. Dr Ramanujam was referred to the Interim Orders Panel (IOP) and conditions were imposed on her registration. In a letter to the IOP Dr Ramanujam acknowledged the concerns that had been raised about her competency.

17. The GMC considered the conclusions of the report, and the documentary evidence supporting it, and concluded that there was a realistic prospect of establishing that Dr Ramanujam's fitness to practise was impaired on grounds of performance to a degree justifying action on her registration. The GMC noted the insight demonstrated by Dr

Ramanujam. The GMC offered Dr Ramanujam undertakings to which she agreed on 5 November 2014.

The 2016 Tribunal

18. In June 2016 Dr Ramanujam was referred to the GMC following concerns regarding her clinical practice raised by Birmingham and Solihull Mental Health NHS Foundation Trust (The Trust). These matters were raised with the GMC following Dr Ramanujam's resignation from the Trust and no local investigation by the Trust took place. Dr Ramanujam had had an interim order of conditions on her registration whilst employed at the Trust. That order of conditions included a stipulation that Dr Ramanujam's work had to be closely supervised by a named consultant and that she should not prescribe drugs other than through arrangements agreed between the GMC and her supervising consultant.

19. The 2016 Tribunal convened to consider the following Allegation:

1. You were employed as a Doctor in Forensic Psychiatry at Birmingham and Solihull Mental Health NHS Foundation Trust ('the Trust') from 22 September 2014 to 10 November 2014.

2. On 21 August 2014, you attended a hearing before the Interim Orders Panel of the Medical Practitioners Tribunal Service where an interim order of conditions was maintained on your registration with the GMC ('the Conditions').

3. On 26 September 2014 you prescribed Lansoprazole 15mg to Patient A:

a. in breach of the Conditions in that no arrangements for you to prescribe drugs had been agreed between the GMC and your supervising consultant;

b. against the instructions of your supervising consultant.

4. On 8 October 2014 you signed a register of attendance for a Case Presentation academic session between 14:00 and 15:00 at the Tamarind Centre of the Trust ('the Case Presentation').

5. You did not attend the Case Presentation.

6. Through your actions at paragraphs 4 to 5 above you sought to obtain one Continuing Professional Development point to which you knew you were not entitled.

7. On 9 October 2014 you reviewed Patient B ('the Review').

8. *During the Review, you copied notes made by Mr/s C in Patient B's medical records on 8 October 2014 at 18:24 within your notes of the Review.*

9. *You knew or ought to have known that your actions at paragraph 8 above would make it appear as if you had obtained the information in the submitted entry yourself, when you had not.*

10. *On 29 October 2014 you reviewed Patient D at or around 10:30 ('the Second Review').*

11. *During the Second Review, you copied notes made by Mr/s E in Patient D's medical records on 29 October 2014 at 01:00 within your notes of the Second Review.*

12. *You knew or ought to have known that your actions at paragraph 11 above would make it appear as if you had obtained the information in the submitted entry yourself, when you had not.*

13. *Your actions as described in paragraphs 4 to ~~10~~ 12 were:*

a. *misleading;*

b. *dishonest.'*

20. The 2016 Tribunal found the Allegation proved in its entirety including that Dr Ramanujam's actions in relation to paragraphs 4 to 12 were both misleading and dishonest. At the impairment stage, the 2016 Tribunal summarised the facts found proved in Dr Ramanujam case fell into three categories as follows:

- prescribing medication against the instructions of her supervising consultant;
- declaration of attendance at an academic session and seeking to obtain a CPD point in a manner that was found to be misleading and dishonest;
- copying medical notes made by others into the RIO computer system into her own entries for two patients in a manner that was found to be misleading and dishonest.

21. The Tribunal acknowledged that Dr Ramanujam had admitted dishonesty in relation to the 2011 Fitness to Practise Panel hearing. It noted paragraphs 19, 21, 65 and 71 of Good Medical Practice and also that Doctors are expected to uphold proper standards of conduct. The 2016 Tribunal considered that Dr Ramanujam's conduct fell far short of the standards expected from a doctor.

22. In relation to the prescribing allegation, the 2016 Tribunal was concerned about Dr Ramanujam's level of knowledge, specifically around contra-indications of medication from outside of her specialty and found that her actions could have impacted on patient safety.

23. The 2016 Tribunal also considered Dr Ramanujam's conduct in the context of public confidence. It considered that her dishonesty in relation to the false declaration of attendance at a training session, and obtaining a CPD point to which she was not entitled, together with what she explained as a 'cut and paste' of colleagues' entries on to the RIO computer system, would be viewed as deplorable by members of the profession and the public, especially when taken together with previously admitted and proved dishonesty allegations in relation to plagiarism.

24. The 2016 Tribunal found that individually, each of Dr Ramanujam's actions departed from the GMC's guidance in relation to professional standards. It found that cumulatively, these demonstrated conduct that fell seriously below the standards expected of all registered medical practitioners. The 2016 Tribunal was satisfied that the facts found proved in Dr Ramanujam's case amounted to serious misconduct.

25. Following an adjournment during the 2016 proceedings, and prior to the sanction stage, Dr Ramanujam made an application for voluntary erasure from the Medical Register. However, the 2016 Tribunal concluded that patient safety, the maintenance and promotion of public confidence in the medical profession and the GMC's performance of its statutory functions would be undermined if it acceded to her application. It therefore determined not to grant Dr Ramanujam's application for voluntary erasure

26. The 2016 Tribunal found the following mitigating and aggravating factors:

Mitigating factors

- Dr Ramanujam's engagement in the process;
- Dr Ramanujam's expressions of apology and regret.

Aggravating factors

- Dr Ramanujam's lack of remediation and lack of insight into the seriousness of her misconduct;
- Dr Ramanujam's maintenance of her position with no demonstration of any understanding of what it was she had done wrong, despite being given every opportunity to do so;
- Dr Ramanujam was an experienced doctor, who had been through two sets of fitness to practise proceedings;
- Dr Ramanujam's persistent dishonesty, including previous findings of a similar nature;
- Dr Ramanujam's proposal of undertakings as an outcome, displaying a lack of understanding of the seriousness of her actions.

27. The 2016 Tribunal determined that the taking of no action or the imposition of conditions on Dr Ramanujam's registration would not be appropriate.

28. In relation to suspension the 2016 Tribunal had regard to paragraphs in the Sanctions Guidance (the SG), in particular paragraph 87, which states:

“87 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–45).”

29. The 2016 Tribunal found that Dr Ramanujam continued to deny any fault and it was not satisfied that her misconduct was unlikely to be repeated. The 2016 Tribunal noted that whilst a period of suspension might have been an appropriate sanction in relation to a single episode of dishonesty, it considered Dr Ramanujam’s dishonesty to have been persistent, especially in the light of the findings of dishonesty in 2011. It found that Dr Ramanujam’s misconduct, including her dishonesty, occurred over a period of time, involved previous MPTS proceedings and showed a blatant disregard for the GMC’s guidance in relation to professional standards. It also found that Dr Ramanujam’s conduct fell seriously below the standards expected of registered medical practitioners. The 2016 Tribunal was also of the view that Dr Ramanujam’s misconduct, especially her persistent dishonesty, had undermined public trust in the profession.

30. The 2016 Tribunal balanced the mitigating factors in Dr Ramanujam’s case with the aggravating factors. It noted Dr Ramanujam’s expressions of regret and apologies and considered her assurances that she had gained insight and reflected. However, the 2016 Tribunal noted the assurances that Dr Ramanujam gave to the May 2012 Panel that *‘this will never happen again’* and her statement that she had *‘learnt [her] lesson’*. In those circumstances the 2016 Tribunal attached no weight to those assurances. The 2016 Tribunal determined that Dr Ramanujam had a very limited understanding, if any, of her misconduct and its seriousness. The 2016 Tribunal also determined that Dr Ramanujam’s integrity could not be relied upon. Its view was reinforced in its conclusion about Dr Ramanujam’s reliability in the light of the evidence she gave in support of her application for voluntary erasure. The 2016 Tribunal found that there was nothing in Dr Ramanujam’s evidence that persuaded it that there had been any change at all with regard to her level of insight into her serious misconduct.

30. The 2016 Tribunal could not be satisfied that a period of suspension would maintain public confidence in the profession and declare and uphold proper standards of conduct and behaviour. It also concluded that suspension would not adequately fulfil the overarching objective.

31. The 2016 Tribunal noted paragraphs 102, 103 114 to 122 of the SG. It found that Dr Ramanujam’s persistent dishonesty had seriously undermined public trust in the profession, and it was behaviour unbecoming a registered medical practitioner. It also found that Dr Ramanujam had demonstrated no insight into the inappropriateness of her behaviour and had made minimal attempts to remediate her conduct. The 2016 found that Dr Ramanujam

had demonstrated a consistent reckless disregard for the principles set out in GMP, in particular with regard to honesty and probity. The 2016 Tribunal considered that an order of erasure was the only appropriate and proportionate sanction available to it in all of the circumstances. It was satisfied that, in view of its findings, the overarching objective of protecting, promoting and maintaining the health and wellbeing of the public, maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct for members of the profession, outweighed Dr Ramanujam's own interests. The 2016 Tribunal determined to direct that Dr Ramanujam's name be erased from the Medical Register.

The Outcome of Applications Made during the Restoration Application

32. The Tribunal granted Dr Ramanujam's application, made pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adduce two further testimonials from her two original referees.

Documentary Evidence

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

- Minutes of Fitness to Practise Panel hearings, dated May 2011
- Impairment Determination from Fitness to Practise Panel review hearing, dated May 2012
- GMC Case Examiner's decision on undertakings, dated 20 October 2014
- Undertakings signed by Dr Ramanujam, dated 5 November 2014
- Record of Determinations, MPT Hearing 2016
- Application for restoration submitted by Dr Ramanujam
- Dr Ramanujam's Restoration Application dated 10 October 2021
- Dr Ramanujam's supporting statement dated 1 January 2022
- Dr Ramanujam's Curriculum Vitae
- Dr Ramanujam's Learning curve documents (CPD)
- CPD certificates relating to psychiatry
- Two references from Ms B, a relative of a care client, one dated 15 January 2022 and the other received 10 February 2022
- Two references from Mr C, Director, Cumbria Quality Care, both undated with the second received on 10 February 2022

Dr Ramanujam's evidence

34. Dr Ramanujam referred the Tribunal to her supporting statement and elaborated on the work she did at the charity Mind where she worked for about a year. She said that she initially started as a volunteer and then obtained a permanent role, but her employment came to an end due to the charity's lack of funding. She said that her role included

completing a pro-forma with service users and sign posting them to the appropriate support in returning to work.

35. Dr Ramanujam described her role as a care worker at Cumbria Quality Care Penrith. She said that when she was offered this role it was a challenge as she had never worked in the care sector and her role included providing close personal care for clients' needs and daily living activities in their own homes. The role also included reminding clients to take their medication, ensuring that they ate and giving companionship. She stated that she would provide feedback on any concerns about the client and liaised with doctors and other health care professionals. Her role also included administering medication which had been prescribed by a doctor. She said that her care role had, in an indirect way, helped her to keep her medical skills and knowledge up to date. She stated that she had to complete courses on manual handling, risk guidelines and safeguarding which are like those in medicine.

36. Dr Ramanujam told the Tribunal that she also works for the Richmond Fellowship supporting people in the community and in a residential centre. The role involves administering pre-prescribed medication, notetaking in a client file book and liaison with multi-disciplinary teams if there are any concerns with the client. In this setting she works with individuals with long term mental health conditions.

37. Dr Ramanujam told the Tribunal that during the pandemic she also worked as a support worker for a private client on an ad hoc basis.

38. Dr Ramanujam said that she had informed all of her employers about her background in medicine and fitness to practise history.

40. Dr Ramanujam described the Open University course MSc in psychiatry and has completed two modules which she said has helped her gain knowledge in relation to aspects of her misconduct. She said that she has withdrawn from the course.

39. Dr Ramanujam was referred to the certificates she provided in relation to her CPD. She explained they were vocational courses she relating to her care work and psychiatric courses which a pharmacist she knew had recommended to her. Dr Ramanujam said that she reads medical journals on-line to keep her medical knowledge up to date.

40. Dr Ramanujam told the Tribunal of her volunteer work, with Mind (which she also had undertaken when she was in clinical practice) and with the Girl Guides.

41. In relation to her misconduct Dr Ramanujam said that she understood that what she did was wrong and regretted that she had not complied with the conditions as XXX. She said that she made errors and was '*running before she could walk*'. She said that she was trying to do her best and realises now that it was wrong. She said she understands the impact her misconduct has had on the reputation of the profession.

42. Dr Ramanujam said that she has reflected on her misconduct and could only give her word to say that she would not make the same mistakes as before. She said that if she found herself in a similar situation, where she was unclear, she would seek help either from her line manager or another source. She said that the courses she has undertaken have helped her. Dr Ramanujam said that her erasure came as a shock but acknowledged that it was of her own doing. She said she was also shocked by XXX as following her erasure, XXX and almost ended up homeless. She said that she has learned her lessons the hard way and did not think she would make the same mistakes again.

43. Dr Ramanujam said that she felt guilty about her misconduct and could not understand why she acted in that way. She said it was distressing and it took her a long time to get over the situation. She said that she should have sought help when she needed it. She said that today she is a much stronger person due to life challenges and the way she dealt with those challenges and has a lot of support from friends and extended family. She said that her job in the care sector has assisted her, and she now feels ready to return to medicine. She accepted that she faces new challenges if she is allowed to return to medicine. XXX.

44. Dr Ramanujam said that her dishonesty has not been repeated and confirmed that there have been no concerns regarding her university work. She said that one of her training courses included English and Mathematics. She said that the English course has been beneficial as English is her second language.

45. Dr Ramanujam apologised for her previous misconduct and failing to comply with the conditions imposed on her registration. Dr Ramanujam fully accepted the allegations found proved against her and regretted her actions. In relation to the plagiarism misconduct, she said she has now learned how to correctly reference any information she uses in her work. She acknowledged that her repeated actions raise concerns about her honesty. She apologised for not being able to provide an explanation as to why she acted dishonestly but added that at that time she was experiencing XXX.

46. On questioning from Ms Nowell, Dr Ramanujam accepted that previous concerns included note taking and 'copying and pasting'. She said that she has been unable to source formal courses on note taking but stated there have been no concerns about her note taking during her care work. She accepted that the note taking as a care worker is at a lower level than that required as a doctor but said it was relevant as the care notes were more factual and concern the wellbeing of the client. She said that she does not think that she has lost the knowledge of medical note taking skills.

47. Dr Ramanujam accepted that she could have provided feedback on her lack of plagiarism and proper references from the two university modules. Dr Ramanujam accepted that none of the courses she has undertaken were on probity or ethics and said that she was not sure whether that would be appropriate as she has been erased.

48. Dr Ramanujam was reminded that she gave her word to the 2012 Panel that her dishonesty would not happen again. She said she had insight and that she had reflected on what had happened. She said that she could not explain why her dishonesty happened again and that she could only give her word that it would not happen again.

GMC Submissions

49. On behalf of the GMC, Ms Nowell, stated that the GMC objects to Dr Ramanujam's restoration application on the basis that she remains unfit to practise unencumbered due to lack of remediation, insight and the seriousness of the allegations which both related to probity.

50. Ms Nowell referred the Tribunal to the tests to be applied as set out in *GMC v Chandra [2018] EWCA Civ 1898 and [2019] EWCA Civ 236* and *GMC v Lamming [2017] EWHC 3309*.

51. Ms Nowell summarised the findings of the 2016 Tribunal that led to Dr Ramanujam's erasure, in that, she failed to:

- Provide a discernible plan to address her deficiencies
- Provide evidence of her insight
- Provide evidence that it was unlikely that she would not repeat the actions of her dishonesty
- Uphold the principles of Good Medical Practice

52. Ms Nowell commended Dr Ramanujam for her voluntary work and work in the care sector. She stated however, that this work does not address the concerns identified by the 2016 Tribunal. Ms Nowell submitted that Dr Ramanujam has provided no evidence that she has addressed the concerns raised by the 2016 Tribunal. She stated that Dr Ramanujam has not provided a discernible plan to address her deficits. She said that Dr Ramanujam has only provided a brief statement in relation to insight and the evidence she has provided continues to demonstrate a lack of insight. She said that Dr Ramanujam has not fully accepted her misleading and dishonest conduct. She stated the evidence provided go to the issue of performance concerns rather than insight.

53. Ms Nowell also submitted that there is no new evidence which goes towards Dr Ramanujam's probity, and the Tribunal is asked to rely solely on her word. She reminded the Tribunal that the 2012 review Panel relied on Dr Ramanujam's word and, in hindsight it was wrong for it to have done so. Ms Nowell submitted that the Tribunal cannot rely on the fact that Dr Ramanujam will 'probably' not repeat her misconduct. Ms Nowell submitted that it is for these reasons that Dr Ramanujam's name should not be restored to the register.

54. Ms Nowell referred the Tribunal to the concerns relating to prescribing and note-taking which led to Dr Ramanujam being offered undertakings. She stated that those

concerns are live and there has been no resolution of these concerns. She also stated that the concerns that led to erasure go to the issue of notetaking and in particular the issue of copying and pasting other doctors' notes as Dr Ramanujam's own. She reminded the Tribunal of the testimonial from Mr C who informed that Dr Ramanujam had made some errors whilst note taking. Ms Nowell submitted that the Tribunal could place less weight on the testimonial from Ms B.

Dr Ramanujam's Submissions

55. As well as addressing the Tribunal Dr Ramanujam provided the following written submissions:

'I would like to say that I am sorry again and apologies for repeating my act of misconduct and dishonesty in different context each particular time. I do understand that my repeated actions have raised concerns about my lack of insight into what I had said earlier and not followed adequately on my insight and my assurance of the fact that I would not repeat the act again I have learnt my lessons the hard way and I give my word of assurance that I would not repeat the act again and I would support if in doubt or seek any further learning curve deficits I need to improve on in whatever job role I undertake as part of my supervision with the necessary line manager or as a part of my continued professional development learning curve to continue to be updated wherever and whenever needed I understand that there were some flaws noted in my submission of evidence yesterday that there was not enough of testimonials to confirm about my reflection and assurance, not enough factual references to justify that I have provided and informed in my current job role.

Based on the above situation there has been further communication within my current job role to further give and clarity on what I had conveyed to them at the time of interview. a corresponding additional letter was forwarded as requested by the two references I had provided, which covers the aspects of the flaws which was not presented earlier I would like the tribunal panel to consider my apologies and also take into consideration it has been 5 years now since the loss of my registration. I had to endure a lot of stress in relation to my own actions which I regret, however to take into consideration in spite of it I have continued to work in the best capable capacity I could work in to continue to live and support myself and family responsibilities and manage my work life balance in the nearest best way possible.

In this period they have not been any repeated actions of probity issues or misconduct conduct concerns In relation to flaws in reflect of a learning curve testimonials of course completed which were not done and not much evidence to say i would like to add on that I was subjected through a lot of financial restrictions to be able to fund the course due to the limitations of my current income.

XXX. Thereby giving me very limited access to what i could do and what i could not do

However even though my own actions have affected my morale I have in the best capability made efforts to jump into whatever I could do within my financial constraints and cost incurred to keep my ongoing professional development to the best I could avail within the financial budget I could afford to. In conclusion I would like to make a request to consider all this if possible so that i could continue to return to the work of what I have been trained to do in the best interest. I give my apology again in conclusion that these issues would not be repeated again and I would continue to work in the best interest of the individual and the public where In no more flaws could question my insight or capacity

This has taken a long time and I have suffered the consequences due to my own actions I have reflected and learnt from my mistakes and misconduct and my word and assurance of oath that it would not be repeated again. I am willing to update and retrain if necessary, to able to that I am willingly do my best and would continue to do so in the future to keep the ongoing professional progress I can to be able to serve the community in the capacity I have been trained to do so This 5 year break period has made me a more stronger and confident person that I am certain that I could return to practice as a better and trusted individual.'

56. In Mr C's second testimonial he stated the following:

'A big part of the role is documentation and being able to accurately give an account into the carers time spent with the client. Aliveni has done this throughout her time with Cumbria Quality Care. All documentation is audited on a monthly basis and feedback is given to the care team about the areas that could be improved on. Some of the areas that we have asked Aliveni to improve on have been her handwriting which Aliveni has at times improved, we have also found that at times Aliveni needs to give more detail. Alivena has taken on board the feedback, I have never found any documentation to be untrustworthy or dishonest. Aliveni has on several occasions identified issues with medication for a client and that has resulted in us being able to rectify a problem quickly and before this became an issue. There has been occasions where an error has occurred regarding the Mar charts but this is not unusual for the length of time that aliveni has been with us. This could be a Mar chart not signed or similar. We identified these as part of the audit process and have always found that she takes on board the advice given to her and accepts that a mistake was made. I feel this is something that Aliveni has improved over her time with us. None of the errors have ever been down to dishonesty and Aliveni has contacted the on call for advice if she is unsure of what action to take.'

Dr Ramanujam told the Tribunal that this was a new role and that she was learning about how to take notes but had improved.

The Relevant Legal Principles

57. The Tribunal noted it has a broad discretion when considering an application for restoration. It has taken into account the test as set out in *GMC v Chandra [2018] EWCA Civ 1898* and *[2019] EWCA Civ 236* and *GMC v Lamming [2017] EWHC 3309* and noted that it must consider all matters in order to determine if the doctor is fit to practise, and whether restoration to the Medical Register would be consistent with the overarching objective.

60. The Tribunal reminded itself that it should not seek to go behind the previous Fitness to Practise Panel's findings in 2011 and 2012 on facts, impairment and sanction or the 2016 Tribunal's determination to erase Dr Ramanujam's name from the Medical Register.

58. The Tribunal also noted that the onus is on Dr Ramanujam to persuade it that she is fit to practise and should be returned to unrestricted practise. The Tribunal has borne in mind that, should it determine to restore Dr Ramanujam's name to the Medical Register, there is no provision for this to be on the basis of anything other than unrestricted registration.

The Tribunal's Decision

59. The Tribunal has borne in mind the documentary evidence, the submissions from Ms Nowell on behalf of the GMC and from Dr Ramanujam. The Tribunal has also borne in mind the test to be applied when considering if a doctor should be restored, which is '*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*'. The statutory overarching objective, includes to:

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

60. The Tribunal took account of the '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*' on restoration and the relevant factors to be considered, which are:

- The circumstances that led to disciplinary erasure
- Whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour or skills
- Insight and remorse
- Remediation and risk of repetition

The circumstances that led to Dr Ramanujam's erasure

61. The Tribunal noted the fitness to practise hearings in 2011, 2012 and 2016 which considered concerns regarding Dr Ramanujam's probity and honesty. It also noted the prescribing and notetaking concerns which led to Dr Ramanujam accepting undertakings on

her registration. It noted Dr Ramanujam’s misconduct which led to her erasure was a fundamental breach of the principles in Good Medical Practice.

Whether Dr Ramanujam has demonstrated insight

62. The Tribunal noted paragraph B9 of the guidance, which states:

‘Tribunals should however be aware that cultural differences and the doctor’s circumstances, for example their ill health, could affect how they express insight or how they frame and communicate an apology or regret. They should be aware of, and sensitive to, these issues when assessing whether a doctor has insight.’

63. The Tribunal bore in mind that English is Dr Ramanujam’s second language and was sensitive to how she communicated insight, apology and regret.

64. The Tribunal noted that Dr Ramanujam admitted that her actions were dishonest and misleading and had not appealed the decision to erase her name from the medical register.

65. In her written and oral evidence Dr Ramanujam accepted the findings of the previous Tribunal’s findings about her dishonesty, understood what went wrong and accepted that she should have acted differently. Dr Ramanujam apologised for her misconduct and the Tribunal found her expressions of regret and remorse were credible and genuine. The Tribunal noted that Dr Ramanujam has been open and honest with her employers about her previous fitness to practise history and the circumstances that had led to her erasure.

Whether Dr Ramanujam has taken responsibility for her actions

66. The Tribunal noted that since her erasure Dr Ramanujam has had over five years to reflect on her actions. It noted that in her oral evidence Dr Ramanujam expressed apologies and her regret which the Tribunal considered demonstrated a depth of understanding as to what has happened and a commitment to trying to improve and do better. The Tribunal was satisfied that Dr Ramanujam was able to understand the wider implications of her action, namely in terms of public confidence and the setting of professional standards. The Tribunal was encouraged by Dr Ramanujam’s assertion that she will seek support where she to find herself in difficulty in the future.

Whether Dr Ramanujam has actively addressed the findings about her behaviour

70. The Tribunal was satisfied that Dr Ramanujam has addressed her dishonest behaviour as evidenced in her work record over the past five years where she has been in a position of trust with vulnerable individuals. The Tribunal noted Dr Ramanujam’s statement of reflection, her written submissions and Mr C’s testimonials, and it considered that these documents support its belief that Dr Ramanujam has developed insight.

What the doctor has done since their name was erased from the register

67. The Tribunal reminded itself of paragraph B21 of the guidance, which states:

‘Remedial steps that have been completed will usually carry greater weight than actions started by a doctor and not yet concluded, or steps identified by a doctor as action they can take in the future.’

68. The Tribunal noted the testimonials from Mr C stating that he has no concerns about Dr Ramanujam’s probity or honesty. He also stated that Dr Ramanujam’s accepted feedback and improved her notetaking. It noted that Dr Ramanujam has been employed for over two years and works in a one-to-one setting with vulnerable clients and considered the care sector to be a field related to medicine. Dr Ramanujam has used her employment to keep up to date with developments in the care sector.

69. The Tribunal considered that Mr C’s testimonial letter addresses the concerns regarding Dr Ramanujam’s probity in regard to note taking. Note taking was an intrinsic part of Dr Ramanujam’s daily work and was audited on a monthly basis.

70. The Tribunal also noted Dr Ramanujam’s work with Recovery Focus and the charity Mind, where she worked with individuals with mental health conditions during the pandemic. Dr Ramanujam started an academic qualification in psychiatry completing two modules but has been unable to continue due to financial constraints.

71. Whilst the Tribunal noted that whilst Dr Ramanujam has not provided a formal plan to address her deficiencies, it considered that she has successfully demonstrated over two years of successful employment in the care sector, working with vulnerable clients which resonated to an extent with her previous healthcare work. She had also carried out some voluntary work before undertaking her work in the care sector. During this time, she has completed courses which are relevant to her work. The Tribunal noted that there was no evidence of any concerns about her probity or dishonesty in any of the roles that she had had since her erasure.

72. The Tribunal took account of the voluntary work that Dr Ramanujam has undertaken prior to and since her erasure and that she chose to work in the care sector, in particular within the area of mental health. The Tribunal considered that she has endeavoured to maintain a connection to her clinical practice which demonstrates a commitment to help others.

73. The Tribunal took account of the CPD courses relating to psychiatry that Dr Ramanujam has undertaken which it regarded as further evidence of her commitment to maintaining knowledge and professional development.

74. The Tribunal also gave weight to the Open University MSc commenced by Dr Ramanujam and her completion of two modules.

Dr Ramanujam’s insight and remorse

75. The Tribunal noted Dr Ramanujam’s evidence that she appreciated that a doctor’s conduct should be ‘better’ and she had fully reflected on her previous misconduct. Dr Ramanujam on several occasions apologised and expressed remorse for her behaviour.

80. The Tribunal was satisfied that Dr Ramanujam now fully understands the impact of her misleading and dishonest conduct in relation to public confidence in the medical profession and to upholding standards. The Tribunal considered that this demonstrated that Dr Ramanujam has developed further insight into her misconduct since her erasure.

Remediation and risk of repetition

76. Having found that Dr Ramanujam has developed insight, understood and addressed her previous dishonesty and remediated her deficiencies, the Tribunal concluded that she is extremely unlikely to act as she did at the time of the events which led to her erasure. The Tribunal was accordingly satisfied that the risk of repetition is low.

The steps the doctor has taken to keep their medical knowledge and skills up to date

77. The Tribunal noted that Dr Ramanujam was erased in 2016 and has not worked in a clinical setting for over five years. The Tribunal noted her employment in the care sector and working with people with mental health conditions.

78. The Tribunal had regard to the online learning directly relevant to psychiatry including Dr Ramanujam has undertaken and the Open University modules in psychiatry she has completed. The Tribunal considered that Dr Ramanujam’s speciality of psychiatry lends itself to academic learning as opposed to practical medical skills.

79. The Tribunal noted that Dr Ramanujam has not undertaken any clinical placements and/or observation of clinical consultations. It considered that it may not have occurred to Dr Ramanujam that this avenue of learning was open to her and in any case any attempts may have been hampered by the pandemic. The Tribunal considered that there is some evidence that Dr Ramanujam has done as much as she can to keep her medical knowledge and skills up to date bearing in mind the CPD courses and her Open University studies.

80. The Tribunal had regard to the need to protect, promote and maintain health, safety and wellbeing of the public. The Tribunal considered that Dr Ramanujam was erased for misconduct relating mainly to honesty and probity issues.

81. The Tribunal had regard to the need to promote and maintain public confidence in the profession. The Tribunal noted that Dr Ramanujam has worked caring for vulnerable people in the care sector for over two years. It considered that a reasonable member of the public aware of what Dr Ramanujam has done since her erasure, including her voluntary work, her employment within the care sector and the positive testimonials from her

employers, would consider that Dr Ramanujam is a caring individual. It considered that the public would be content for Dr Ramanujam to be restored to the Medical Register, because she now has good insight into her past dishonesty, has remediated as fully as could be expected and not reoffended or otherwise breached high standards of probity. Dr Ramanujam's employers in the care sector were fully aware of the reasons for her erasure and support her return to medical practice.

82. The Tribunal considered that the public interest includes facilitating the return to practice of an otherwise competent doctor, where appropriate, as well as upholding standards and maintaining trust in the medical profession. The Tribunal considered that there is always a need for competent, caring doctors who work in the area of psychiatry, particularly in the present circumstances.

83. The Tribunal considered that members of the public are aware of the need for all doctors to be honest, open and act with integrity. Although Dr Ramanujam's erasure was justified in 2016, this Tribunal considers that her restoration is now appropriate in view of her CPD, reflection, acceptance, insight, and remediation.

84. The Tribunal had regard to the need to maintain and promote professional standards and conduct. The Tribunal considered that Dr Ramanujam's erasure by itself sent out a clear signal that her conduct that led to her erasure was behaviour that was unbecoming of a member of the medical profession. The Tribunal was satisfied that there was no longer a need for this particular doctor to remain erased to promote and maintain professional standards and conduct.

90. The Tribunal considered that Dr Ramanujam has developed a good understanding of why she acted as she did and this shows that she now realises the importance of acting with probity and honesty. The Tribunal considered that she has addressed the deficiencies in her note taking. The Tribunal did not consider that professional standards or public confidence in doctors would be damaged by restoring Dr Ramanujam to the register.

85. Having considered the circumstances which led to Dr Ramanujam's erasure and the extent of her remediation and insight and having regard to all three limbs of the overarching objective, the Tribunal determined that Dr Ramanujam is fit to practise and it is appropriate to allow her to return to unrestricted practice.

86. Accordingly, the Tribunal determined to grant Dr Ramanujam's application to be restored to the Medical Register.