

PUBLIC RECORD

Date: 10/06/2024

Medical Practitioner's name: Dr Charanjit SETHI

GMC reference number:	4112305
Primary medical qualification:	MB BS 1994 University of London
Type of case	Outcome on impairment
Conviction	Not impaired
XXX	XXX

Summary of outcome

Order revoked

Legally Qualified Chair:

Legally Qualified Chair:	Ms Debi Gould
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Review on the Papers

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

Overarching Objective

Throughout the decision making process the chair 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.

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1. Dr Charanjit Sethi (“Mr Sethi”) is currently the at the Hillingdon Hospital’s NHS Foundation Trust Clinical Specialty Lead, Ophthalmology, ENT, Oral and Maxillofacial Surgery.
2. I have noted the background to Mr Sethi’s case, which was first considered by a fitness to practise medical practitioners Tribunal in November 2020. This was because on 12 October 2020 Dr Sethi pleaded guilty and was convicted of driving a motor vehicle on 12 September 2020 after consuming alcohol over the legal limit of 35 micrograms in 100 millilitres of breath; his reading was 138 micrograms, nearly four times the legal limit.
3. On 2 November 2020 Mr Sethi was sentenced to eight weeks imprisonment suspended for two years. He was also made the subject of a two-year supervision order including a Rehabilitation Activity Requirement to undertake 200 hours of unpaid work. He was disqualified from holding or obtaining a driving licence for 48 months.
4. XXX
5. On 23 September 2020 Mr Sethi referred himself to the GMC on 12 September 2020 providing details of his arrest, charge and XXX.
6. The context of Mr Sethi’s conviction is that he had XXX. He had previously been referred to the GMC in 2004 during his Clinical SHO training by clinical colleagues who were concerned that XXX at work. As a result, Mr Sethi formally undertook to accept XXX and workplace supervision.
7. Mr Sethi returned to work in January 2005 XXX.
8. XXX
9. XXX. On 11 September, at home, he XXX and drank heavily. The following day, 12 September, after 4-5 hours sleep, whilst driving to collect a personal prescription (and not in relation to any work related matter or whilst travelling to work) he drove into collision with another vehicle causing slight damage. The police were called, and Mr Sethi provided the sample of breath described above.
10. Mr Sethi has a previous conviction for the same offence in 2003 when he was disqualified from driving for three years.
11. XXX
12. On 7 July 2022 the Tribunal found Dr Sethi’s fitness to practice to be impaired by reason of his conviction XXX.
13. By the date of the determination, 22 months had elapsed since Mr Sethi’s offence. Mr Sethi was XXX. However, the Tribunal considered that the circumstances of Mr Sethi’s

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offence and conviction had brought the profession into disrepute as the public expect doctors to behave responsibly and not break the law. Mr Sethi was significantly over the legal limit for alcohol and was involved in a collision: his decision to drive had potential to injure others. He had a previous conviction for the same offence. The Tribunal considered that Mr Sethi's decision to drive breached at least one fundamental tenet of the medical profession; his actions did not justify patients' trust in him as a doctor or public trust and confidence in the medical profession.

14. Having considered XXX. XXX the Tribunal concluded that a finding of impairment was necessary to protect members of the public, to uphold professional standards and to maintain public confidence in the medical profession.

15. The previous Tribunal accepted that Mr Sethi had demonstrated significant insight and remediation and there had been sustained compliance with the interim order imposed pending the final determination showing conditions were workable and his progress would be measurable.

16. As the Tribunal concluded that Dr Sethi was an otherwise useful and competent doctor, it determined that imposing conditions on his practice was the appropriate and proportionate sanction and satisfied all three limbs of the tripartite public interest.

17. That Tribunal therefore determined to impose conditions on Mr Sethi's registration for a period of 24 months.

18. In order to provide assistance at this review the Tribunal recommended that Mr Sethi provide:

- XXX;
- Report(s) from Dr Sethi's Responsible Officer and Workplace Reporter;
- Evidence of Continuing Professional Development;
- XXX;
- Reflections demonstrating continued insight and ongoing remediation;
- Any information to demonstrate fitness to practise [without restrictions]

19. Mr Sethi and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of a decision which I could make at this review.

20. I have considered all of the evidence presented to me. Mr Sethi and the GMC agree that Mr Sethi's fitness to practise is no longer impaired and that the sanction currently in place should be revoked.

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21. I have taken into account that Mr Sethi has made significant progress since the order was made and the circumstances have changed markedly.

22. I have borne in mind the statutory overarching objective which is 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 the medical profession.

23. I have determined that Mr Sethi's fitness to practise is no longer impaired by reason of his conviction XXX.

24. XXX

25. XXX

26. XXX

27. Thereafter, Mr Sethi has XXX. He has complied fully with workplace supervision and his workplace supervisor, Mr A, has confirmed his surgical competence as well as commenting upon Mr Sethi being a popular and well-liked member of the team.

28. XXX

29. XXX

30. XXX

31. XXX

32. XXX

33. XXX

34. I have further noted Mr Sethi's commitment to ongoing CPD as demonstrated by a range of courses he had undertaken and have taken into account the final report of Mr Sethi's supervisor, Mr A, dated 11 May 2024. This confirms Mr Sethi's clinical progress and relayed that the management team at the Hillingdon Hospitals NHS Foundation Trust, where Dr Sethi is currently employed, wished Dr Sethi to return to unrestricted practice.

35. I have had regard to a series of positive references provided by Mr Sethi. These include:

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- confirmation from his employer that they have are no concerns with Mr Sethi's clinical practice, support for the removal of all conditions and confirmation of Mr Sethi's recent appointment as a Clinical Specialty Lead for Ophthalmology;
- XXX

36. Additionally, I have taken into account the detailed and thoughtful document prepared by Mr Sethi entitled "*Reflection and Remediation*" in which he expresses in unambiguous and candid terms his personal journey to explore the reasons which underlie the conviction XXX. It shows full insight and a positive approach going forwards which confirms the confidence expressed in him by others. This supports my conclusion that he now presents a very low risk to members of the public XXX.

37. Finally, I have regard to the joint document signed on behalf of the GMC and by Mr Sethi, agreeing that the order of conditions should be revoked.

38. In light of my decision, I direct that Mr Sethi's current period of conditional registration be revoked with immediate effect.

39. Notification of this decision will be served on Mr Sethi in accordance with the Medical Act 1983, as amended.