

PUBLIC RECORD**Dates:** 01/07/2024 - 02/07/2024

Medical Practitioner's name: Dr Krishan SADOTRA

GMC reference number: 1641871

Primary medical qualification: MB BS 1968 Jammu and Kashmir
Government Medical College

Type of caseRestoration following
disciplinary erasure**Summary of outcome**Restoration application refused.
No further applications allowed for 12 months from last application.**Tribunal:**

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| Legally Qualified Chair | Miss Samantha Gray |
| Medical Tribunal Member: | Dr Joanne Topping |
| Medical Tribunal Member: | Dr Harriet Leyland |

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| Tribunal Clerk: | Mr Larry Millea |
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Attendance and Representation:

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| Medical Practitioner: | Present, not represented |
| GMC Representative: | Mr Martin Mensah, 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 - 02/07/2024

1. The Tribunal has convened to consider Dr Sadotra's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in 2010.
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 Sadotra's first application to be restored to the Medical Register.

Background

4. Dr Sadotra qualified in 1968 and at the time of the events that led to Dr Sadotra's erasure he was practising as a General Practitioner at Lord Street Surgery, Halifax ('the Practice').
5. The circumstances that led to Dr Sadotra's erasure were considered at a hearing before a Fitness to Practise Panel (FTPP) in September 2010 ('the 2010 Panel'). Those circumstances can be summarised as multiple instances of misconduct and deficient professional performance.
6. Dr Sadotra was present but unrepresented at that hearing for the first ten days, and on day 11 of the proceedings, which lasted 20 days, he informed the 2010 Panel that he no longer wished to be present during the hearing, which continued in his absence.

Misconduct

7. In summary, the findings of the 2010 Panel which related to Dr Sadotra's conduct were as follows, and were categorised under the following main headings:

Legal issues: His threatening his receptionist that if she did not return early from her maternity leave, she might not be allowed to return to the same job.

Emergencies: His cancelling an emergency appointment for a sick baby.

Respect for patients: His routinely starting clinics late; refusing to see patients who had previously been examined by Dr A; refusing to undertake home visits; and stating that an infant could not be examined properly because he was crying.

Teamwork: His bullying staff; engaging a practice manager without consulting Dr A; communicating with staff by means of memoranda and correspondence rather than verbally; refusing to see patients who had previously been examined by Dr A; and refusing to undertake home visits.

Performance assessment: His not accepting four invitations to submit to an assessment of the standard of his professional performance.

Use of patients' confidential information: His inappropriately writing a letter to a number of his former patients in his private capacity, and his making numerous assumptions and including factually incorrect statements in the letter.

8. The 2010 Panel found that Dr Sadotra's acts and omissions represented clear and repeated breaches of the GMC's guidance in relation to standards of conduct and behaviour, which occurred over a number of years, and that his behaviour fell seriously short of the standards of conduct expected from a registered medical practitioner. It was of the view that such behaviour would be regarded as deplorable by the public, patients and fellow practitioners and determined that his actions amounted to misconduct.

9. The 2010 Panel did not receive any evidence that Dr Sadotra had taken any steps to remedy his misconduct, and concluded that he had not, at any time, acknowledged his shortcomings. It considered that Dr Sadotra demonstrated a lack of insight into these matters and could not be satisfied that Dr Sadotra's misconduct would not be repeated in the future, determining that Dr Sadotra's fitness to practise was impaired by reason of his misconduct.

Deficient Professional Performance

10. In summary, the findings of the 2010 Panel which relate to Dr Sadotra's deficient professional performance are as follows, and were categorised under the following main headings:

Assessment of patients' conditions: His not taking appropriate histories from patients; not making appropriate examinations of patients; and specific actions and/or omissions in relation to 4 patients.

Providing, arranging or making investigations: His referring patients without first undertaking an appropriate examination of the patient; and specific actions and/or omissions in relation to 3 patients.

Treatment of patients: His specific actions and/or omissions in relation to 1 patient.

Record keeping: His specific actions and/or omissions in relation to 6 patients.

Use of resources: His specific actions and/or omissions in relation to 2 patients.

11. The 2010 Panel found that over a number of years Dr Sadotra's professional performance seriously and persistently fell below the principles and values on which Good Medical Practice ('GMP') is founded. It found that Dr Sadotra departed from the basic principles of the doctor-patient relationship and a doctor's duty to make the care of their patient their first concern. The 2010 Panel determined that there has been deficient professional performance in Dr Sadotra's case and that Dr Sadotra's fitness to practise was impaired by reason of his deficient professional performance.

12. The 2010 Panel noted that Dr Sadotra had not provided it with any evidence to suggest that he had remedied any of the deficiencies which had been highlighted in his performance, or provided any evidence of his continuing professional development ('CPD'). The 2010 Panel could not be confident that there would not be a repetition of similar deficient professional performance in the future and was concerned that the multiple deficiencies identified in his performance were so basic and wide-ranging that, together with his lack of insight, he presented a risk to patients.

13. When considering sanction, the 2010 Panel did not receive any evidence that Dr Sadotra had taken any steps to remedy his misconduct and/or his deficient professional performance. The 2010 Panel considered that Dr Sadotra had demonstrated a lack of engagement with the GMC and a complete lack of insight into the seriousness of his actions or their consequences and could not be satisfied that his misconduct and deficient professional performance would not be repeated in the future.

14. In all the circumstances, the 2010 Panel concluded that Dr Sadotra's misconduct and deficient professional performance were fundamentally incompatible with him continuing to be a registered medical practitioner. Accordingly, the 2010 Panel determined to erase Dr Sadotra's name from the Medical Register and considered that this was the only sanction that would protect patients, maintain public confidence in the profession and uphold and declare proper standards of conduct and behaviour.

The Current Restoration Hearing

The Evidence

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

Witness Evidence

16. Dr Sadotra provided his own witness statement dated 11 June 2024 and also gave oral evidence at the hearing.

Documentary Evidence

17. The parties provided the following documentary evidence:

- Dr Sadotra's application to be restored to the register, dated 8 January 2024, and associated evidence; and,
- Determinations of the 2010 Panel.

Submissions on behalf of the GMC

18. On behalf of the GMC, Mr Mensah, counsel, submitted that the GMC opposed the application for restoration.

19. He submitted that the application appeared to be very speculative and underprepared, and that the written statement and oral evidence provided by Dr Sadotra were not helpful.

20. Mr Mensah submitted that In a case such as this, where a doctor has been erased for 14 years and has not been in clinical practice since 2008, any Tribunal would need information and evidence that they have kept their skills and knowledge up to date, such as CPD certificates. He submitted that no such evidence has been received.

21. Mr Mensah submitted that the 2010 Panel found that Dr Sadotra had demonstrated *“a complete lack of insight into the seriousness of his actions or their consequences.”* and that it *“could not be satisfied, in the absence of the lack of evidence as to Dr Sadotra’s remediation and insight, that his misconduct and deficient professional performance would not be repeated in the future.”* He submitted that nothing has changed since 2010 and the position remains the same.

22. Mr Mensah submitted that during his oral evidence Dr Sadotra did accept that he was routinely late for surgery and, although this was heavily caveated, that he did use patients’ confidential information. However, in respect of threatening and bullying staff, cancelling an emergency appointment and refusing to undertake home visits, there was a flat denial from Dr Sadotra.

23. He submitted that Dr Sadotra’s position was the epitome of a lack of reflection, remediation or insight and that he has provided no evidence of keeping his skills and knowledge up to date. Therefore, restoration would not be feasible, acceptable or reasonable in any circumstance

24. Mr Mensah submitted that in addition, the Tribunal has received a very candid admission from Doctor Sadotra that he remains unfit to practise unrestricted and would require at least three months of support to get every aspect of his practice back up to speed.

Dr Sadotra's submissions

25. Dr Sadotra submitted that his name should be restored to the Medical Register. He submitted that he met a few of his previous patients and asked them if they would support him and that they were going to write a letter but as it appeared that only a few of the hundreds of patients he had treated would provide such a letter, he *"gave up"*.

26. Dr Sadotra submitted that he has no financial motive to rejoin the Medical Register but that people are suffering because of a non-functional NHS, which is going to get worse. He submitted that, as a Hindu, his religious teachings tell him that if the country is in any difficulty he should offer his services and that as he trained as a doctor it would be a lot easier for him to retrain and learn to help the patients. He submitted that he was quite happy to work under supervised conditions for as long as it takes for him to get back to the accepted level.

The Tribunal's Approach

27. The Tribunal reminded itself that its power to restore a practitioner to the Medical 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.

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

29. Throughout its consideration of Dr Sadotra'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').

30. The Tribunal reminded itself that the onus is on Dr Sadotra to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Panel's findings on facts, impairment and sanction.

31. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration 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?

32. 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:

- a. *the circumstances which led to the erasure;*
- b. *whether Dr Sadotra 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;*
- c. *what Dr Sadotra has done since his name was erased from the register;*
- d. *the steps Dr Sadotra has taken to keep His skills and knowledge up to date; and*
- e. *the lapse of time since erasure;*

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

The Tribunal's Decision

33. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Sadotra is fit to practise.

The circumstances which led to Dr Sadotra's erasure

34. The Tribunal noted the circumstances resulting in Dr Sadotra's erasure constituted multiple failings in respect of his conduct and his professional performance. The 2010 Panel determined that these failings fell seriously below the standards expected and that Dr Sadotra had failed to demonstrate any meaningful insight or remediation.

35. The 2010 Panel determined that Dr Sadotra's misconduct and deficient professional performance, when considered in light of his lack of insight or remediation, were so serious that erasure was the only appropriate and proportionate sanction. The 2010 Panel also

explicitly identified a risk to patient safety owing to the breadth and nature of Dr Sadotra's deficient professional performance.

Whether Dr Sadotra 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

36. In considering whether Dr Sadotra has demonstrated insight, the Tribunal considered paragraphs B10 - B12 of the Guidance, which state:

***B10** Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:*

a considered the concern, understood what went wrong and accepted they should have acted differently

b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)

c demonstrated empathy for any individual involved, for example by apologising fully (see below)

d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising (see below)

***B11** The doctor is unlikely to be able to demonstrate genuine insight if they have failed to demonstrate some or all of the factors above or have only demonstrated them in a limited way.*

***B12** Expressing remorse involves the doctor taking responsibility and exhibiting regret for their actions. This could include evidence that the doctor has:*

a been open and honest about and admitted their wrongdoing

b apologised fully

c undertaken appropriate remediation.

37. The Tribunal considered that none of the above factors, which would indicate that Dr Sadotra has developed genuine insight, were present in this case.

38. In his witness statement and oral evidence, Dr Sadotra continued to dispute the findings of the 2010 Panel, and failed to demonstrate any meaningful insight into the seriousness of those findings or their impact.

39. During his oral evidence, Dr Sadotra gave some indication why he did not conduct certain examinations but offered no further detail or insight as to how he would approach or refer to these in future. The only finding of the 2010 Panel which he outright accepted was that he was regularly late for surgery, and that for any other aspects which he accepted, he did so with caveats, which the Tribunal considered undermined the authenticity of these partial admissions. For example, he accepted that he used patients' private information, but stated that his use of this information was not inappropriate.

40. The Tribunal was particularly concerned that Dr Sadotra stated that he was proud of his refusal to undergo a performance assessment, and that he maintains this position. It considered this demonstrated that he has not developed insight into his deficient professional performance.

41. In terms of apologies or expressions of remorse, Dr Sadotra only provided an apology for some aspects of his behaviour reluctantly during his oral evidence, namely him regularly being late for surgery.

42. The Tribunal concluded that despite the time elapsed since the 2010 Panel, Dr Sadotra's insight has not progressed, and that whilst he stated that he has 'general insight' he could not demonstrate or specify any in regard to the matters before this Tribunal.

43. In considering whether Dr Sadotra has fully remediated his misconduct and deficient professional performance, the Tribunal considered paragraph B15 of the Guidance, which states:

B15 Remediation can take several forms, including, but not limited to:

a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised

b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses

c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)

d evidence of good practice in a similar environment to where the concerns arose.

44. The only evidence of remediation offered by Dr Sadotra was his oral evidence that he has read thousands of articles via different medical/healthcare/science circulars which he received by way of email through different mailing lists and forums he has been part of. His evidence was that as time went by his ability to access resources diminished as he no longer held the necessary registrations or memberships.

45. The Tribunal was provided no evidence of any CPD which he undertook, including reflections or logs of the articles he referenced, and no evidence of any other remediation or courses which could demonstrate insight, or that his medical skills and knowledge remain up to date. The Tribunal did accept that he had undertaken some extensive reading but attached little weight to this, particularly given the absence of any supporting reflections to demonstrate how this related to the findings against him or has maintained his knowledge or skills.

46. The Tribunal reminded itself that the onus is on Dr Sadotra to demonstrate that he is fit to return to unrestricted practice. It considered that he could have undertaken courses or CPD in relation to the areas of misconduct and deficient professional performance which have been identified, but appears to have chosen not to do so. It noted that such courses and CPD would not have required Dr Sadotra to hold a licence to practise, GMC registration or have access to medical forums, and that he provided no examples relating to the work he has been doing since, even though *legal issues* and *teamwork* are two areas of concern in relation to his misconduct which likely had some overlap with his non-clinical work.

47. The Tribunal also noted Dr Sadotra's evidence that he could have obtained a letter of support from patients but chose not to do so.

48. The Tribunal considered that Dr Sadotra's misconduct and deficient professional performance were potentially remediable. However, in the absence of any evidence of CPD undertaken, courses attended or reflections on any of the findings against him, it concluded that he had failed to remediate.

49. In considering the risk of repetition, the Tribunal was mindful of paragraph B23 of the Guidance, which states:

***B23** Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:*

a whether there was a pattern of similar concerns

b the environment in which a doctor has been working since their erasure

i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant

ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance

c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced

d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again

e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body

50. In light of the lack of acceptance of fault, insight or remediation, the Tribunal concluded that there was no evidence to suggest repetition was unlikely. Whilst there was no evidence of repetition, Dr Sadotra has not been practising as a doctor or working in a similar environment and so it attributed this factor little weight in reaching its determination.

51. The Tribunal therefore concluded that the risk of repetition remained.

What Dr Sadotra has done since his name was erased from the register

52. The Tribunal noted that Dr Sadotra, who had been planning to retire around the time of the 2010 events, had not worked either in clinical practice or the medical field since his erasure 14 years ago. It heard from Dr Sadotra that he had gone into private business, setting up his own companies and pursuing other interests.

53. The Tribunal considered that the nature of the work Dr Sadotra has been engaged in since was not similar or comparable to his clinical practice or the circumstances of the matters before the 2010 Panel, save for some basic legal and personnel-related aspects.

The steps Dr Sadotra has taken to keep his medical knowledge and skills up to date

54. The Tribunal heard from Dr Sadotra that he had read thousands of articles on medical subjects and practice since his erasure. However, the Tribunal was not provided any documentary evidence of this, or any other attempts by Dr Sadotra to keep these up to date.

55. As set out above, the Tribunal accepted that Dr Sadotra has undertaken some reading but attached limited weight to this. It concluded that there was insufficient evidence to demonstrate that he has maintained his knowledge and skills and the position remains unchanged since the 2010 Panel save for the likelihood that his knowledge and skills would have further deteriorated in his 14 years out of practice.

56. The Tribunal also reminded itself of Dr Sadotra's own position that he was not currently fit to practise unrestricted and would need at least three months of support and/or working under conditional registration before he was.

The lapse of time since erasure

57. The Tribunal noted the significant lapse of time since Dr Sadotra's erasure and that whilst there was no evidence of any repetition of his misconduct and deficient professional performance, he has been out of medical practice throughout the period and working in unrelated and largely dissimilar roles. The Tribunal did consider that there may be some overlap between Dr Sadotra's clinical practice and the private/commercial activity he has been engaged with since, but only in respect of the human resources/teamwork component considered by the 2010 Panel.

58. The Tribunal was particularly concerned that such an extended period of time would undoubtedly have resulted in a further deterioration of Dr Sadotra's knowledge and skills in the absence of CPD activity on his part, of which it was provided no evidence. The Tribunal also considered that Dr Sadotra has not engaged in any medical or observational work outside the UK in the intervening period. The Tribunal considered that Dr Sadotra's estimation of requiring three months of support was naïve, taking into account the changes and advances in practice that have occurred in the significant period of time since Dr Sadotra last practised medicine.

Will restoration meet the overarching objective?

59. Having made the above findings as to whether Dr Sadotra is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under all three 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.

60. In considering the risk of repetition, the Tribunal was mindful of paragraphs B37 - B39 of the Guidance, which state:

B37 In restoration hearings, it will be important for the MPT to consider any future risk posed by a doctor to patients and members of the public. If the doctor was erased for disciplinary reasons, their conduct or performance was previously judged to be so serious that erasure was the only means by which the public could be protected or that public confidence in the medical profession and proper professional standards and conduct for doctors could be maintained.

B38 The doctor's response to their erasure and the levels of insight, remorse and remediation they have demonstrated will be important to the tribunal's assessment of future risk.

B39 Restoration should not be granted if the tribunal considers there to be a risk the behaviour or performance will be repeated which may result in physical or emotional harm being caused to a patient.

Protecting, promoting and maintaining the health, safety, and well-being of the public

61. The Tribunal considered the finding of the 2010 Panel that owing to the nature and scope of Dr Sadotra's deficient professional performance, his refusal to undergo a

performance assessment as requested by the GMC and the identified risk of repetition, there was a real risk to patient safety.

62. The Tribunal was provided no evidence that the areas of concern had been addressed, or that there was any insight or a reduction in the risk of repetition. Accordingly, the Tribunal determined that at the current time, that risk to patient safety remains.

Promote and maintain public confidence in the profession

63. As the Tribunal concluded that Dr Sadotra had failed to accept the findings against him, had failed to demonstrate insight or remediate, it concluded that his restoration would pose a risk to public confidence in the medical profession.

64. The Tribunal considered that a well-informed member of the public, who was aware of all the relevant facts of this case, would be concerned should Dr Sadotra be allowed to return to unrestricted practice.

65. In reaching this conclusion, the Tribunal acknowledged that Dr Sadotra expressed what seemed to be a legitimate concern about patient safety and standards. However, he did not acknowledge or identify that there are appropriate avenues to pursue and escalate such concerns, provided no evidence of insight and does not accept that his actions were inappropriate.

Promote and maintain professional standards and conduct

66. Having regard to the Guidance and for the reasons set out above, the Tribunal determined that were it to allow Dr Sadotra's name to be restored to the Medical register, it would be failing to maintain proper professional standards and conduct for members of the profession.

67. The Tribunal concluded that there were no factors present which would indicate that restoration was likely to meet the overarching objective or would be in the public interest.

68. Therefore, the Tribunal determined that it would be failing to uphold all three limbs of the overarching object were it to grant Dr Sadotra's restoration application. Accordingly, it determined that Dr Sadotra's name should not be restored to the Medical Register.