PUBLIC RECORD

Dates: 27/07/2026 - 28/07/2026

Doctor:	Dr Krishnamurthy SRIKANTH
GMC reference number:	5203326
Primary medical qualification:	MB BS 1992 University of Madras

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application refused
No further applications allowed for 12 months from last application

Tribunal:

Legally Qualified Chair:	Mrs Stacey Patel
Lay Tribunal Member:	Ms Sally Allbeury
Registrant Tribunal Member:	Dr Gary McCormack

Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Wafa Shah, Counsel, instructed by Medical Defence Shield
GMC Representative:	Mr Paul Williams, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 Application for Restoration - 28/07/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but, as this case concerns Dr Srikanth's application for restoration to the medical register, a redacted version will be published at the close of the hearing.

2. The Tribunal has convened to consider Dr Srikanth's application for his name to be restored to the medical register following his erasure for disciplinary reasons in 2015.

3. 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 Rules.

4. Dr Srikanth submitted an initial application for restoration in October 2022. He made a request, which was granted, for the hearing to be postponed and then withdrew his application in June 2023. He made a further application for restoration to the GMC in October 2025. This is therefore Dr Srikanth's first application for restoration which has been heard at a Tribunal hearing.

Background

5. Dr Srikanth qualified in 1992 from the University of Madras, India, before relocating to the UK in May 2000 to complete postgraduate training with the Royal College of Anaesthetics in October 2001. He obtained full GMC registration in June 2002 and his Certificate of Completion of Training in July 2008. At the time of the events in question, Dr Srikanth was practising as a Consultant Anaesthetist at South Tees Hospitals NHS Trust ('Trust A') where he had worked since October 2008.

The 2012 hearing

6. Dr Srikanth's case was first considered by a Fitness to Practise Panel in December 2012 ('the 2012 Panel'). On 7 December 2009 Patient A was scheduled to undergo a planned hemicolectomy. On 2 December 2009, at Dr Srikanth's request, a specialist Registrar undertook a pre-operative assessment of Patient A. The plan included *"laryngectomy tube once asleep"*. During the 2012 Panel hearing Dr Srikanth admitted that, on the morning of the planned surgery, he did not read Patient A's notes or examine him in sufficient detail to note his history of a total laryngectomy. Dr Srikanth admitted that he attempted to intubate the trachea through the mouth, attempted to ventilate Patient A with a bag and face mask and instructed an Operating Department Practitioner (ODP) to cover the site of the tracheostomy whilst he attempted intubation. Further, Dr Srikanth admitted to discarding the original anaesthetic chart and a second version of the anaesthetic chart after the incident. The 2012 Panel found that Dr Srikanth had made an attempt to persuade the ODP to provide an inaccurate report and that in so doing his conduct was misleading although not dishonest.

7. The 2012 Panel determined that, in light of Dr Srikanth's acceptance of his error, the remorse he had shown and the steps he had taken toward remediation of his failings, he would be made subject to conditional registration for a period of 12 months. The 2012 Panel considered that this period would allow Dr Srikanth the opportunity to continue a programme of re-skilling and to demonstrate that his clinical failings had been rectified.

The 2013, 2014 and March 2015 Review hearings

8. Dr Srikanth's case was reviewed by a Fitness to Practise Panel in December 2013 ('the 2013 Panel') who considered that it had not been provided with evidence of retraining, reflection or remediation. The 2013 Panel considered that Dr Srikanth had made no progress since his original hearing, found his fitness to practise to be impaired and determined to suspend his registration for a period of nine months.

9. A review then took place in September 2014 ('the 2014 Panel') where it considered that Dr Srikanth had again failed to provide evidence of retraining, reflection or remediation. The 2014 Panel determined to suspend Dr Srikanth's registration for a further period of six months.

10. A further review took place in March 2015 ('the March 2015 Panel'). It found that Dr Srikanth had only provided one of the documents requested by the 2014 Panel and failed to provide evidence of any educational/training courses completed, reports and testimonials from

colleagues or a report from his medical director. The March 2015 Panel concluded that Dr Srikanth still did not understand the reasoning behind the decision of the 2012 Panel and that he had made no progress since then towards either clinical or educational remediation. The March 2015 Panel determined to suspend Dr Srikanth's registration for a period of 12 months.

The September 2015 New and Review hearing

11. In December 2011, following an investigation by Trust A into the December 2009 serious clinical incident mentioned above, Dr Srikanth was dismissed from his post at Trust A by a disciplinary panel. Dr Srikanth lodged an appeal against that decision, which he later withdrew in February 2012.

12. In January 2013 Dr Srikanth made an application for a Locum Consultant Anaesthetist post at Southport & Ormskirk Hospital NHS Trust ('Trust B'). Dr Srikanth had completed two Criminal Conviction Declaration Forms, which each included a question about whether the applicant had ever been dismissed for reasons of misconduct.

13. At the September 2015 Panel hearing Dr Srikanth admitted the following: On Form 1, dated 18 January 2013, he answered *'No'* to the question *'Have you ever been dismissed by reasons of misconduct from any employment, office or other position previously held by you'* and stated '*I have one misconduct while working in South Tees NHS Trust which was investigated and cleared. There was no charge'*. On Form 2 (submitted on 21 January 2013) Dr Srikanth again answered *'No'* to the question outlined above, and stated that '*I volunteered not to work further'.*

14. The September 2015 Panel found proved that the information Dr Srikanth provided on Forms 1 and 2 (in answering 'No' to the question outlined above in both forms and the statement that '*I volunteered not to work further'* in Form 2), was untrue, that he knew that information was untrue, and that his actions were misleading and dishonest.

15. The September 2015 Panel found that Dr Srikanth's insight into the gravity of his conduct was limited and considered there remained a risk of repetition. The September 2015 Panel considered that Dr Srikanth had a tendency to act dishonestly when faced with situations that might put his career in jeopardy. It stated that the conduct had given the Panel concern as it arose so soon after the 2012 Panel decision. The September 2015 Panel concluded that Dr Srikanth's actions were fundamentally incompatible with continued registration and determined to erase his name from the medical register.

The Current Restoration Hearing

The Outcome of an Application made during the hearing

16. The Tribunal granted Dr Srikanth's application, made pursuant to Rule 41 of the Rules, that parts of the hearing relating to confidential matters should be heard in private. The Tribunal's full decision on the application is included at Annex A.

The Evidence

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

Documentary Evidence

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

- The 2012, 2013, 2014, March 2015 and September 2015 Panel determinations, along with associated documentation presented to the September 2015 Panel;
- Dr Srikanth's first restoration application dated 10 October 2022, which was subsequently withdrawn;
- Dr Srikanth's second application for restoration dated 24 October 2025, along with a supporting bundle of the same date which included a copy of his Curriculum Vitae, Continuing Professional Development (CPD) certificates, appraisal documentation, documents regarding mentorship, Certificates of Good Standing from the Saudi Commission for Health Specialities, the Tamilnadu Medical Council (having last worked in India in 2017) and the College of Anaesthesiologists of Ireland (where he has not yet obtained any employment), a number of testimonials, and details of a clinical observership completed at George Eliot Hospital NHS Trust in 2024;
- A supplementary bundle from Dr Srikanth dated 19 June 2026, including an updated Certificate of Good Standing dated 2 June 2026 from the Saudi Commission for Health Specialities, a number of CPD certificates and an undated 'Clinical Learning Log'; and
- Dr Srikanth's witness statements dated 24 October 2025 and 19 June 2026.

19. Within his witness statement dated 24 October 2025, Dr Srikanth stated that he had been working in Saudi Arabia since 2017 but was a UK citizen and hoped to be able to return to the UK with his family to continue working in the NHS if he is restored to the medical register. In his current role, Dr Srikanth works as a Specialist in the Anaesthesia and Intensive Care Unit at the Aljouf Directorate in Saudi Arabia. This role involves supporting coronary care unit services, managing patients for cardiac surgery, immediate and post-operative care management and working with patients undergoing coronary angiography and assisting procedures, including stent insertion, angioplasty and pacemaker insertion. Dr Srikanth is also required to work in the Intensive Care Services, which includes Extracorporeal Membrane Oxygenation Support and ICU management. He stated that this role had allowed him to keep up to date with his clinical knowledge, skills and aptitude.

20. Dr Srikanth stated that he had also obtained mentorship with the World Federation of Societies of Anaesthesiologists where the programme entitled him to take part in educational activities, council meetings and various subspecialty groups.

21. In relation to the September 2015 Panel findings, Dr Srikanth stated that he had been keen to secure the job back in March 2013 and had been of the view that he would stand a better chance of being successful if he minimised his employment history by providing false and misleading information. Dr Srikanth stated that he was ashamed about his previous behaviour and so he had wanted to hide it. He stated that he was delusional and in denial about the previous decision to dismiss him from his prior employment and wanted to share his interpretation of the events instead. Dr Srikanth stated that his actions harmed the mutual trust that is built between employee and employer and harmed the reputation of the profession and the regulatory authority. Dr Srikanth stated that he wished that he had given himself more time to process the GMC investigation and outcome before applying for new roles and he was of the view that this would have allowed him to adopt a different mindset about the situation and to remind himself of the fundamental principles of Good Medical Practice (GMP).

22. Dr Srikanth stated that he had taken a significant amount of time to fully reflect on his practice since his erasure. He stated that he was extremely disappointed in himself and his conduct. He stated that he felt shameful and guilty about his dishonest actions. Dr Srikanth stated that he had been actively trying to remediate his unacceptable behaviour to demonstrate that he will remain trustworthy, be considered as reliable and honest, and be capable of performing his clinical duties whilst upholding all principles and guidance of GMP.

Dr Srikanth stated that he was truly sorry for his actions and he appreciated how his dishonest act had affected the medical profession and the public's trust and confidence. He stated that trust is essential for a doctor's relationship with patients, the public, colleagues and employers. Dr Srikanth stated that he will always remain honest and trustworthy going forward. He referred to the various courses he had undertaken, the references and testimonials he had received, and the clinical observership he had undertaken in 2024 at the George Eliot Hospital NHS Trust.

23. Within his witness statement dated 19 June 2026, Dr Srikanth stated that he had continued to reflect carefully on his professional responsibilities and the standards expected of a doctor in the UK. He stated that he had remained committed to learning, reflection and remediation since his erasure from the medical register. Dr Srikanth referred to the clinical work he has undertaken overseas and that he continues to engage fully in CPD, appraisal and quality improvement activities. He stated that, if restored, he intended to seek employment within a setting where appropriate supervision, mentorship and governance arrangements were readily available.

24. Dr Srikanth stated that, as part of his ongoing remediation and reflection, he had XXX. Dr Srikanth stated that, XXX, he had reflected on the 7 December 2009 and 18 March 2013 incidents and has considered the roles that panic, shame and avoidance played in his actions. He stated that, in December 2009, he had focused on the immediate consequences of the situation and his own fear of the outcome rather than responding in a measured and professional manner. Dr Srikanth stated that he had also reflected on the role that shame and guilt played in his subsequent actions and, XXX, he came to understand that unmanaged shame can lead to avoidance, defensiveness and impaired judgement. He stated that he recognised that these feelings contributed to his actions in March 2013 and, whilst fear and panic explained his state of mind at the time, they did not excuse his conduct. Dr Srikanth stated that he accepted full responsibility for his actions and recognised that he should have acted with candour and integrity regardless of the circumstances. XXX.

Witness Evidence

25. Dr Srikanth gave oral evidence at the hearing. He spoke about the clinical work he had undertaken overseas, the CPD and clinical observerships undertaken, and the mentorship he had been involved with. Dr Srikanth referred to his witness statements at various points and apologised for his actions. He referred, repeatedly, to the guilt and shame he had experienced as a result of his actions. Dr Srikanth stated that, at the time, he had struggled to

admit the dishonesty in his actions and that he was driven by fear of consequences and reputational damage. He stated that, through reflection and support, he had come to understand the impact of his conduct in relation to his career and on public trust in the profession.

26. Dr Srikanth was asked about the two declarations he made in the job application and why he referred to this as a failure to be open and transparent. He stated that he lied on the HR application form. He stated that there was shame and guilt. He said that he was very dishonest and that he had not reflected enough at the time. Dr Srikanth stated that the impact of his conduct was obviously very bad and he took responsibility for his actions. He said that, on reflection, he understood that these matters had a huge effect on the application process. Dr Srikanth was asked whether he had reflected on what he was trying to gain from the dishonest disclosure and what he was actually afraid of. He said that it was about shame and guilt on his part. He stated that the guilt came because he was dismissed from Trust A and had made a significant error in the patient's clinical care and when he was asked to write on the form he struggled and it was shame and guilt at that point. Dr Srikanth stated that he did not have enough insight at the time and did not reflect on the significance of the mistake he was making. He stated that it had taken time to develop insight and reflect upon what he did.

27. Dr Srikanth was asked about the impact of his dishonest actions on members of the public and patients. He referred to his statement and said that a dishonest act is a very serious offence and he lied on the application form. He said that it was very significant, that it was a huge shock and there was shame as well. Dr Srikanth said that there was a huge impact due to what he wrote and that he knew that lying was serious. He referred to a number of paragraphs within his most recent witness statement and stated that he will always regret his actions. He stated that he was fully aware of the principles set out in GMP and that it is vital for all practitioners to maintain the trust and the confidence and to ensure the patient's best interests are always considered. Dr Srikanth was asked to focus on the phrase that he used, that trust had been broken with the public. He said that it was so important for a doctor to be trustworthy as it is a part of the profession and a part of the doctor's duty to be open and transparent. He stated that a doctor was going to be the primary person to take care of the health and the service delivery of the people coming through [sic] and it was very important that they had full trust as it was a fundamental concept to always be truthful, open and transparent.

28. Dr Srikanth was asked, if treating a patient and they were aware of the fact that he had lied on his form to HR in order to achieve employment, what they would think of him as a doctor. He said that, as he mentioned in his witness statement, this was a significant error that he had made. He stated that, with hindsight, he should not have done it and that he accepted the mistake he had made. Dr Srikanth was asked again how that patient's opinion would be affected. He stated that patient care is the primary responsibility of a doctor, of the employer, and of the regulating bodies. He said that a doctor should always be open, honest and trustworthy and that he was not going to defend the serious mistake that he had made. The question was put again to Dr Srikanth. He stated that the patient might think 'why is the doctor being employed?' and may like to be treated by another doctor who is more trustworthy. Dr Srikanth stated that a doctor should always be trustworthy and it was black and white.

29. Dr Srikanth was asked about how his actions of behaving dishonestly undermined the reputation of doctors as a whole. He stated that, as mentioned in his witness statement, it put the whole profession into question when someone does a dishonest act. He stated that he did not realise the significance of what he was doing at the time and struggled to admit, at the time, his dishonesty as driven by fear of consequence and reputational damage.
Dr Srikanth stated that every doctor must be open and transparent and that this will help everyone in terms of public safety. Dr Srikanth was asked about the impact of his actions upon Trust B. He stated that the employer is looking for people who will be a good team member and will always be open and transparent. He stated that it was not a good thing to have happened for the employer, that it should not have happened and that he took full responsibility for his actions. Dr Srikanth stated that it was important for HR that everything was documented and everyone discloses everything in an open and transparent manner.

30. It was put to Dr Srikanth that he had referred to *"panic"* on a number of occasions in relation to a number of different issues. He was asked what it was about him that made him discard the anaesthetic charts and try to persuade a junior colleague to provide an inaccurate statement. Dr Srikanth said that his behaviour was not appropriate and that he could not justify anything further. XXX.

Submissions on behalf of the GMC

31. Mr Williams, Counsel, stated that the decision was entirely a matter for the Tribunal's judgement. He submitted that it was the GMC's view that, whilst it did not have a concern

about clinical matters, it did have a real concern about Dr Srikanth's level of insight and remediation in relation to his dishonesty.

32. Mr Williams referred to the oral evidence that Dr Srikanth gave. He submitted that the Tribunal might be of the view that Dr Srikanth struggled to address, or grapple directly with, the central questions that were put to him. Mr Williams submitted that Dr Srikanth repeatedly fell back on the stock phrases of guilt, shame and apology. He stated that he was not suggesting that Dr Srikanth did not feel those things but the issue was his inability to respond, even to his own Counsel, to the most important question of why he did what he did. Mr Williams submitted that, whilst Dr Srikanth has obtained some insight, his insight was very much limited.

33. XXX. Mr Williams submitted that it was perhaps understandable then that Dr Srikanth had not been able to demonstrate with any clarity why he acted the way that he did with Patient A and his subordinate colleague. Mr Williams submitted that these were incredibly important questions to be asked and answered given that Dr Srikanth had acted in a misleading way when there had been a serious incident and he was the senior practitioner in that situation. That person must realise that they must take the lead in making sure matters are dealt with properly with integrity. Mr Williams submitted that Dr Srikanth did the opposite and sought to persuade his junior colleague to do something that was misleading.

34. Mr Williams submitted that Dr Srikanth's subsequent actions in the job application in March 2013 was a deeply aggravating feature and demonstrated something of a persistent lack of integrity. He referred to the findings of dishonesty and that such matters can be difficult to remediate as it arises from the practitioner's character. Mr Williams submitted that many people will be challenged in their professional life and have the fortitude to deal with the matter honestly but that Dr Srikanth had chosen not to do so. Mr Williams submitted that the manner of Dr Srikanth's answers, and the fact that he struggled to answer the questions directly, were entirely indicative of someone who does not understand his own process despite the work that he has done. Mr Williams submitted that the risk of repetition remains if Dr Srikanth still does not understand it.

35. Mr Williams stated that Dr Srikanth has sought to engage and has clearly tried but, XXX, he has still not been able to break through the barrier of saying it was about guilt and shame to get to an answer to the 'why' question. Mr Williams stated that, in oral evidence, Dr Srikanth was not able to readily admit that, at the time, what he feared most was the consequences for him and the actions were to improve his employability. Mr Williams

submitted that, as Dr Srikanth was not able to 'own' that bad decision, he was not able to take his insight to the next level and achieve full remediation.

36. Mr Williams submitted that there remains a significant risk of repetition and therefore the GMC objects to the application for restoration.

Submissions on behalf of Dr Srikanth

37. Ms Shah, Counsel, submitted that this hearing was, essentially, an assessment of whether Dr Srikanth has done what is required to satisfy this Tribunal that he has sufficient insight and remediated such that he will not act in the same way in the future.

38. Ms Shah referred to the efforts made by Dr Srikanth to remediate including the courses undertaken. She submitted that the investment of time by Dr Srikanth was, in itself, a sign that he has taken what happened very seriously and understood the gravity of what he did. Ms Shah submitted that Dr Srikanth has also taken the opportunity to remain in touch with previous colleagues and talk about what he had done. She referred to the testimonials before the Tribunal and Dr Srikanth's evidence where he talked about what went wrong, why he did what he did, and how he developed an understanding of his actions and why they were so fundamentally incompatible with being a doctor. Ms Shah stated that Dr Srikanth's openness with others demonstrated that he understood the value of being open about what happened in order to correct his past mistakes.

39. Ms Shah stated that Dr Srikanth has XXX, as demonstrating his desire to get to the root of why he behaved the way he did. She stated that Dr Srikanth had spoken to the Tribunal about how guilt and shame influenced his actions. Ms Shah submitted that the impact of these things was, rather than as suggested by Mr Williams, demonstrable of someone going in depth into XXX and their own motivating behaviours. Ms Shah stated that Dr Srikanth did acknowledge that if he had put the correct information in the form then there was a danger he would not obtain the post. She submitted that Dr Srikanth referring to shame and guilt was going one step deeper into insight to understand that it was not just about one particular application or declaration; it was actually something very deep-rooted inside him that made it hard for him to acknowledge what had happened. Ms Shah submitted that the level of insight was far deeper and was about understanding the real fabric of who he is as a person and trying to address that.

40. Ms Shah submitted that Dr Srikanth has spent his time making very consistent and concerted efforts to get to the bottom of why he behaved the way he did on a personal rather than superficial level. She invited the Tribunal to find that the efforts made by Dr Srikanth demonstrate that he is in a very different place from where he was in 2015 as, at the very least, he has realised that he needed to take some very significant steps to deal with what he did.

41. Ms Shah invited the Tribunal to find that Dr Srikanth has sufficient insight into his conduct and demonstrated significant amounts of remorse. She stated that Dr Srikanth repeatedly acknowledged that it was his own actions and decisions that led to his dishonesty. Ms Shah invited the Tribunal to find that he does take full responsibility for his dishonesty and that he did not seek to blame others. She stated that the majority of Dr Srikanth's evidence was him expressing remorse and invited the Tribunal to bear in mind that it is very difficult to give evidence in a hearing of this nature. Ms Shah stated that some may appraise Dr Srikanth's work as not eloquent or detailed enough but that it was very clear that he expressed that he was ashamed of what he did and that what he did was utterly inconsistent with what was expected of him as a doctor. She stated that Dr Srikanth also made it clear that he fully understood what he should have done differently and what he would do in the future.

42. Ms Shah submitted that Dr Srikanth has demonstrated since 2015 that there has been no repetition of his conduct and that he has made the relevant declarations when applying for roles. She invited the Tribunal to find that Dr Srikanth's time off the register and the fact of his erasure, had had a salutary effect on him. Ms Shah submitted that Dr Srikanth was not a doctor who would be repeating the conduct that led to the erasure and that he has spent time learning, reflecting and addressing the concerns that led to the erasure.

43. Ms Shah stated that the Tribunal will also be considering whether Dr Srikanth has taken steps to keep his medical knowledge up to date. She referred to the clinical roles that Dr Srikanth has undertaken, the CPD completed, and the various references and testimonials provided. Ms Shah submitted that the Tribunal has ample evidence that Dr Srikanth's clinical skills are still excellent.

44. In terms of the overarching objective, Ms Shah invited the Tribunal to consider that there is a public interest in the safe return to practice of a clinically sound practitioner who has learned their lesson over a 10-year period after making a very serious regulatory mistake but put such effort into remediation. She submitted that Dr Srikanth was someone who will

continue to promote the public interest and would always act in the best interests of those he is serving and promote the reputation of the profession. Ms Shah invited the Tribunal to allow Dr Srikanth back onto the medical register.

The Tribunal's Approach

45. 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 legal duty to protect the public.

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

47. Throughout its consideration of Dr Srikanth'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 version for hearings starting on or after 1 May 2026) ('the guidance').

48. The Tribunal reminded itself that the onus is on Dr Srikanth to satisfy it that he is fit to return to unrestricted practice. It was conscious that it should not seek to go behind the decisions of the various previous Tribunals on facts, impairment and sanction.

49. The guidance sets out 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?"*

(The overarching objective is the Tribunal's legal role to protect the public)

50. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

a. the circumstances that led to disciplinary erasure;
b. whether Dr Srikanth 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 Srikanth has done since his name was erased from the medical register;
d. the steps Dr Srikanth has taken to keep his knowledge and skills up to date; and
e. the lapse of time since erasure.

and then go on to determine whether restoration will achieve public protection considering any factors relevant to the original erasure and the new information.

The Tribunal's Decision

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

The circumstances that led to disciplinary erasure

52. The Tribunal reminded itself of the background of this case, as set out above. It noted the findings of the original 2012 Panel and the subsequent conclusions as to the lack of insight or progress as reached by the 2013 Panel, the 2014 Panel and the March 2015 Panel. The Tribunal also had regard to the findings of the September 2015 Panel where the additional allegations of dishonesty were determined upon and the conclusion that Dr Srikanth's name should be erased from the medical register.

53. The comments made by the September 2015 Panel had included that Dr Srikanth's insight into the gravity of his conduct was limited and that there remained a risk of repetition. The September 2015 Panel considered that Dr Srikanth had a tendency to act dishonestly when faced with situations that might put his career in jeopardy. It stated that the conduct had given the Panel concern as it arose so soon after the 2012 Panel decision and concluded that Dr Srikanth's actions were fundamentally incompatible with continued registration.

Whether Dr Srikanth 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

54. The Tribunal accepted that it is difficult to demonstrate sufficient insight and remediation in cases involving dishonesty. It recognised that the concerns relate to issues of integrity and honesty, which are fundamental principles of the profession as set out in GMP.

55. The Tribunal therefore considered very carefully whether the insight Dr Srikanth has demonstrated and the remedial steps that he has taken, coupled with the passage of time, could remove the concerns in relation to the overarching objective and allow him to return to unrestricted practice.

Remediation

56. The Tribunal acknowledged the various relevant CPD courses undertaken, including online modules completed in 2023 on insight, reflection and remediation, the clinical observerships completed, and the mentorship he has engaged with. The Tribunal noted the clinical work that Dr Srikanth has completed overseas, including his current position in Saudi Arabia. The Tribunal has also noted the positive testimonials and references provided on Dr Srikanth's behalf and the other various associated information as referred to above.

Insight and remorse

57. The Tribunal took account of Dr Srikanth's witness statements and the oral evidence he has given at this hearing.

58. The Tribunal noted XXX. The Tribunal would have liked to have seen further development and exploration as to why Dr Srikanth had acted in the way that he did rather than the apparent focus on addressing the shame and guilt that he experienced.

59. The Tribunal was concerned about Dr Srikanth's oral evidence. It was of the view that Dr Srikanth could not answer a number of questions that were put to him, at various times and in various different formats. The Tribunal noted that Dr Srikanth could not answer why his errors were so significant, how his actions affected others or how his actions have created issues for HR. Dr Srikanth was asked why his panic led to him misleading people by what he put in the forms but he could not answer and referred back to his witness statement which, in the Tribunal's view, did not address fully this matter.

60. The Tribunal was of the view that Dr Srikanth was not able to articulate that he understood the impact of his actions on others - on HR, the Trusts, the patient, other

patients, and the public. It also did not consider that he could adequately state what he thought a patient would feel if they knew what he had done or consideration of other candidates for the job that he sought to obtain under false pretences. The Tribunal noted that Dr Srikanth said that he wanted to be a trustworthy doctor and that his conduct had been a significant deviation from GMP, but he was not able to demonstrate that he had gained sufficient insight into his actions and why he had done what he did.

61. The Tribunal considered whether there was any language or context barrier that would have impacted on Dr Srikanth in terms of his oral evidence. It appreciated that giving evidence is difficult and challenging but it was unable to identify any factors that would have impacted on the responses he gave to the various questions put to him. The Tribunal noted that questions were often reframed to give Dr Srikanth opportunity to articulate his insight but that the insight shown was insufficient.

Risk of repetition

62. The Tribunal took account of the conclusions of the previous Tribunals as to the risk of repetition and the progress that Dr Srikanth has made in the intervening years since the erasure of his name from the medical register.

63. The Tribunal determined that progress has been made in as much as there are no known further incidents of concern but that, crucially, Dr Srikanth displays a lack of insight into his actions, why he did what he did and the consequences of his actions. The Tribunal, with reference primarily to that lack of demonstrable insight, was not satisfied that there would be no repetition of the misconduct in the future such that the risk of repetition remains.

<u>What Dr Srikanth has done since his name was erased from the medical register</u>

64. The Tribunal took into account what Dr Srikanth has done since his name was erased from the medical register. It referred to its comments above in terms of remediation including the CPD and clinical observerships undertaken, the mentorship, his clinical work and the various positive testimonials and references provided.

<u>The steps Dr Srikanth has taken to keep his knowledge and skills up to date</u>

65. The Tribunal reminded itself that the onus was on Dr Srikanth to demonstrate he has kept his medical knowledge and skills up to date and was safe to resume unrestricted practice.

66. The Tribunal noted that Dr Srikanth has been practising in Saudi Arabia since 2017 and has a Certificate of Good Standing from the Saudi Commission for Health Specialities. It also had regard to the various CPD and positive testimonials about his clinical practice that have been provided. In all the circumstances, the Tribunal determined that it had sufficient evidence before it to show that Dr Srikanth has kept his knowledge and skills up to date.

The lapse of time since erasure

67. The Tribunal noted that Dr Srikanth had been erased from the register in 2015. A minimum of five years must elapse before a doctor can apply for restoration, and it has now been almost 11 years. The Tribunal did not consider that the lapse of time since Dr Srikanth's erasure played a key part in its considerations, albeit it was of concern that - despite the length of time - Dr Srikanth's insight has not yet fully developed.

Will restoration achieve public protection?

68. Having made the above findings as to whether Dr Srikanth is fit to practise, the Tribunal should then step back and balance its findings about the doctor's fitness to practise against whether restoration will achieve public protection. This balancing exercise will involve careful consideration of each of the three parts of public protection which are to:

- 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 the profession.

69. The Tribunal determined that Dr Srikanth has not fully appreciated the circumstances that led to the erasure of his name from the medical register or demonstrated full insight into why he did what he did or consequences of his actions. Whilst the Tribunal accepted that Dr Srikanth has maintained his clinical skills, including with reference to his work overseas, it was the lack of insight that was of concern such that the risk of repetition remained. As such, the Tribunal was clear that all three limbs of the overarching objective are engaged in this case.

70. Accordingly, the Tribunal refused Dr Srikanth's application and determined that his name should not be restored to the medical register.

ANNEX A - 28/07/2026

Application for parts of the hearing to be heard in private

70. This determination will be handed down in private due to the confidential nature of matters under consideration.

71. On 27 July 2026 Ms Shah, Counsel on behalf of Dr Srikanth, made an application for parts of this hearing in relation to XXX to be heard in private under Rule 41 of the Rules:

> *"… (2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.*
> *XXX"*

Submissions

Submissions on behalf of Dr Srikanth

72. Ms Shah referred to the written submissions that had been provided for this application. The submissions stated that Dr Srikanth recognised the fundamental principle of open justice and that hearings should ordinarily be conducted in public but that the Tribunal has the power to direct that parts of the hearing are heard in private where necessary.

73. The Tribunal was referred to Dr Srikanth's supplementary witness statement, dated 19 June 2026, which included reference to XXX that he had undertaken following his erasure from the medical register. It was submitted that the purpose of this evidence was to demonstrate Dr Srikanth's insight, remediation and personal development. It was stated that it was anticipated that oral evidence and submissions might touch upon: XXX

74. XXX

75. It was submitted that conducting only those limited parts of the hearing in private represented a proportionate interference with the principle of open justice and that the remainder of the hearing could continue to be heard in public.

Submissions on behalf of the GMC

76. Mr Williams, Counsel, submitted that the GMC was neutral on this application. He stated that it was permissible to hear parts of the hearing in private and reference had been

made to a specific and discrete area of the evidence, which the Tribunal might have thought was reasonable. Mr Williams submitted that the decision was, ultimately, a matter for the Tribunal.

Tribunal's Decision

77. The Tribunal had regard to the submissions made by the parties. It appreciated that MPTS hearings are ordinarily held in public session and it took into account the principles of open justice. The Tribunal understood, with reference to Rule 41 of the Rules, that it can be appropriate to exclude the public from parts of a hearing where the particular circumstances of the case outweigh the public interest in holding those parts of the hearing in public.

78. The Tribunal was of the view that it was appropriate to hear these parts of the hearing in private where the particular circumstances in this case outweighed the public interest in holding those parts of the hearing in public. In all the circumstances, the Tribunal determined to grant Dr Srikanth's application for parts of this hearing in relation XXX to be heard in private.

79. Post hearing publication is a matter for the MPTS and it is open to the parties to make representations to the MPTS as to post-hearing publication of any decision should they wish to do so.