PUBLIC RECORD

Dates: 17/02/2025 - 19/02/2025

Doctor:	Dr Kristan Jotin VEDI
GMC reference number:	6078362
Primary medical qualification:	MB BS 2003 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Mrs Becky Miller
Lay Tribunal Member:	Mr Andrew Gell
Registrant Tribunal Member:	Mr Gurpreet Singh

Tribunal Clerk:	Mr Francis Ekengwu, 17-18/02/2025 Mr John Poole, 19/02/2025

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Stephen McCaffrey, Counsel
GMC Representative:	Ms Jade Bucklow, 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 Facts and Impairment - 19/02/2025

Background

1. Dr Vedi qualified in 2003 and prior to the events which are the subject of the hearing Dr Vedi practised as a Consultant Child & Adolescent Psychiatrist. At the time of the events Dr Vedi was employed at Elysium Healthcare which is private provider of specialist mental health services.

2. The allegation that has led to Dr Vedi's hearing can be summarised as, between February 2020 and June 2023, Dr Vedi formed a personal relationship with Ms A, gave her money, sent a number of inappropriate messages and shared a number of inappropriate images with her via social media. It is further alleged that Dr Vedi met with Ms A on two or more occasions when it was inappropriate to do so as she was a former patient and was vulnerable.

3. The initial concerns were raised with the GMC in August 2023 by Dr Vedi, who self-referred following a local investigation. Following the local investigation, which concluded in August 2023, Dr Vedi was dismissed from Elysium Healthcare.

The Allegation and the Doctor's Response

4. The Allegation made against Dr Vedi is as follows:

That being registered under the Medical Act 1983 (as amended):

1. Between February 2020 and June 2023, you:

    a. formed a personal relationship with Ms A; **Admitted and found proved**

    b. gave Ms A approximately £700.00 towards a medical device that she required XXX; **Admitted and found proved**

    c. sent a number of messages via Facebook Messenger, and/or another messaging platform, to Ms A as set out in Schedule 1; **Admitted and found proved**

d. shared a number of images with Ms A via Facebook Messenger, namely:

i. photos of you with and without filters at pages 1 – 24 of Schedule 2; Admitted and found proved

ii. images of and relating to the use of alcohol at pages 25 – 28 of Schedule 2; Admitted and found proved

iii. pictures and cartoon images of women in sexually provocative poses at pages 29 – 31 of Schedule 2; Admitted and found proved

iv. an image of a cut to your finger at page 32 of Schedule 2; Admitted and found proved

v. images of your family at pages 34 – 53 of Schedule 2; Admitted and found proved

e. met with Ms A on two or more occasions, when it was inappropriate to do so. Admitted and found proved

2. At all material times, Ms A was a former patient whom you knew to be vulnerable due to her mental health. Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. To be determined

The Admitted Facts

5. At the outset of these proceedings, through his counsel, Mr McCaffrey, Dr Vedi made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation as admitted and found proved.

6. The admission in respect of Allegation 1(d) was on an acceptable basis to the GMC that the images shared were not all directly and individually sent to Ms A but were shared on Dr Vedi's Facebook page to which Ms A had access. It was accepted that all of the images were sent either to Ms A or accessible and able to be seen by Ms A. The Tribunal found Paragraph 1(d) proved on this basis.

IMPAIRMENT

7. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Vedi's fitness to practise is impaired by reason of his misconduct.

The Evidence

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr C, Consultant Psychiatrist at Gateway and Primary Care Hubs Oxford Health NHS Foundation Trust ('the Trust'), who conducted a Mental Health Act Assessment ('MHAA') with Ms A on 8 May 2023;
- Ms B, Ms A's mother;
- Ms D

9. Dr Vedi provided his own witness statement dated 22 January 2025 and also gave oral evidence at the hearing on 17 February 2025.

Documentary Evidence

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

- Dr Vedi's original reflective statement, undated;
- Dr Vedi's Final reflective statement dated 11 February 2025;
- Certificate for Maintaining Professional Ethics course, dated 6 June 2023;
- Testimonials from various colleagues dated between 24 February 2025 to 24 May 2025;
- Mentoring report dated 9 February 2025; and
- Statement from Dr Vedi's responsible officer, dated 17 September 2024.

Submissions

On behalf of the GMC

11. Ms Bucklow confirmed that Dr Vedi had accepted his misconduct and proceeded to make submissions on whether that misconduct was serious and on impairment.

12. Ms Bucklow stated that the misconduct admitted and found proved was that Dr Vedi formed an inappropriate personal relationship with a vulnerable former patient, over a period of three years between 2020 – 2023. She added that during that period Dr Vedi paid for a medical device for Ms A costing approximately £700.

13. Ms Bucklow said that it had been admitted that Dr Vedi sent Ms A a number of messages via Facebook Messenger, some of which form part of the evidence in these

proceedings, but was not the full exchange of messages. She added that Dr Vedi had shared a number of images of himself, his family as well as sexually provocative images and an image of his injured finger. Ms Bucklow further stated that Dr Vedi admitted meeting with Ms A on two occasions and added that the Tribunal has photographs and videos from one of those occasions, which included lunch with wine. She added that the GMC's case is not one that alleges that the relationship between Dr Vedi and Ms A was sexual or sexually motivated in any way.

14. Ms Bucklow submitted that the factual reality is that sending those images is something that Dr Vedi admitted and further submitted that regardless of intention the images can still be inappropriate and harmful as is the forming of a personal relationship with a former patient, even if not sexually motivated.

15. Ms Bucklow said the GMC's guidance on relationships covers more than just sexual relationships and includes guidance on relationships with current and former patients, so the nature of the relationship is only one factor in assessing the seriousness of the Allegation. She added that a key factor was patient vulnerability, degree of vulnerability and the doctor's knowledge of the vulnerability as per the Guidance *'Maintaining a professional boundary between you and your patient'*. She further submitted that an overarching principle of this guidance was that doctors must not use their professional position to pursue a sexual or improper emotional relationship with a patient.

16. Ms Bucklow submitted the guidance indicates that a relationship with a former patient may be inappropriate depending on certain factors such as the length of time since the professional relationship ended, the nature of the previous relationship and whether the patient was vulnerable at the time of the professional relationship and if the patient is still vulnerable.

17. Ms Bucklow submitted that this case deals with the blurring of boundaries that social media can cause between a patient and a doctor. She said that Ms A was a vulnerable patient, had a history of XXX.

18. Ms Bucklow submitted Dr Vedi said that during the early stages of his relationship with Ms A he had a somewhat separation of Ms A's mental and physical health in his mind. She added that Dr Vedi has now accepted that this was an artificial divide, and suggested that the Tribunal may be concerned at Dr Vedi's attempt to minimise Ms A's vulnerability and the seriousness of his misconduct.

19. Ms Bucklow said that Dr Vedi in his evidence said that he recognised Ms A's vulnerability, and the 'terrible position' Dr Vedi allowed to develop after Ms A sent him a picture from a mental unit in May 2023. Ms Bucklow added that as Ms A was a previous patient of Dr Vedi and had ongoing mental health issues, Dr Vedi's insight at this time should be considered in the context that he, Dr Vedi, is a qualified psychiatrist of 20 years, specialising in child and adolescent mental health. Ms Bucklow said that this would sit uncomfortably with other professionals and members of the public.

20. In relation to patient vulnerability, Ms Bucklow cited paragraphs 91 and 92 of the case of the *PSA v Onyekpe [2023]* EWHC 2391 (Admin):

> *"The nature of vulnerability in this context*
> *91. Obviously, a degree of vulnerability - heightened exposure to the possibility of harm - is likely to be present in all doctor/patient relationships because of the nature of the relationship, including the power imbalance between the parties and/or the fact that the doctor is in a position of trust. The statements about vulnerability in the GMC's guidance to which I have referred above are about patients who are "particularly" vulnerable i.e. those whose characteristics or circumstances mean that they are significantly more vulnerable than is inherent in the doctor/patient relationship. Although there is this threshold, if vulnerability is to be regarded as an aggravating feature of a doctor's misconduct, the extent to which it is aggravated will depend on the circumstances of the case. There are degrees of vulnerability, and the vulnerability of the patient may be more or less relevant to the sort of misconduct alleged. The approach to evaluation of the evidence about vulnerability should bear this in mind.*
>
> *92. Second, without wishing to state the obvious, where a MPT is considering the seriousness of a practitioner's misconduct it should examine the evidence as to the culpability of the practitioner and the harm which their actions have caused. Evidence about vulnerability goes to both questions. What the doctor knew or ought to have known, or believed, about the degree of vulnerability of the patient at the relevant time will be directly relevant to the degree of culpability. Indeed, a doctor might be more culpable because they believed that the patient was more susceptible to influence, or the particular harm, although, in fact, the patient was not. Conversely, they might be less culpable if they were not aware that a patient was vulnerable when in fact she was. Whatever the doctor's understanding, the fact that a patient is particularly vulnerable may also mean that they are harmed to a greater degree by the doctor's actions than would otherwise be the case."*

21. Ms Bucklow submitted the patient vulnerability, in this case, was important and serious. She added that Mr Justice Linden in *Onyekpe* states that a degree of vulnerability, heightened exposure to the possibility of harm is likely to be present in all doctor patient relationships, because the nature of the relationship, including the power imbalance between the parties and the fact that the doctor is in a position of trust.

22. Ms Bucklow submitted the *'Maintaining a professional boundary between you and your patient'* provides further relevant guidance on considering patient vulnerability and the seriousness of the practitioner's misconduct.

23. Ms Bucklow submitted that the degree of Ms A's vulnerability, the duration that she had been under Dr Vedi's care, her patient history and the age difference between Ms A and Dr Vedi were important factors in this case and are all factors that the GMC submit aggravate

the seriousness of Dr Vedi's breach of his professional boundaries. She added the types of activities such as going out for meals and having drinks are activities that also aggravate the seriousness of the misconduct and the breach of professional boundaries by Dr Vedi.

24. Ms Bucklow submitted that Dr Vedi's admissions of fact engage all three limbs of the overarching objective. Ms Bucklow emphasised that Ms A's vulnerable position, hesitance in ending the relationship and Dr Vedi's specific actions in his misconduct including sending sexual images and text messages in the early hours of the morning while drunk is uncomfortable, inappropriate and relevant to this case. She also said that Dr Vedi's conduct presented a serious risk of harm and is clearly at the time and now a public confidence concern, adding that it should lead to a finding of impairment.

On behalf of the Dr Vedi

25. Mr McCaffrey submitted that Dr Vedi has accepted that the Allegation against him as found proved amounted to serious misconduct but asked the Tribunal to find Dr Vedi not currently impaired.

26. Mr McCaffrey submitted the Dr Vedi's case is unique and should be approached in a fact specific way. He added the Allegation is about Dr Vedi's conduct specific to his relationship with Ms A and that are no other concerns outside of it, professionally or personally.

27. Mr McCaffrey submitted that the purpose of these proceedings was not to punish Dr Vedi but to protect the public against acts and omissions of those who are not fit to practise. The Tribunal should therefore look forward and not back and should consider impairment at the date of the hearing.

28. Mr McCaffrey submitted that the Tribunal should have regard to Dame Janet Smith's test of impairment in The Fifth Shipman Report, cited in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)* which states:

i. *Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;*
ii. *Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
iii. *Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession; and*
iv. *Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

29. Mr McCaffrey submitted that Dr Vedi's misconduct is capable of being addressed; has been addressed and is highly unlikely to be repeated. He added that Dr Vedi has made admissions to the Allegation laid out by the GMC, which have been accepted.

30. Mr McCaffrey said that this was not a sexual misconduct case and the Tribunal should bear this in mind. Mr McCaffrey also said that Ms A had not been entirely truthful in her disclosure and added that Ms A informed Dr C that it was Dr Vedi who reached out to her, she denied that they had met, she claimed the money Dr Vedi gave paid for XXX and not a medical device. The GMC yesterday suggested their view that the last example was a misunderstanding by Dr C – exactly the sort of submission and exercise we suggest should be avoided. It not only appears in her contemporaneous notes and is passed to the investigator but appears in her signed sworn statement. He further added that these three examples are now accepted to be untrue.

31. Mr McCaffrey submitted that context was important in coming to a decision on current impairment. He added that Ms A was not asked by the GMC to provide the messages between herself and Dr Vedi. Mr McCaffrey added that there is no medical evidence to justify Ms A's absence. He added that the GMC must accept that the evidence they have chosen to present is not the full picture and great caution must be exercised in seeking to interpret it, or the position of Ms A beyond that which is in the evidence. He submitted that the GMC's presentation of the case would not be possible but for Dr Vedi's honest admissions.

32. Mr McCaffrey submitted the Dr Vedi accepted Ms A's vulnerability and further submitted that the only medical evidence of Ms A's vulnerability is from Dr C at the time, who discharged her following assessment but not from any medical records. He also submitted that Ms B, Ms A's mother gave evidence about her vulnerability.

33. Mr McCaffrey submitted little weight should be placed on the submissions by Ms Bucklow regarding Dr Vedi's conduct as part of the investigative process and added the GMC is silent on the two meetings it held with Ms A. Mr McCaffrey said that Dr Vedi has made full admissions to the Allegation since the start of the investigation and had made a self-referral to the GMC. He confirmed that Dr Vedi did not seek to avoid, deflect or excuse his behaviour at any point.

34. Mr McCaffrey submitted that the Tribunal has received thoughtful, detailed and honest reflections about which Dr Vedi was not asked questions nor upon which he was challenged which elaborate on factual information contained within the agreed bundle. These reflective statements provide a great deal more personal information about Dr Vedi's understanding of how the acts of misconduct took place. Mr McCaffrey added that evidence submitted by the defence for the impairment stage which include honest and credible oral witness evidence demonstrated deep and extensive insight, and full remediation, by Dr Vedi, of his misconduct.

35. Mr McCaffrey submitted in respect to the 'public interest' limb of the overarching objective that Dr Vedi has been practising unrestricted throughout the disciplinary process following admission to the Allegation, and has since become a trusted and valued doctor helping young people, remediating and striving to put right what he did wrong. Mr McCaffrey submitted that Dr Vedi is aware of his failings towards his fellow colleagues and the wider

medical profession and added that the Tribunal would be hard pressed to find a greater critic of his actions than Dr Vedi.

36. Mr McCaffrey noted Ms Bucklow's reference to the sexualised nature of some of the images shared by Dr Vedi and said the GMC has not brought an allegation of sexual misconduct. He added the Dr Vedi did not send the images with a sexual motivation or in pursuit of a future sexual or romantic relationship but rather as an exchange between 'mates'.

37. In relation to vulnerability, Mr McCaffrey submitted that in the case of *Onyekpe*, in which Ms Bucklow referred the Tribunal, the GMC did not properly allege vulnerability in its Allegation and added the Tribunal should, therefore be careful of context and further submitted the circumstances of *Onyekpe* differed to that of Dr Vedi. Mr McCaffrey reiterated that it is not alleged that there was any sexually motivated conduct by Dr Vedi.

38. Mr McCaffrey submitted that a properly informed member of the public would be of the view that Dr Vedi's fitness to practise is not impaired, and he should be allowed to practise unrestricted. They would view the process he has undergone a salutary enough lesson.

The Relevant Legal Principles

39. The Tribunal reminded itself of the overarching objective to protect the public, which includes pursuit of the following objectives 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.

40. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

41. The Legally Qualified Chair (LQC) gave legal advice to the Tribunal which stated:

1. *"When considering impairment, the Tribunal must have particular regard to the statutory overarching objective:*

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

2. *There is no burden or standard of proof to adopt.*

3. *In relation the paragraphs of Allegation found proved, including the vulnerability of the patient, the Tribunal must consider whether the nature and circumstances of the conduct is such that the Doctor's fitness to practice is currently impaired.*

4. *In relation to the Allegation, the Tribunal must consider:*

    a. *whether or not the facts found proved amount to misconduct,*
    b. *whether the misconduct was serious*
    c. *and whether the misconduct, that was serious, leads to a finding of impairment.*

    There are two distinct processes: firstly, to consider whether there has been serious misconduct and secondly, to consider whether this leads to a finding of impairment.

5. *There is no legal definition for the word "serious" and the word should be given its ordinary meaning.*

6. *Serious professional misconduct has been described in case law as "conduct which would be regarded as deplorable by fellow practitioners."*

7. *For the purpose of fitness to practice proceedings, "misconduct" is defined as follows:*

    "….some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances."

8. *Where a tribunal finds misconduct the tribunal should be clear on whether this amounts to a significant departure from the guidance in Good Medical Practice or not.*

9. *The Tribunal will need to bear in mind the case of General Medical Council v Meadow [2006] EWCA Civ 1390 in which it was held:*

    '…the purpose of FTP proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FTP thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.'

10. The Tribunal must determine whether the Doctor's fitness to practice is impaired today, taking into account:

a. his conduct at the time of the events;
b. whether the matters are remediable;
c. whether they have been remedied; and
d. the likelihood of repetition.

11. When considering whether fitness to practice is currently impaired, CHRE v NMC and Paula Grant [2011] EWHC 927 (paragraph 76) endorsed the following test, formulated by Dame Janet Smith in the Fifth Shipman Report:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d) has in the past acted dishonestly and/or is liable to act dishonestly in the future."

12. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

13. The Tribunal shall consider any paragraphs of Good Medical Practice it believes is applicable. It must consider the version of Good Medical Practice that was in force at the date of the Allegation. Here this is the 2013 version of GMP (2013). It should also consider any other guidance referred to.

14. The decision on impairment is a matter for the Tribunal's judgement alone.

15. Written reasons must be given for the Tribunal's decision."

Misconduct

42. The Tribunal first considered whether Dr Vedi's actions amounted to misconduct.

43. The Tribunal noted the need to maintain professional standards and public confidence in the profession which it considered engaged in this case.

44. It further noted that Ms A was previously Dr Vedi's patient when she was under the age of 18, following which she was not discharged but transferred from Dr Vedi's care to an adult mental health service.

45. The Tribunal also noted the imbalance of power between Dr Vedi and Ms A which arose not only due to the doctor/patient relationship but because Dr Vedi was XXX older than Ms A. The Tribunal considered that it had been XXX since Ms A had been Dr Vedi's patient when the contact was initiated but that the time elapsed; given Ms A's vulnerability, was not sufficient to allow for a personal relationship to be formed. The Tribunal was of the view regardless of Dr Vedi's motives for engaging in the relationship and his financial support to attempt to assist with Ms A's health issues. The Tribunal determined that the formation and continuation of the relationship was improper.

46. The Tribunal considered paragraphs 53 and 65 of Good Medical Practice, in effect from 22 April 2013 and withdrawn 24 January 2024, ('GMP') which states:

> *"53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.*
>
> *…*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession."*

47. With regard to paragraph 53 of GMP, it noted that the relationship was improper.

48. With regard to paragraph 65 of GMP, the Tribunal took the view that while Dr Vedi was not a dishonest person, his conduct did not justify his patients trust nor the public trust in the profession and that his integrity came into question in pursuing a relationship with Ms A which was separate from his profession as a consultant psychiatrist.

49. The Tribunal considered the GMC's guidance on 'Maintaining a professional boundary between you and your patient', in effect from 22 April 2013 and withdrawn on 24 January 2024, and was of the view that Dr Vedi's misconduct was serious because of Ms A's vulnerability. It had regard to paragraphs 8a-c and 11 – 14 which it viewed as engaged:

> *"8 Personal relationships with former patients may also be inappropriate depending on factors such as:*
>
> *a the length of time since the professional relationship ended (see paragraphs 9–10)*
>
> *b the nature of the previous professional relationship*

c whether the patient was particularly vulnerable at the time of the professional relationship, and whether they are still vulnerable (see paragraphs 11–13)

…

11 Some patients may be more vulnerable than others and the more vulnerable someone is, the more likely it is that having a relationship with them would be an abuse of power and your position as a doctor.

12 Pursuing a relationship with a former patient is more likely to be (or be seen to be) an abuse of your position if you are a psychiatrist or a paediatrician.

13 Whatever your specialty, you must not pursue a personal relationship with a former patient who is still vulnerable. If the former patient was vulnerable at the time that you treated them, but is no longer vulnerable, you should be satisfied that:

- *the patient's decisions and actions are not influenced by the previous relationship between you*
- *you are not (and could not be seen to be) abusing your professional position.*

14 You must consider the potential risks involved in using social media and the impact that inappropriate use could have on your patients' trust in you and society's trust in the medical profession. Social media can blur the boundaries between a doctor's personal and professional lives and may change the nature of the relationship between a doctor and a patient. You must follow our guidance on the use of social media."

50. While the Tribunal did not have medical records of her mental health condition, it noted that Ms A was seeking help and had been previously treated by Dr Vedi. It also noted that Parties accepted and did not dispute that Ms A was a vulnerable patient. The Tribunal was therefore satisfied that Ms A was vulnerable due to her mental health.

51. The Tribunal specifically noted an excerpt of paragraph 14 of the maintaining professional boundaries guidance which stated:

"…Social media can blur the boundaries between a doctor's personal and professional lives and may change the nature of the relationship between a doctor and a patient. You must follow our guidance on the use of social media…'

52. The Tribunal reminded itself that Dr Vedi said that he had treated Ms A like a 'mate', but the Tribunal was of the view that Ms A was not a 'mate' but was vulnerable and had previously been his patient.

53. The Tribunal also noted that Dr Vedi had shared some of the images via social media for his personal friends but these were also accessed by Ms A, thus blurring the professional boundaries between the practitioner and patient.

54. The Tribunal was satisfied that Dr Vedi's behaviour amounted to misconduct, agreed that his behaviour was a serious departure from GMP and a serious departure from the GMC's guidance on '*Maintaining a Professional Boundary between You and Your Patient*'. The Tribunal was also of the view that Dr Vedi's misconduct would be regarded as deplorable by fellow medical practitioners.

55. The Tribunal unanimously concluded that a fully informed member of the public would regard Dr Vedi's relationship with Ms A, who he admitted was a vulnerable patient, as serious misconduct.

56. The Tribunal has concluded that Dr Vedi's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct which was serious.

Impairment

57. The Tribunal went on to consider if Dr Vedi's fitness to practise was currently impaired.

58. The Tribunal reminded itself that it had considered Dr Vedi's misconduct at the time of the events and went on to consider Dr Vedi's insight at the time of the original investigation. It noted that there was some insight as Dr Vedi had self-referred to the GMC; ceased social media contact with Ms A; deleted his Facebook profile and accepted that he should not have formed and continued the relationship with Ms A.

59. The Tribunal also noted that the relationship was open in that Dr Vedi's XXX was aware of the ongoing contact with Ms A; Ms A's mother, Ms B, and Ms A's boyfriend were all aware of Dr Vedi's relationship with Ms A. The Tribunal was of the view that this has a somewhat mitigating effect as Dr Vedi did not seek to conceal the relationship so as to underhandedly take advantage of an unsupported Ms A. At the same time, the lack of concealment of this relationship also suggested to the Tribunal that he did not view the relationship as concerning for a medical practitioner, which the Tribunal saw as a serious feature of Dr Vedi's misconduct. The Tribunal also noted Ms A's particular vulnerability and that the Tribunal had determined that this was a serious departure from professional standards.

60. The Tribunal agreed that Dr Vedi's insight at the time of the event had started to develop but, at the time of the initial investigation, he needed further development to reach full insight and remediation. The Tribunal noted that even Dr Vedi acknowledged that he did not have insight at the time of the initial investigation. He said *''I don't feel that I did have full insight at the time of the interview but it has developed over time''*. He continued *''this is a career long process of improving and maintaining insight and this has constantly evolved throughout this process.''*

61. The Tribunal further noted that under cross-examination at this hearing, Dr Vedi acknowledged that his communication throughout was wrong. He was aware that it had started because he was concerned about her welfare but developed over time and became ''silly'' communication and he saw her as a mate. He said retrospectively he had realised it was wrong to keep responding to Ms A but at the time was of the view that it was the easier thing to do.

62. Dr Vedi's reflection and insight have significantly deepened and his words in oral evidence demonstrate the level of his regret, the acceptance of his wrongdoing and how he now recognises the clear boundaries and standards expected by his professional role. He said:

> *''I have failed. I have got some things horrifically wrong. I see more fault that other individuals would and you would be hard pushed to find many others who are as critical of me as me. I have failed every employer I had. I have failed everyone who has been involved in my education and training. I have failed all patients. I have failed those who have given me positive feedback and I have failed members of the public. I have failed my family and I cannot think of an individual that I have not let down. The only thing that hasn't drastically changed is the debt I owe and my sense of how to repay has developed further. I am a consultant psychiatrist 24/7 and I manage my work boundary better than previously. How I act in every area of my life is relevant. I can't switch it off. It carries over into everything – my personal life, how I talk to a stranger, I am representing my profession at all times and need to do better..''*

63. With regard to current insight and remediation, the Tribunal carefully considered the reflective statements, the record of mentoring undertaken, and the oral evidence given by Dr Vedi within this hearing. The Tribunal determined that Dr Vedi's activities to support insight and remediation were comprehensive and showed an in-depth understanding of what he had done wrong and the impact not only on Ms A but the wider public and the medical profession.

64. The Tribunal determined that Dr Vedi's misconduct was remediable. It had regard to Dr Vedi's written reflections, testimonials and oral evidence, and the Tribunal was of the view that Dr Vedi was credible and believable noting a comment from Dr Vedi who said during oral witness evidence that *'nobody feels more guilty I do'*, regarding his misconduct.

65. The Tribunal considered the submissions and testimonials on behalf of Dr Vedi and determined that it could not find any additional recommendation that would further Dr Vedi's insight and remediation suggesting to the Tribunal that Dr Vedi had developed complete insight and fully remediated. The Tribunal took the view that this was a strong endorsement of his remedial activities that have taken place over the last two years.

66. The Tribunal considered the risk of repetition. It noted that Dr Vedi has been allowed to continue in unrestricted practice throughout this disciplinary process without any concerns being raised of which the Tribunal is aware. It noted Dr Vedi's ongoing reflections,

written and otherwise, and openness to undertake further activities to remediate with Dr Vedi himself describing it as a '*career-long process of learning and development*'.

67. The Tribunal considered Dr Vedi's overall impairment and concluded that he had gained full insight and remediation. It agreed that Dr Vedi was highly unlikely to repeat his misconduct noting that in response to a Tribunal question Dr Vedi said '*that patient safety trumped everything else'* or words to that effect. He also acknowledged *'it is the biggest professional and personal failure of my life. I would have to be even more idiotic than I have been not to take lessons and learn from things that should have been abundantly clear to me at the outset.'*

68. The Tribunal considered if it needed to make a finding of impairment to satisfy the public interest limb of the overarching objective.

69. The Tribunal noted that this case was about a blurring of boundaries of what should have been a strictly professional practitioner-patient relationship. It agreed that there was not any sexual misconduct issue alleged and although some of the images appeared to be sexually provocative, it is accepted that these were shared without any sexual motivation. The Tribunal concluded that Dr Vedi has acted improperly towards Ms A by forming an improper and inappropriate relationship given Ms A's vulnerability.

70. The Tribunal was encouraged by Dr Vedi's own comments on his failings and his view that he is more critical of his behaviour than any other person, demonstrating the commendable nature of his insight. The Tribunal was encouraged that even though Dr Vedi did not receive an interim order of suspension, or a restrictive interim order of conditions, he has pursued a remarkable degree of reflection and remedial mentoring of his own volition. It noted that he had disclosed his misconduct to fellow consultants and colleagues as part of his remedial mentoring.

71. The Tribunal considered that Dr Vedi is a good doctor, who has continued practising in a field of expertise that requires experienced professionals. The Tribunal has noted that there have not been any clinical concerns raised regarding Dr Vedi's practice and he has continued to work unrestricted throughout this process. The Tribunal has had regard to the positive testimonials provided, the evidence of Dr E and the statement from Dr Vedi's responsible officer. The Tribunal is satisfied that if Dr Vedi was allowed to practise unrestricted, he is not a risk to the public.

72. The Tribunal is satisfied that a properly informed member of the public, armed with all the facts, would not seek a finding of impairment. The Tribunal is satisfied that public confidence in the profession would be upheld given the level of insight and remediation that has now been demonstrated by Dr Vedi. Overall, the Tribunal was of the view that Dr Vedi's fitness to practise was not currently impaired. It concluded that public confidence in the profession and the wider public interest would not be adversely impacted if a finding of impairment was not made.

Determination on Warning - 19/02/2025

1. As the Tribunal determined that Dr Vedi's fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, to issue a warning.

Submissions

On behalf of the GMC

2. On behalf of the GMC, Ms Bucklow submitted that the Tribunal should issue a warning in this case.

3. Ms Bucklow submitted that a warning would allow the Tribunal to indicate to the Doctor that the conduct represents a departure from the standards expected of members of the profession and that it should not be repeated. She submitted that a warning is a formal response that will serve as a reminder to the Doctor and maintain good professional standards and public confidence in the profession.

4. Ms Bucklow submitted that public confidence would be undermined if the serious nature of the misconduct did not result in a formal outcome. She also highlighted that the Tribunal had found that members of the profession would consider Dr Vedi's misconduct to be deplorable. She submitted that the confidence of those professionals would be undermined if there was no formal response.

5. Ms Bucklow referred the Tribunal to the relevant paragraphs of the GMC Guidance on Warnings (April 2024) ('the Warnings Guidance'). She submitted that the most relevant factor in this case was that there had been a serious departure from the principles set out in GMP. She also emphasised that this departure was over a prolonged period of three years.

6. Ms Bucklow submitted the Guidance advises that a warning maybe appropriate where the concerns are sufficiently serious that if there was to be a repetition of them, they would likely result in a finding of impaired fitness to practise. She submitted that this was clearly a case where repetition would result in a finding of impaired fitness to practise.

7. Ms Bucklow submitted that Dr Vedi's culpability for his actions was significant. She submitted that Dr Vedi knew that Ms A was vulnerable, and he knew what her vulnerabilities were. Moreover, he had been a psychiatrist for 20 years and despite suggestions from XXX that the relationship needed to be curtailed in some way, he continued the relationship. Ms Bucklow submitted that there can be no doubt that in those circumstances, if there were to be any repetition of similar concerns, that it would give rise to a finding of impaired fitness to practise.

8. In summary Ms Bucklow submitted that a warning was necessary to formally record the particular concerns in this case and that it was necessary to maintain confidence in the profession and maintain proper professional standards.

Submissions on behalf of Dr Vedi

9. On behalf of Dr Vedi, Mr McCaffrey submitted that a warning was not necessary.

10. Mr McCaffrey drew the Tribunal's attention to the factors to consider when deciding if a warning is appropriate, as outlined at paragraph 32 of the Warnings Guidance and he referenced these back to various paragraphs of the Tribunal's Determination on impairment. Mr McCaffrey submitted that the Tribunal found that Dr Vedi had full insight and remediation. He submitted that there has been a genuine expression of regret; that there is no previous history of concern; that it was an isolated incident and there has been no repetition nor anything to indicate that it is likely to be repeated; and that Dr Vedi has taken corrective steps. Further that there are relevant and appropriate testimonials and references provided. In summary, he submitted that all the factors from paragraph 32a-g of the Warnings Guidance had been ticked in this case.

11. Mr McCaffrey submitted that a warning is not required and would serve little purpose to Dr Vedi as a deterrent given his level of insight and remediation. He also submitted that a warning was not necessary to maintain public confidence in the profession.

The Tribunal's Determination on Warning

12. The Tribunal was mindful that paragraph 61 of the Sanctions Guidance (2024) provides that:

> *61 Where a tribunal finds a doctor's fitness to practise is not impaired, it cannot impose a sanction. However, it must consider, under rule 17(2)(n) whether to:*
>
> ***a** take no action*
>
> ***b** issue a warning if the doctor's conduct, behaviour or performance has significantly departed from the guidance in Good medical practice.*

13. The Tribunal reminded itself of the overarching objective to protect the public, which includes pursuit of the following objectives 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.

14. The Tribunal had regard to paragraph 13 of the Warnings Guidance which advises that:

13. Although warnings do not restrict a doctor's practice, they should nonetheless be viewed as a serious response, appropriate for those concerns that fall just below the threshold for a finding of impaired fitness to practise.

14. Warnings should be viewed as a deterrent. They are intended to remind the doctor that their conduct or behaviour fell significantly below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. Warnings may also have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable.

15. The Tribunal had regard to the test for issuing a warning as outlined in the Warnings Guidance which is that:

16. A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:

-there has been a significant departure from Good medical practice, or
-…

16. The Tribunal also had regard to the factors to consider at paragraph 20 of the Warnings Guidance:

20. The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.

a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.

b. The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.

c. A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation (…); the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.

d. There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).

17. The Tribunal also had regard to the factors consider as outlined at paragraph 32 of the Warnings Guidance:

32. If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:

a. the level of insight into the failings

b. a genuine expression of regret/apology

c. previous good history

d. whether the incident was isolated or whether there has been any repetition

e. any indicators as to the likelihood of the concerns being repeated

f. any rehabilitative/corrective steps taken

g. relevant and appropriate references and testimonials.

18. The Tribunal considered the factors set out in paragraph 32a-g and acknowledge that Dr Vedi has demonstrated genuine regret, insight and full remediation as confirmed within the Determination on impairment. However, the Tribunal has also determined that there has been a significant departure from GMP and the Guidance on Maintaining Professional Boundaries. The Tribunal is satisfied that the facts found proved are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise.

19. The Tribunal has considered the proportionality of issuing a warning and has weighed the interests of the public with those of the practitioner. The Tribunal was satisfied that there is a need to mark the misconduct in this case with a warning to ensure that public confidence is maintained in the profession and the regulatory system. The Tribunal also considered that a warning was necessary to uphold proper professional standards.

20. The Tribunal determined that the warning will act as a deterrent and a reminder to Dr Vedi and the profession as a whole that the conduct fell below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. The Tribunal therefore determined that it is appropriate to issue a warning in this case.

21. The Tribunal determined that a warning should be given to Dr Vedi in the following terms:

'Between February 2020 and June 2023, Dr Vedi formed a personal relationship with Ms A and gave Ms A money towards a medical device that she required, sent a number of messages and images to her via Facebook messenger and/or another messaging platform. He also met with Ms A on two or more occasions, when it was inappropriate to do so. At all material times, Ms A was a former patient whom Dr Vedi knew to be vulnerable due to her mental health.

This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in *Good Medical Practice* and associated guidance. In this case, paragraphs 53 and 65 of Good Medical Practice (2013) were particularly relevant:

> *53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

The following paragraphs of the *Maintaining a professional boundary between you and your patient (*April 2013) were also particularly relevant:

> *"8 Personal relationships with former patients may also be inappropriate depending on factors such as:*
>
> *a the length of time since the professional relationship ended (see paragraphs 9–10)*
> *b the nature of the previous professional relationship*
> *c whether the patient was particularly vulnerable at the time of the professional relationship, and whether they are still vulnerable (see paragraphs 11–13)*
>
> *…*
> *11 Some patients may be more vulnerable than others and the more vulnerable someone is, the more likely it is that having a relationship with them would be an abuse of power and your position as a doctor.*
>
> *12 Pursuing a relationship with a former patient is more likely to be (or be seen to be) an abuse of your position if you are a psychiatrist or a paediatrician.*
>
> *13 Whatever your specialty, you must not pursue a personal relationship with a former patient who is still vulnerable. If the former patient was vulnerable at the time that you treated them, but is no longer vulnerable, you should be satisfied that:*

- *the patient's decisions and actions are not influenced by the previous relationship between you*
- *you are not (and could not be seen to be) abusing your professional position.*

14 You must consider the potential risks involved in using social media and the impact that inappropriate use could have on your patients' trust in you and society's trust in the medical profession. Social media can blur the boundaries between a doctor's personal and professional lives and may change the nature of the relationship between a doctor and a patient. You must follow our guidance on the use of social media."

Whilst this failing in itself is not so serious as to require any restriction on Dr Vedi's registration, it is necessary in response to his misconduct to issue this formal warning.'

This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

22. That concludes this case.