

**Record of Determinations –
Medical Practitioners Tribunal**

PUBLIC RECORD



Dates: 14/07/2020 - 15/07/2020

Medical Practitioner's name: Dr Parma PRASAD

GMC reference number: 4461841

Primary medical qualification: MB BS 1981 Mithila University

Type of case

New - Caution
New - Misconduct

Outcome on impairment

Not Impaired
Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Mrs Emma Boothroyd
Medical Tribunal Member:	Professor Irving Benjamin
Medical Tribunal Member:	Dr Laura Florence
Tribunal Clerk:	Mr Stuart Peachey

Attendance and Representation:

Medical Practitioner:	Not present and not represented
Medical Practitioner's Representative:	n/a
GMC Representative:	Ms Shirlie Duckworth, 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.

Record of Determinations – Medical Practitioners Tribunal

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 - 14/07/2020

1. In light of the exceptional current circumstances in relation to the ongoing COVID-19 pandemic, these proceedings are being undertaken remotely via Skype for Business.

(1) SERVICE AND PROCEEDING IN ABSENCE

Service

2. Dr Prasad is neither present nor represented at this Medical Practitioners Tribunal ('MPT'). The Tribunal therefore considered whether the relevant documents had been served properly in accordance with Rule 40 of the Rules, as amended.

3. Ms Shirly Duckworth, Counsel, on behalf of the GMC, made submissions in relation to service. She directed the Tribunal's attention to a GMC letter dated 8 June 2020 that was sent to his registered address and email address, and the Notice of Hearing ('NOH') dated 10 June 2020 which was sent to Dr Prasad's email address.

4. Ms Duckworth stated that all proper and reasonable attempts had been made to notify Dr Prasad of this hearing and he is aware of the hearing as evidenced by his communication to the GMC.

5. The Tribunal was persuaded that all the relevant requirements of Rules 20 and 40 of the Rules had been satisfied. It was satisfied that Dr Prasad had all the information required to join the virtual hearing should he have wished to attend.

Proceeding in Absence

6. Having been satisfied that the NOH has been properly served, the Tribunal went on to consider whether to exercise its discretion under Rule 31 of the Rules to proceed with the hearing in Dr Prasad's absence.

7. Ms Duckworth submitted that Dr Prasad had attempted to obtain legal representation for his hearing but that he had been unsuccessful in obtaining an advocate. Further, she submitted that there is no indication that he has requested

Record of Determinations – Medical Practitioners Tribunal

the hearing to be adjourned until a later date where he could continue his efforts to obtain legal representation. Ms Duckworth submitted that Dr Prasad confirmed with the GMC that he had still been unsuccessful in obtaining legal representation on 13 July 2020.

8. Ms Duckworth submitted that it was appropriate to proceed in Dr Prasad's absence as:

- he is aware of the hearing;
- he has deliberately absented himself;
- no application by him to adjourn to obtain legal representation;
- all reasonable efforts have been made to serve the NOH on him; and
- he has stated that he could not participate in this hearing, beyond providing documentation.

9. The Tribunal noted the relevant case law as outlined by the Legally Qualified Chair, in determining whether to proceed in the absence of a practitioner, to include:

- *R v Jones [2003] 1 AC HL; and*
- *GMC v Adeogba [2006] EWCA Civ 162.*

10. The Tribunal has borne in mind that its discretion should be exercised with the utmost care and caution. It also considered the need to balance Dr Prasad's interests, with the overarching statutory objective: namely the protection of the public.

11. The Tribunal noted within his witness statement, dated 12 March 2020, Dr Prasad outlined that he did not wish to attend this hearing. He stated:

'I confirm that I will not be attending the hearing. This is not deliberate avoidance as I do not have membership of any defence union and also I have not been able to find any legal representative to attend the hearing on my behalf. I sincerely apologise for this.'

Further, in an email to the GMC, dated 2 July 2020, where Dr Prasad stated:

'I am aware of the consequences of not attending the hearing. But I have made the decision as I can't discuss my private life with strangers. I would be extremely uncomfortable [sic] in those circumstances and possibly can not go through this. In any case what ever [sic] I have to say I have done that in my statement. That is the full and true account. I will leave everything else to the members of the MPTS'.

12. Having performed the appropriate balancing exercise and in accordance with Rule 31, the Tribunal determined it was appropriate to proceed with the hearing in

Record of Determinations – Medical Practitioners Tribunal

Dr Prasad's absence, namely that he is aware of the hearing and has voluntarily absented himself. It concluded that it is fair and just and in the public interest to hear this case without further delay and that no useful purpose would be served by an adjournment.

(2) THE FACTS

Background

13. Dr Prasad came to the United Kingdom in 1995. He has worked as a Speciality Doctor at Wrightington, Wigan and Leigh NHS Foundation Trust ('the Trust') since 2009.

14. Following a successful interview, he became an Associate Specialist at the Trust on 1 April 2019. During the Human Resources ('HR') process, it was flagged up that Dr Prasad had allegedly received a police caution in August 2014 following a XXX incident which had not been reported to the GMC or the Trust.

15. On 12 April 2019, Dr Prasad self-referred himself to the GMC.

The Allegation and the Doctor's Response

16. The Allegation made against Dr Prasad is as follows:

1. On 18 August 2014 at Stretford Police Station you accepted a caution for the offence of Common Assault, which took place on 18 August 2014, contrary to section 39 of the Criminal Justice Act 1988.

To be determined

2. You failed to inform the GMC without delay of the caution detailed at Paragraph 1 until 12 April 2019. **To be determined**

Documentary Evidence

17. The Tribunal had regard to the documentary evidence adduced during the course of these proceedings. This evidence included, but was not limited to:

- Witness statements of:
 - Dr Prasad, dated 12 March 2020;
 - Dr B (Dr Prasad's Responsible Officer), dated 19 December 2019;
 - Ms A, dated 13 March 2020;
- Dr Prasad's self-referral to the GMC, dated 12 April 2019;

Record of Determinations – Medical Practitioners Tribunal

- Letters from Greater Manchester Police ('GMP') disclosing:
 - MG11 witness statement of PC D, dated 18 August 2014;
- Transcript, dated 17 November 2017 of Ms A's 999 call to GMP made on 18 August 2014;
- Email correspondence between:
 - GMP and the GMC, dated 23 December 2019; and
 - GMP and the Criminal Records Unit ('CRU'), dated 19 December 2019; and
 - Dr B to the GMC, dated 11 March 2020.

The Tribunal's Approach

18. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Prasad does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred as alleged.

The Tribunal's Analysis of the Evidence and Findings

Findings

19. The Tribunal has considered each paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the specific paragraphs in the Allegation.

Paragraph 1 of the Allegation

20. In Ms A's statement, she stated that on the morning of 18 August 2014, there had been an argument between Dr Prasad and herself to which Dr Prasad had pushed her to one side. She stated that it was a 'very brief' incident and she was not harmed physically in any way. Ms A stated that she had 'impulsively' telephoned 999 emergency services reporting the matter. However, she stated that once the police arrived, she did not want to escalate the matter and asked that the police 'close the case'. Ms A stated that Dr Prasad was taken to the police station and was issued a caution.

21. In his self-referral email to the GMC dated 12 April 2019, Dr Prasad stated he had an 'altercation' with Ms A but 'the situation had calmed down and [Ms A] did not want to press ahead the charges, but the police took me to the police station and after interview I was given a simple caution, which I accepted'. Further, in his

Record of Determinations – Medical Practitioners Tribunal

witness statement, Dr Prasad confirmed that he had been cautioned at the police station, on 18 August 2014.

22. The Tribunal had regard to email correspondence between the CRU to the GMC, dated 19 December 2019. It noted a screenshot provided by the CRU which outlined that a caution had been issued to Dr Prasad on 18 August 2014.

23. Taking all the evidence into account, namely Dr Prasad's admission and the Police correspondence, the Tribunal found that it was more likely than not that, on 18 August 2014 at Stretford Police Station, Dr Prasad accepted a caution for the offence of Common Assault, which took place on 18 August 2014.

24. Therefore, the Tribunal found Paragraph 1 of the Allegation proved.

Paragraph 2 of the Allegation

25. In his witness statement, Dr Prasad stated that he had met with Dr B, his Responsible Officer, on 28 March 2019. Dr Prasad stated:

'During this meeting I was asked why I had not informed the GMC of this incident. I was not aware at this time that I had an obligation and duty to inform the GMC. If I had known I would have done so immediately. To my knowledge at this time, as I was told that the police were going to inform my employer and any further action would be taken by my employer.

[...]

My failure to inform the GMC was solely due to my ignorance of my responsibility and do admit that ignorance is no defence, but I never tried or had any intention to hide this as otherwise I would not have applied for the post and carried on working as usual.'

In his self-referral email to the GMC on 12 April 2019, Dr Prasad stated:

'At the end of interview I was told that they [the Police] will inform my employer about this incident and also advised me to do the same. I was too embarrassed about the incident and did not myself inform my employer assuming that the police have already done so.

I was totally unaware that I had a responsibility and duty to inform the GMC as well about the caution immediately. Had I known that I would have done so immediately. I genuinely regret that [...]

Record of Determinations – Medical Practitioners Tribunal

26. In all the circumstances, the Tribunal found that it was more likely than not that Dr Prasad had failed to inform the GMC without delay of the caution detailed at Paragraph 1 of the Allegation, given:

- Dr Prasad's own admission that he did not inform the GMC; and
- The lack of evidence before the Tribunal to suggest that Dr Prasad had made the GMC aware of his caution within the 4 years and 8 months between him receiving the caution from the police, and his self-referral to the GMC on 12 April 2019.

27. Therefore, the Tribunal found Paragraph 2 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

28. The Tribunal has determined the facts as follows:

1. On 18 August 2014 at Stretford Police Station you accepted a caution for the offence of Common Assault, which took place on 18 August 2014, contrary to section 39 of the Criminal Justice Act 1988.
Determined and found proved
2. You failed to inform the GMC without delay of the caution detailed at Paragraph 1 until 12 April 2019. **Determined and found proved**

Determination on Impairment - 14/07/2020

1. Having given its determination on the facts in this case, in accordance with Rule 17(2)(k) of the Rules, the Tribunal has considered whether, on the basis of the facts which it has found proved, Dr Prasad fitness to practise is currently impaired by reason of his caution and/or misconduct.

The Evidence

2. The Tribunal had regard to all of the evidence adduced during the course of these proceedings.

Submissions

3. The submissions made by Ms Duckworth, Counsel, on behalf of the GMC at the close of the impairment stage are a matter of record and the following is a non-exhaustive synopsis of those submissions.

4. Ms Duckworth submitted that Dr Prasad's fitness to practise is currently impaired by reason of his caution and misconduct. She directed the Tribunal's

Record of Determinations – Medical Practitioners Tribunal

attention to Good Medical Practice (2013 edition) ('GMP') and the Sanctions Guidance (February 2019 edition) ('SG') when making its determination.

5. Ms Duckworth submitted that the commission of a criminal offence of battery or common assault is serious XXX. She said that Dr Prasad was told he that should have informed his regulator, but he did not do this out of a mixture of 'embarrassment' and 'ignorance'. Ms Duckworth submitted that Dr Prasad's misconduct in not informing his regulator would be regarded as deplorable by fellow practitioners.

6. Ms Duckworth acknowledged that there have been no reports of Dr Prasad repeating XXX since 2014. She said Dr Prasad willingly accepted a caution and admitted to this within his written statement for these proceedings. Ms Duckworth submitted that had the caution been the only misconduct before the Tribunal, it may have considered that this was an isolated form of misconduct. However, she said that the Tribunal is dealing with this issue 6 years later because of Dr Prasad's continuing failure to inform his regulator of the caution.

7. Ms Duckworth acknowledged that Dr Prasad's case does not involve a risk of harm to patients. However, she submitted that the profession had been brought into disrepute and public confidence in the profession had been undermined by Dr Prasad's misconduct. Ms Duckworth submitted that the risk of repetition of Dr Prasad's conduct that led to the caution may be assessed as being low, given it has been 6 years since the index event. However, she submitted that Dr Prasad's failure to disclose the caution to his regulator is a serious concern, since acting with honesty and integrity and within the law are fundamental tenets of the profession.

8. Ms Duckworth acknowledged that Dr Prasad has expressed remorse and regret for his actions. She directed the Tribunal's attention to Dr Prasad's Responsible Officer's statement that Dr Prasad's remorse was genuine and no local action was taken by the Trust. She said that Dr Prasad had reflected on the impact his conduct would have had XXX and he had described that the incident would have caused distress to Ms A at the time. Ms Duckworth acknowledged Dr Prasad's apology to Ms A and that they had a XXX discussion and put the incident behind them. She submitted that the Tribunal may consider that Dr Prasad had demonstrated limited insight into the effect his actions may have had on the wider public interest, including the public's confidence in the profession.

The Relevant Legal Principles

9. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: firstly, whether the facts as found proved amounted to serious misconduct and secondly, whether the doctor's fitness to practise is currently impaired by reason of that misconduct.

Record of Determinations – Medical Practitioners Tribunal

10. The Tribunal had regard to the advice given by the Legally Qualified Chair as a matter of record.

11. At both stages of the process, the Tribunal was mindful of the overarching objective of the GMC set out in section 1 of the Medical Act 1983 (as amended) which requires the Tribunal to:

- a. Protect, promote and maintain the health, safety and well-being of the public,
- b. Promote and maintain public confidence in the medical profession, and
- c. Promote and maintain proper professional standards and conduct for members of that profession.

12. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *Grant*. In particular, the Tribunal considered whether its findings of fact showed that Dr Prasad's fitness to practise is impaired in the sense that 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 [...]'.*

13. The Tribunal bore in mind that it must determine whether Dr Prasad's fitness to practise is currently impaired by reason of misconduct, taking into account his conduct at the time of the events and any other relevant factors such as any development of insight, whether the matters are remediable or have been remedied and the likelihood of repetition.

14. The Tribunal also bore in mind the observations of Mrs Justice Cox in the case of *Grant* that *'in determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant Tribunal should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances'.*

Record of Determinations – Medical Practitioners Tribunal

Misconduct

15. In determining whether Dr Prasad's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the fact found proved at Paragraph 2 of the Allegation amounted to misconduct.

16. The Tribunal considered the paragraphs of GMP which set out the standards that a doctor must continue to meet throughout their professional career. The Tribunal had particular regard to paragraphs 1, 3, 65 and 75 of GMP that state:

1 'Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'

3 'Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance which supports it, and to follow the guidance they contain.'

65 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

75 'You must tell us without delay if, anywhere in the world:

- a. you have accepted a caution from the police or been criticised by an official inquiry
- b. you have been charged with or found guilty of a criminal offence
- c. another professional body has made a finding against your registration as a result of fitness to practise procedures.

The Tribunal applied these standards to the fact found proved.

17. The Tribunal noted that within his statement Dr Prasad explained that his reasoning for not informing the GMC of his caution was due to embarrassment and being unaware of a duty to do so. It considered that Dr Prasad must have been aware that his caution was serious enough for the Police to state they would be informing his employer. Further, it noted that 4 years and 8 months had elapsed since Dr Prasad was cautioned before he informed the GMC of the caution. This was only done as a result of a HR process bringing the matter to light at his current place of employment.

Record of Determinations – Medical Practitioners Tribunal

18. The Tribunal considered that Dr Prasad’s failure to declare and report his caution to his regulator would be considered deplorable by members of the profession and a fair minded and reasonably informed member of the public. The public rely on doctors to be open and honest in relation to criminal matters and therefore, the Tribunal concluded that Dr Prasad’s actions breached a fundamental tenet of the medical profession and the highlighted sections of GMP, and had the effect of bringing the profession into disrepute.

19. Therefore, the Tribunal determined that Dr Prasad’s actions set out in Paragraph 2 of the Allegation, amounted to misconduct.

Impairment by reason of Caution and/or Misconduct

20. The Tribunal next went on to consider whether, as a result of Dr Prasad’s caution and misconduct, his fitness to practise is currently impaired.

21. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight, remediation and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective. It considered that insight is important in order for a doctor to recognise areas of their behaviour that require improvement, and to take appropriate and relevant steps to address them, thus reducing the likelihood of repetition.

22. The Tribunal had regard to the nature of Dr Prasad’s caution for Common Assault on Ms A, which in itself is serious. However, the Tribunal noted that Dr Prasad had eventually reported the caution to the GMC himself and had subsequently co-operated fully with the regulatory process.

23. The Tribunal had regard to Dr Prasad’s witness statement, where he stated:

‘I am truly remorseful for the incident and no incidents have occurred since. I am now fully aware of informing the GMC of any issues.

I am aware that the incident would have caused immense distress and fear to [Ms A] at that time necessitating a call to the police for help. Though situation had normalised soon and after return from the police station I apologised to her. XXX. We had a XXX discussion XXX and have put the incident behind us and moved on since.

I accept that this was totally unacceptable and inappropriate on my part to behave in the manner I did at that moment.

I do realise that it does not reflect well at all on me particularly in my role in society as a doctor whom patients trust to help in the moments of pain and

Record of Determinations – Medical Practitioners Tribunal

difficulty. I treat patients of all age groups and sexes , some of whom are quite vulnerable and may not feel comfortable if aware of this incident.

[...]

I am fully aware of my duty and responsibility to inform my employer and the GMC about any such incident and not rely on anyone else to do that for me.'

24. The Tribunal considered that Dr Prasad has demonstrated some insight into the gravity of his caution and misconduct. It noted that he has acknowledged that he should have informed his regulator and demonstrated remorse for not doing so immediately. Within Ms A's statement, she stated that Dr Prasad's actions were an isolated event and that there had been 'no incidents of any kind between us'. The Tribunal was satisfied that there is no evidence before it that Dr Prasad had repeated his actions which lead to his caution, since the index event.

25. The Tribunal had regard to Dr B's statement in which he stated:

'I do believe that Dr Prasad is genuinely remorseful for the incident. I still do not have any concerns about Dr Prasad in relation to his clinical practice or patient safety. As far as I am aware this was a one off incident.

We did not take any action against Dr Prasad'.

The Tribunal was satisfied and accepted the GMC's submission that Dr Prasad does not pose a risk to patient safety and there are no clinical concerns with his practice.

26. The Tribunal had regard to whether a finding of impairment was necessary on public interest grounds in order to uphold proper professional standards. It reminded itself of the finding it had made in relation to misconduct and the fact that these issues had been the subject of regulatory proceedings. The Tribunal considered this finding of misconduct and these proceedings highlight for the wider profession that Dr Prasad's conduct was unacceptable.

27. The Tribunal concluded that a reasonable and well-informed member of the public, if provided with all the information before the Tribunal, would be satisfied with the steps Dr Prasad has taken to reflect on his conduct and the demonstration of his remorse. It therefore determined that public confidence in the medical profession would not be undermined if a finding of impairment was not made in the particular circumstances of this case. It concluded this was an isolated incident in an otherwise unblemished career. The Tribunal was of the view that Dr Prasad is highly unlikely to repeat his conduct.

Record of Determinations – Medical Practitioners Tribunal

28. Therefore, in all the circumstances of this case, the Tribunal determined that Dr Prasad's fitness to practise is not impaired by reason of his caution and misconduct.

Determination on Warning - 15/07/2020

1. As the Tribunal determined that Dr Prasad's fitness to practise was not impaired it considered whether in accordance with Section 35D(3) of the Medical Act 1983 and under Rule 17(2)(m) of the Rules, a warning was required.

The Evidence

2. The Tribunal had regard to all of the evidence adduced during the course of these proceedings.

Submissions

3. The submissions made by Ms Duckworth at the close of the warning stage are a matter of record and the following is a non-exhaustive synopsis of those submissions.

4. Ms Duckworth submitted that the GMC seek a warning in this case. She directed the Tribunal's attention to the document 'General Medical Council Guidance on Warnings' (February 2018 edition) ('the Guidance') and the SG when making its determination.

5. Ms Duckworth submitted that Dr Prasad's conduct significantly departed from the standards set out in GMP and the Tribunal had recognised that his failure to declare his caution to his employer would be considered deplorable to members of the profession, and fair-minded members of the public. She reminded the Tribunal of its conclusion that Dr Prasad's conduct was a breach of a fundamental tenet of the profession, which had the effect of bringing the profession into disrepute. However, Ms Duckworth acknowledged the Tribunal's finding that it would be highly unlikely that Dr Prasad would repeat his conduct.

6. Ms Duckworth submitted that incident of common assault, coupled with Dr Prasad's failure to inform the GMC, required a formal response to maintain public confidence and would act as a reminder to the wider profession that his conduct was unacceptable.

The Tribunal's Determination on a Warning

7. The decision whether or not to issue a warning is a matter for the Tribunal alone to determine, exercising its own professional judgement. In making its

Record of Determinations – Medical Practitioners Tribunal

decision, the Tribunal had regard to the Guidance, and in particular had regard to paragraphs 11, 13, 14 and 16 which state:

11 'Warnings allow the GMC and MPTS tribunals to indicate to a doctor that any given conduct, practice or behaviour represents a departure from the standards expected of members of the profession and should not be repeated. They are a formal response from the GMC and MPTS tribunals in the interests of maintaining good professional standards and public confidence in doctors. The recording of warnings allows the GMC to identify any repetition of the particular conduct, practice or behaviour and to take appropriate action in that event. Breach of a warning may be taken into account by a tribunal in relation to a future case against a doctor, or may itself comprise misconduct serious enough to lead to a finding of impaired fitness to practise.

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.'

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, [...]

8. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective. In that regard, it bore in mind that its power to issue a warning is an important feature of its role of protecting the public, which includes: protecting patients, maintaining public confidence in the profession, and declaring and upholding proper standards of conduct and behaviour.

9. In deciding whether or not to issue a warning, the Tribunal applied the principle of proportionality, and weighed the interests of the public against Dr Prasad's interests. The Tribunal had regard to *Bolton v The Law Society [1994] 1 WLR 512* where Sir Thomas Bingham stated 'that the reputation of the profession is more important than the fortunes of any individual member of it. Membership of a

Record of Determinations – Medical Practitioners Tribunal

profession brings many benefits but that is part of the price’.

The Tribunal’s Decision

10. The Tribunal was satisfied that, given the nature of its findings in relation to Dr Prasad’s conduct, his behaviour fell below the standards expected of a medical practitioner to a degree which warrants a formal response by the Tribunal. There had been clear and significant breaches of GMP, as outlined in its determination on impairment. However, the Tribunal recognised that it is highly unlikely that Dr Prasad would repeat his conduct in the future.

11. The Tribunal considered it appropriate and proportionate to issue a warning and was satisfied that it would not be fulfilling its duty under all three elements of the overarching objective if it did not do so.

12. Although a warning does not prevent a doctor from practising or place restrictions on their registration, the Tribunal anticipates that the warning will act as a deterrent and reminder to Dr Prasad and the profession as a whole that his conduct fell below the standard expected and that a repetition would be likely to result in a finding of impaired fitness to practise. Further, it considered that a warning was necessary to reinforce the importance of maintaining proper professional conduct.

The Warning

13. The Tribunal has therefore determined to issue the following warning in accordance with Section 35D(3) of the Medical Act 1983 and Rule 17(2)(m) of the Rules:

‘On 18 August 2014 at Stretford Police Station Dr Prasad accepted a caution for the offence of Common Assault, which took place on 18 August 2014, contrary to section 39 of the Criminal Justice Act 1988.

Dr Prasad failed to inform the GMC without delay of the caution detailed above until 12 April 2019.

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.

In this case, Dr Prasad breached the required standards are set out in Good Medical Practice (2013 edition). In this case paragraphs 1, 3, 65 and 75 of GMP are particularly relevant:

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge

Record of Determinations – Medical Practitioners Tribunal

and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

3 Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance which supports it, and to follow the guidance they contain.

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

75 You must tell us without delay if, anywhere in the world:

- a. you have accepted a caution from the police or been criticised by an official inquiry*
- b. you have been charged with or found guilty of a criminal offence*
- c. another professional body has made a finding against your registration as a result of fitness to practise procedures.*

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

This warning will be published on the List of Registered Medical Practitioners (LRMP) in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

14. That concludes this case.

Confirmed
Date 15 July 2020

Mrs Emma Boothroyd, Chair