

PUBLIC RECORD

Dates: 07/03/2022 - 09/03/2022

Medical Practitioner's name: Dr Pavithra SIDDAPPA
GMC reference number: 7131048
Primary medical qualification: MB BS 2012 University of Newcastle upon Tyne

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Ian Comfort
Lay Tribunal Member:	Mrs Valerie Blessington
Medical Tribunal Member:	Dr Noel Bevan

Tribunal Clerk:	Mr Stuart Peachey
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Attendance and Representation:

Medical Practitioner:	Not present and not represented
GMC Representative:	Mr Christopher Hamlet, 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.

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 - 08/03/2022

Rule 41

1. This determination will be announced in private given that matters relating to issues of XXX have come to light during the course of these proceedings. However, a redacted version will be published at the close of the hearing.

Application on Postponement

2. Prior to the hearing commencing, Dr Siddappa made a formal request on 28 February 2022 to the GMC and the MPTS for these proceedings to be postponed XXX and to allow her time to seek legal representation. The Tribunal noted that there had been little engagement from Dr Siddappa up until her request was made on 28 February 2022. Further, the Tribunal noted that Dr Siddappa was requested to provide evidence of XXX. She subsequently did not provide this to neither the GMC nor MPTS. On 4 March 2022, an MPTS Case Examiner determined not to accede to Dr Siddappa's request for a postponement.

Background

3. At the time of the Allegation, Dr Siddappa was a Clinical Fellow at Victoria Hospital, Kirkcaldy (the 'Hospital'). In August 2020, Dr Siddappa was referred to the GMC by Dr B, Medical Director for Fife Medical Board and Dr Siddappa's Responsible Officer, given the concerns relating to her conduct in allegedly submitting false information as part of her Annual Review of Competence Progression ('ARCP').

Applications Made During the Facts Stage

4. Mr Christopher Hamlet, Counsel, on behalf of the GMC made an application pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004, as amended ('the Rules'), to amend the Confidential Schedule of the Allegation to reflect the correct

spelling of Dr A's name. The Tribunal was satisfied that the amendments could be made without injustice.

5. Mr Hamlet made a further application pursuant to Rule 17(6) to amend Schedule 1 of the Allegation (as it relates to Paragraph 10 of the Allegation) to remove the following dates:

- 21 October 2020; and
- 13 January 2020.

He submitted that the removal of those two dates would not show an injustice to Dr Siddappa and it could be amended under the slip rule. The Tribunal granted this application as it could not find any reference to 21 October 2020 and 13 January 2021 within the evidence before it.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Siddappa is as follows:

Annual Review of Competence Progression ('ARCP')

1. On one or more occasion between 27 November 2015 and 24 August 2020 you amended your Annual Review of Competence Progression ('ARCP') outcome form dated 23 June 2015 ('the ARCP Form'), in that you changed:
 - a. the outcome recorded from outcome '3' to outcome '1';
To be determined
 - b. the section entitled 'Detailed reasons for recommended outcome' by:
 - i. removing the original wording within the section;
To be determined
 - ii. adding the words 'Excellent progress' to the section.
To be determined
2. On 24 August 2020 you submitted the ARCP Form, with the amendments described at paragraph 1, to your Responsible Officer for the purposes of your revalidation.
To be determined
3. You knew that the:
 - a. changes you made to the ARCP Form, as described in paragraph 1, would give the false impression that your ARCP outcome was better

than it was;
To be determined

- b. ARCP outcome form you submitted, as described in paragraph 2, contained the changes described in paragraph 1.
To be determined

4. Your conduct at paragraphs 1 and 2 was dishonest by reason of paragraph 3.
To be determined

Attendance

5. You
- a. failed to attend work for your shifts at Victoria Hospital, Kirkaldy (the 'Hospital') on:
- i. 20 July 2020;
To be determined
- ii. 22 July 2020;
To be determined
- b. arrived late for work at the Hospital on 21 July 2020.
To be determined
6. On 23 July 2020 you told Dr A that you:
- a. did attend work on 22 July 2020;
To be determined
- b. spent most of 22 July 2020 in the doctors' mess working on your appraisal;
To be determined
- c. left early on 22 July 2020 to have bloods done.
To be determined
7. When you made the comments at paragraph 6 you knew you:
- a. had not attended work on 22 July 2020;
To be determined
- b. spent no time on 22 July 2020 in the doctors' mess;
To be determined

- c. did not have an appointment to get your bloods done on 22 July 2020.
To be determined
8. Your conduct at paragraph 6 was dishonest by reason of paragraph 7.
To be determined
9. By way of a letter dated 11 August 2020 Dr A invited you to attend a meeting on 27 August 2020 ('the Meeting') to discuss attendance issues but you failed to:
- a. attend the Meeting;
To be determined
- b. notify Dr A that you would not be attending the Meeting.
To be determined

Work Details Form ('WDF')

10. On the dates set out in Schedule 1, the General Medical Council ('GMC') wrote to you requesting that you provide your completed WDF and you failed to provide your completed WDF to the GMC in a reasonable timeframe.
To be determined

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

To be determined

Documentary Evidence

7. The Tribunal had regard to the documentary evidence provided by the GMC. This evidence included but was not limited to:
- Witness statements of:
 - Dr C, Acting Medical Director for NHS Education for Scotland, dated 21 October 2020;
 - Dr B, Medical Director for Fife Medical Board and Dr Siddappa's Responsible Officer, dated 29 December 2020; and a supplemental statement, dated 7 June 2021;
 - Mr D, Investigation Officer at the GMC, dated 12 January 2021;
 - Email and letter correspondence between Dr Siddappa and:
 - the Hospital;
 - the GMC
 - Dr Siddappa's:
 - Original and amended ARCP, dated 23 June 2015;

- Interim ARCP, dated 22 February 2016; and 6 December 2016;
- Interim Order Tribunal ('IOT') determination, dated 5 January 2020;
- XXX
- The Hospital:
 - Computer log-in information, 22 July 2020;
 - Security card data, dated 20-24 July 2020; and
- WDF form.

The Tribunal's Approach

8. At this stage the Tribunal is required to determine whether the facts alleged, or any of them, have been proved.

9. The Tribunal must consider the evidence in relation to each individual Paragraph of the Allegation. In considering the Allegation, the Tribunal must be satisfied that each Paragraph of the Allegation has been established before making a finding.

10. The GMC bring the Allegation and the burden of proving it is on the GMC; there is no burden on the doctor. The fact that the doctor has chosen not to give evidence does not mean that she bears any burden.

11. The standard of proof is on the balance of probabilities, namely, whether it is more likely than not that the facts occurred as alleged.

12. When considering matters of dishonesty, the Tribunal took account of the principles in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67*. It bore in mind that it should first ascertain, subjectively, the actual state of Dr Siddappa's knowledge or belief as to the facts and should then decide whether her conduct was honest or dishonest by applying the objective standards of ordinary decent people.

The Tribunal's Analysis of the Evidence and Findings

Witness Evidence

13. The Tribunal noted that the witness statements of Dr C, Dr B and Mr D had been submitted under Rule 34 of the Rules. Further, these witness statements had been provided to Dr Siddappa in advance of this hearing and there was no evidence before the Tribunal that she had challenged those witness statements, nor was there any evidence that she had wished to call those witnesses to give live evidence.

14. The Tribunal also considered that, within the witness statements, these witnesses expressed genuine concern for Dr Siddappa's behaviour which is supported within the accompanying bundle of documentation before the Tribunal.

15. Therefore, The Tribunal found Dr C, Dr B and Mr D's documentary evidence to be reliable and attached appropriate weight to their evidence in the absence of any challenge by Dr Siddappa.

Findings

16. The Tribunal made the following findings of fact:

Paragraph 1 of the Allegation

17. The Tribunal had regard to the ARCP documentation, specifically the section titled '*Recommended Outcomes from Review Panel*' and '*Detailed reason for recommended outcome*'. Outcomes 1 to 4 states as follows

Satisfactory Progress

1. *Achieving progress and competencies at the expected rate [...]*

Unsatisfactory Progress

2. *Development of specific competencies required – additional training time required [...]*

3. *Inadequate progress by the trainee – additional training required [...]*

4. *Released from training programme with or without specified competencies [...]*

18. The Tribunal noted that between the original and amended document, there were four material changes:

The original ARCP document reads:

- **Recommended Outcomes from Review:** Outcome 3 ticked;
- **Detailed reason for recommended outcome:** '*Insufficient progress with WPBAs [Workplace Based Assessments], Borderline and unsatisfactory consultant feedback about progress in both clinical and professional attitudes*'

The amended ARCP document reads:

- **Recommended Outcomes from Review:** Outcome 3 ticked;
- **Detailed reason for recommended outcome:** '*Excellent progress*'

19. The Tribunal had regard to Dr B's witness statement where he stated:

‘Dr Siddappa eventually submitted her ARCP to me on 24 August 2020, which was dated 26 June 2015. [...] and appeared to show that she had passed with an outcome 1. However, through a conversation with Dr Siddappa’s clinical supervisor, Ms E, I learned that her actual ARCP outcome was unsuccessful’.

20. The Tribunal also noted email correspondence from Dr Siddappa to Dr B, dated 28 August 2020 where she admitted that the documents had been amended:

*‘Dear Dr B [sic]
XXX
I have only seen the document sent to you
That has been a terrible mistake and I will send you the actual ones
I would rather tell you in person. It was done by one of my relatives who has been living with me due to the lockdown [sic].
Trust me, even I can see that it has been altered and that too by someone stupid.
I had no clue this has happened.
[...]*

21. The Tribunal considered it unlikely and out of the range of probabilities that a family member would have the knowledge of the specific sections to edit and the correct people to submit the ARCP documentation to without Dr Siddappa’s knowledge. The Tribunal was of the view that Dr Siddappa, knowing she had received a poor outcome, took it upon herself to remove the unsatisfactory references for that of a satisfactory reference in an act of fraudulence. On her work details form provided to the GMC on 15 January 2021 Dr Siddappa stated *‘Submitted one forged documents [sic] towards my revalidation Document [...] – ARCP from my Anaesthetic core training years’*. She provided this amended document knowing that she was providing Dr B with a false representation of her ARCP than that of the true position.

22. In all the circumstances, the Tribunal considered that it was more likely than not that, on one or more occasion between 27 November 2015 and 24 August 2020, Dr Siddappa amended the ARCP Form in that she changed:

- The outcome recorded from outcome ‘3’ to outcome ‘1’;
- the section entitled *‘Detailed reasons for recommended outcome’* by:
 - removing the original wording within the section; and
 - adding the words *‘Excellent progress’* to the section.

23. Therefore, the Tribunal found Paragraph 1 of the Allegation proved in its entirety.

Paragraphs 2 and 3 of the Allegation

24. Given its findings at Paragraph 1 of the Allegation, the Tribunal did not accept Dr Siddappa’s assertion that a family member had submitted the amended ARCP document. Further, it was of the view that it would have taken a considerable number of steps for a

family member to have understood what the form was, what to amend, and who to send that amended form to. It considered that it was completely outside the range of probabilities.

25. In all the circumstances, the Tribunal considered that it was more likely than not that:

- On 24 August 2020, Dr Siddappa submitted the ARCP Form, with the amendments described at Paragraph 1 of the Allegation, to her Responsible Officer for the purposes of her revalidation; and
- Dr Siddappa knew that the:
 - changes she made to the ARCP Form, as described in Paragraph 1 of the Allegation would give the false impression that her ARCP outcome was better than it was; and
 - ARCP outcome form she submitted, as described in Paragraph 2 of the Allegation, contained the changes described in Paragraph 1 of the Allegation.

26. Therefore, the Tribunal found Paragraphs 2 and 3 of the Allegation proved in its entirety.

Paragraph 4 of the Allegation

27. The Tribunal considered separately whether Dr Siddappa knew the amendments she had made were untrue and resulted in a fraudulent and inaccurate record. It then went on to consider whether her conduct described at Paragraphs 1 and 2 of the Allegation was dishonest by reason of Paragraph 3 of the Allegation.

28. The Tribunal had regard to its previous findings and all the documentary evidence before it. By way of summary the Tribunal had, amongst other things, determined Dr Siddappa had:

1. On one or more occasions between 27 November 2015 and 24 August 2020 amended the ARCP Form and submitted it.
2. Made the amendments above which were an inaccurate representation of the original ARCP completed by the ARCP panel.
3. Stated that she did not make the amendments and that one of her family members had done so without her knowledge.

29. When considering the issue of dishonesty, the Tribunal applied the test in *Ivey v Genting Casinos* namely:

'74 [...] When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice

determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

30. The Tribunal considered that Dr Siddappa's motivation for amending the original ARCP document was to make it look as if the outcome was better than it had been. It considered that her actions were calculated and premeditated given that she amended both the 'Recommended Outcomes from Review' and 'Detailed reason for recommended outcome' sections for a favourable outcome. The Tribunal considered evidence that indicated Dr Siddappa worked in a supportive environment and her colleagues recommended another 6 months of training in order to reach the required standard for her stage of training.

31. The Tribunal was of the view that Dr Siddappa was intentionally trying to mislead and that her actions were not by accident. Further, once discovered by Dr B, Dr Siddappa attempted to further mislead by stating that it was a family member that had submitted the amended ARCP document.

32. Having therefore determined that Dr Siddappa had deliberately set out to amend the ARCP document to a favourable outcome, the Tribunal determined she was subjectively dishonest.

33. Ordinary decent people would find that the amendment of the original ARCP document was wholly inappropriate and very serious. The Tribunal therefore determined that her actions were objectively dishonest.

34. Based on all the evidence, the Tribunal was of the view that it was more likely than not that Dr Siddappa was both subjectively and objectively dishonest when she amended her ARCP document.

35. Therefore, the Tribunal found Paragraph 4 of the Allegation proved.

Paragraph 5 of the Allegation

36. The Tribunal had regard to a letter from Dr A, Clinical Director at the Hospital, to Dr Siddappa, dated 11 August 2020. Within that letter, Dr A informed Dr Siddappa that she was to be subject to an internal investigation. She stated:

'You advised that you did not attend work on Monday July 20, 2020, as you did not have a copy of your rota. Our rota administrator, Ms F, contacted you by email on Monday July 20, 2020, after receiving a call from your ward that you had not arrive to work by 12:30pm. You responded on 07:13am on Tuesday July 21, 2020, stating that

you had not received a copy of your rota. Ms F responded to your email at 07:25 and you attended work, but arrived late.

You advised me that you attended work on Wednesday July 22, 2020, but in the wrong location – AU1 rather than MoE ward. You stated that you spend [sic] most of the day in the Doctors Mess on a computer working on your appraisal documents. [...] You could not provide any evidence that you were in the hospital on Wednesday July 22, 2020. You also advised that you had left work early at approximately 3:30pm to go to Ninewells to have bloods done. [...] XXX

[...] I obtained statements from the medical staff in duty in AU1 on this date and these staff. I also obtained information from the eHealth department regarding your login information for the PCs in the Doctors Mess on 22 July 2020. Additionally, I obtained information from the Security team for your ID badge data from 20 July 2020 to 24 July 2020. [...]

37. The Tribunal also had regard to an XXX Report, dated 31 July 2020. This report was addressed to Dr A who outlined a non-verbatim telephone conversation she had had with Dr Siddappa. It is stated

‘On discussing the events of July 22nd, [Dr Siddappa] tells me that she had received the rota the day before, the first time she had received it as she had been on nights and had expected to have had the day off on Monday. She attended on Tuesday and that day she thinks she looked at the rota wrongly, believed to be in AU1 on Wednesday 22nd. She arrived late to AU1 on this day and realised on getting there she was in the wrong place, so decided to focus on her paperwork and a paper (went to the mess and the library). I asked why she decided to this rather than to check where she should have been and go there to find out (ward 42) she admitted th at she was embarrassed in the extreme to have mis-read the rota, to have to arrive late again and to risk “feeling like a fool”’.

38. The Tribunal also had regard to both the Hospital computer log-in information and Dr Siddappa’s security card data which outlined that neither showed any activity on 22 July 2020. The security card data showed that she had not opened any door in the Hospital on that day and the computer log-in information showed she had not accessed the Hospital computer system.

39. The Tribunal was satisfied from the above non-verbatim statements of Dr Siddappa’s acknowledgement that she was not at the Hospital on 20 July 2020. Further, based on the evidence before it, it could not be satisfied that she had attended the Hospital on 22 July 2020, given that none of her colleagues had seen her on the premises on that day. Had she attended the Hospital, her security card would have been logged on the system. Further, the Tribunal was not persuaded by her assertion that she was undertaking appraisal duties in the Doctors’ Mess as there was no evidence before it that she had logged onto the Hospital computer system.

40. On her WDF provided to the GMC on 15 January 2021 Dr Siddappa stated: *'I missed going to work (unauthorized absence) on 20 and 22 July as a consequence of my own misunderstanding of the rota'*.

41. The Tribunal also accepted the above non-verbatim statements that Dr Siddappa had arrived late at the Hospital on 21 July 2020.

42. In all the circumstances, the Tribunal considered that it was more likely than not that, Dr Siddappa:

- failed to attend work for her shifts at the Hospital on 20 July 2020 and 22 July 2022; and
- arrived late for work at the Hospital on 21 July 2020.

43. Therefore, the Tribunal found Paragraph 5 of the Allegation proved in its entirety.

Paragraph 6 of the Allegation

44. XXX

45. The Tribunal had regard to the letter from Dr A to Dr Siddappa, dated 11 August 2020. Within that letter, Dr A outlined that she had a discussion with Dr Siddappa where she told Dr A that she attended the Hospital on 22 July 2020. Dr A stated that Dr Siddappa had told her that AUI was not busy.

46. The Tribunal had regard to the letter from Dr B to Dr Siddappa, dated 27 August 2020. Within that letter, Dr B stated *'I am sorry that you were not able to meet with me this afternoon'*.

47. Given the evidence available to it, the Tribunal drew the reasonable inference that, if Dr Siddappa had been working on her appraisals on 22 July 2020 she would have needed to use her door security key to access the Hospital.

48. The Tribunal relied on Dr A's evidence which has been unchallenged by Dr Siddappa. It considered that that letter was not the sole source of evidence and is supported by the evidence that she had not used her security access card at the Hospital.

49. In all the circumstances, the Tribunal found that it was more likely than not that, on 23 July 2020, Dr Siddappa told Dr A that she:

- did attend work on 22 July 2020;
- spent most of 22 July 2020 in the doctors' mess working on your appraisal; and
- left early on 22 July 2020 to have bloods done.

50. Therefore, the Tribunal found Paragraph 6 of the Allegation proved in its entirety.

Paragraph 7 of the Allegation

51. Given the Tribunal's findings in respect of Paragraph 6 of the Allegation, it did not find Dr Siddappa's assertions credible and that she knew what she was saying was not true. In this light, the Tribunal found that it was more likely than not that when Dr Siddappa made the comments at paragraph 6 of the Allegation above, she knew she:

- had not attended work on 22 July 2020;
- spent no time on 22 July 2020 in the doctors' mess; and
- did not have an appointment to get her bloods done on 22 July 2020.

52. Therefore, the Tribunal found Paragraph 7 of the Allegation proved in its entirety.

Paragraph 8 of the Allegation

53. The Tribunal considered whether Dr Siddappa's actions with regard to its findings at Paragraphs 6 of the Allegation were dishonest by reason of Paragraph 7 of the Allegation. By way of summary the Tribunal had, amongst other things, determined Dr Siddappa had:

1. Neither attended the Hospital nor had an appointment to get her bloods taken on 22 July 2020.
2. Made false representations to Dr A on 23 July 2020.

54. Having therefore determined that Dr Siddappa had deliberately set out to make false representations to Dr A on 23 July 2020, the Tribunal determined she was being subjectively dishonest.

55. Further, ordinary decent people would find those false representations were wholly inappropriate and very serious. The Tribunal therefore determined that her actions were objectively dishonest.

56. Based on all the evidence, and the standard set out in *Ivey*, the Tribunal was of the view that it was more likely than not that Dr Siddappa was both subjectively, and objectively dishonest.

57. Therefore, the Tribunal found Paragraph 8 of the Allegation proved.

Paragraph 9 of the Allegation

58. The Tribunal noted that Dr Siddappa had not attended the Meeting on 27 August 2020 XXX, which is evidenced from Dr A and Dr B, who were not told that Dr Siddappa would

not be attending the Meeting. XXX. There was no evidence before the Tribunal that demonstrated Dr Siddappa had notified Dr A that she would not be attending the Meeting.

59. In all the circumstances, the Tribunal found that it was more likely than not that by way of a letter dated 11 August 2020, Dr A invited Dr Siddappa to attend the Meeting to discuss attendance issues but she failed to:

- attend the Meeting; and
- notify Dr A that she would not be attending the Meeting.

60. Therefore the Tribunal found Paragraph 9 of the Allegation proved in its entirety.

Paragraph 10 of the Allegation

61. The Tribunal had regard to Schedule 1 of the Allegation. It noted that the GMC made a request on 23 September 2020 to Dr Siddappa for her to submit her completed WDF. On 9 October 2020, and 4 November 2020, chaser emails were sent to Dr Siddappa. On 5 November 2020, Dr Siddappa requested an extension and the GMC granted this until 12 January 2021.

62. In all the circumstances, the Tribunal found that it was more likely than not that, on the following dates set out in Schedule 1:

- 23 September 2020;
- 9 October 2020;
- 4 November 2020; and
- 5 November 2020.

The GMC wrote to Siddappa requesting that she provide her completed WDF and she failed to provide her completed WDF to the GMC in a reasonable timeframe.

63. Therefore, the Tribunal found Paragraph 10 of the Allegation proved in relation to the dates of Schedule 1 of the Allegation set out above.

The Tribunal's Overall Determination on the Facts

64. The Tribunal has determined the facts as follows:

Annual Review of Competence Progression ('ARCP')

1. On one or more occasion between 27 November 2015 and 24 August 2020 you amended your Annual Review of Competence Progression ('ARCP') outcome form dated 23 June 2015 ('the ARCP Form'), in that you changed:

- a. the outcome recorded from outcome '3' to outcome '1';
Determined and found proved
- b. the section entitled 'Detailed reasons for recommended outcome' by:
 - i. removing the original wording within the section;
Determined and found proved
 - ii. adding the words 'Excellent progress' to the section.
Determined and found proved
2. On 24 August 2020 you submitted the ARCP Form, with the amendments described at paragraph 1, to your Responsible Officer for the purposes of your revalidation.
Determined and found proved
3. You knew that the:
 - a. changes you made to the ARCP Form, as described in paragraph 1, would give the false impression that your ARCP outcome was better than it was;
Determined and found proved
 - b. ARCP outcome form you submitted, as described in paragraph 2, contained the changes described in paragraph 1.
Determined and found proved
4. Your conduct at paragraphs 1 and 2 was dishonest by reason of paragraph 3.
Determined and found proved

Attendance

5. You
 - a. failed to attend work for your shifts at Victoria Hospital, Kirkcaldy (the 'Hospital') on:
 - i. 20 July 2020;
Determined and found proved
 - ii. 22 July 2020;
Determined and found proved
 - b. arrived late for work at the Hospital on 21 July 2020.
Determined and found proved

6. On 23 July 2020 you told Dr A that you:
 - a. did attend work on 22 July 2020;
Determined and found proved
 - b. spent most of 22 July 2020 in the doctors' mess working on your appraisal;
Determined and found proved
 - c. left early on 22 July 2020 to have bloods done.
Determined and found proved
7. When you made the comments at paragraph 6 you knew you:
 - a. had not attended work on 22 July 2020;
Determined and found proved
 - b. spent no time on 22 July 2020 in the doctors' mess;
Determined and found proved
 - c. did not have an appointment to get your bloods done on 22 July 2020.
Determined and found proved
8. Your conduct at paragraph 6 was dishonest by reason of paragraph 7.
Determined and found proved
9. By way of a letter dated 11 August 2020 Dr A invited you to attend a meeting on 27 August 2020 ('the Meeting') to discuss attendance issues but you failed to:
 - a. attend the Meeting;
Determined and found proved
 - b. notify Dr A that you would not be attending the Meeting.
Determined and found proved

Work Details Form ('WDF')

10. On the dates set out in Schedule 1, the General Medical Council ('GMC') wrote to you requesting that you provide your completed WDF and you failed to provide your completed WDF to the GMC in a reasonable timeframe.
Determined 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

Determination on Impairment - 09/03/2022

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 Siddappa's fitness to practise is currently impaired by reason of misconduct.

The Evidence

2. The Tribunal had regard to all of the evidence, both oral and documentary, adduced during the course of these proceedings.

Submissions

3. The following is a summary of submissions at the close of the impairment stage.

4. Mr Hamlet submitted that Dr Siddappa's fitness to practise is currently impaired by reason of her misconduct given her dishonesty and the absence of any effort from her to address those areas of concern.

5. Mr Hamlet reminded the Tribunal that it found Dr Siddappa had removed all unsatisfactory references from the ARCP document in an act of fraudulence. Dr Siddappa also lied about her actions stating that an unnamed family member had changed it without her knowledge. It also found that Dr Siddappa had been dishonest when she stated she attended work on 22 July 2020. Mr Hamlet submitted that Dr Siddappa failed to take her work obligations seriously and that she displayed a cavalier attitude to the impact that her actions had on patients and care on that day. He submitted that Dr Siddappa's actions in this regard amounted to serious misconduct.

6. In relation to the Meeting, Mr Hamlet submitted that, XXX, it was incumbent on her to notify those inviting her to the Meeting in advance as a professional courtesy. He stated that her failures to do so in the context of proceeding failures to attend the Meeting compound her misconduct.

7. In relation to the WDF, Mr Hamlet submitted that it is a vital part of the GMC fitness to practise investigation. The delay in providing that could lead to concerns in other areas of practice for a doctor. He reminded the Tribunal that Dr Siddappa had been asked three times and provided the WDF to the GMC almost four months after its request.

8. Mr Hamlet submitted that this is not a case where there is nuanced balance between whether the doctor has done enough or not to overcome the initial concerns. In Dr Siddappa's case, there is no evidence of insight or remediation before the Tribunal at all.

9. Mr Hamlet submitted that in relation to Dr Siddappa's dishonesty, it was a deliberate act designed to mislead and an attitude that is not easily remediable. She has not provided any evidence of reflection or a clear acknowledgement of fault. He submitted that there has been precious little engagement at all from Dr Siddappa throughout the course of these regulatory proceedings and no response to the Allegation itself.

The Relevant Legal Principles

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

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 *CHRE v NMC & Grant (2011) EWHC 927*. In particular, the Tribunal considered whether its findings of fact showed that Dr Siddappa's fitness to practise is impaired in the sense that she:

- 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.'*

13. The Tribunal bore in mind that it must determine whether the doctor's fitness to practise is currently impaired by reason of misconduct, taking into account her 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 remediated 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'.

Misconduct

15. In determining whether Dr Siddappa's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to misconduct.

16. The Tribunal considered the paragraphs of GMP which set out the standards that a doctor must adhere to throughout their professional career. The Tribunal had particular regard to paragraphs 1, 65, 68, 71 and 73 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'.*

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

68 *'You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate'.*

71 *'You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*

a. You must take reasonable steps to check the information is correct.

b. *You must not deliberately leave out relevant information’.*

73 *You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality’.*

17. The Tribunal determined the above extracts of GMP were all engaged in this case.

Paragraphs 1 to 4 of the Allegation

18. The Tribunal found that Dr Siddappa’s dishonesty was calculated by amending the ARCP document in several areas to reflect a more favourable outcome. Her actions in this regard could have had far reaching consequences to the reputation of the medical profession and patient safety by giving the false impression that she was more skilled than she was. Patient safety could have been seriously undermined had her actions been undiscovered.

19. Therefore, the Tribunal determined that Dr Siddappa’s actions amounted to serious misconduct in relation to Paragraphs 1 to 4 of the Allegation and breached the principles set out in GMP above.

Paragraphs 5 to 8 of the Allegation

20. The Tribunal found that Dr Siddappa failed to attend the Hospital on the dates set out in the Allegation. She was dishonest in stating to colleagues that she had attended on those dates.

21. The Tribunal was concerned that Dr Siddappa stated that, on 22 July 2020, she was in the Doctors’ Mess because the AU1 ward was not busy. However, within the evidence, it was stated that the AU1 was in fact very busy on that day and *‘a debrief had been undertaken by the emergency care directive given capacity concerns leading to problems in AU1/2 and the emergency department’*. Her absence had been noted by the Hospital. Dr Siddappa’s dishonest actions in this regard could have had far reaching consequences to the reputation of the medical profession, specifically that patient safety could have been seriously undermined owing to the capacity concerns described above.

22. Therefore, the Tribunal determined that Dr Siddappa’s actions amounted to serious misconduct in relation to Paragraphs 5 to 8 of the Allegation and breached the principles set out in GMP.

Paragraph 9 of the Allegation

23. The Tribunal found that Dr Siddappa had been given ample notice to attend the Meeting. On 11 August 2020, a letter had been sent to her and she had time to consider the content of it and the fact that she was under internal investigation. She did not let the Hospital know that she XXX would not be attending the Meeting.

24. Therefore, in the circumstances of this as a standalone Allegation, the Tribunal determined that Dr Siddappa's actions amounted to misconduct, but that it was not on the serious end of the spectrum. However, the Tribunal was mindful that there is a duty on doctors to cooperate with investigation and enquires into their fitness to practise.

Paragraph 10 of the Allegation

25. The Tribunal considered that Dr Siddappa, in failing to provide the WDF on request on multiple occasions, had shown a blatant disregard to the regulatory proceedings by not properly engaging with the GMC investigation process, which is intended to promote public confidence in a doctor's fitness to practise and is integral to the protection of the public and maintenance of proper professional standards.

26. Therefore, the Tribunal determined that Dr Siddappa's actions amounted to serious misconduct in relation to Paragraph 10 of the Allegation and breached the principles set out in GMP above.

Misconduct Overall

27. GMP sets out the standards that a doctor must meet, and continue to meet, throughout their professional career. The Tribunal found that in respect of all of Paragraphs 1 to 8 and 10 of the Allegation above that Dr Siddappa's conduct fell seriously below the expected GMP standard and, taken as whole, constituted serious misconduct that is likely to impair her fitness to practise.

Impairment by reason of Misconduct

28. Having found that the facts found proved above amounted to serious misconduct, the Tribunal went on to consider whether, as a result of this, Dr Siddappa's fitness to practise is currently impaired by reason of her misconduct.

29. The Tribunal had regard to the guidance set down in *Grant* above, in considering how a doctor is likely to act in the future, it is relevant to take into account how they have acted in the past. The Tribunal considered that a, b, c and d of this paragraph are engaged in this case.

30. 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 and remediation is important in order for a doctor to recognise areas of their practice and behaviour that require improvement, and to take appropriate and relevant steps to address them, thus reducing the likelihood of repetition.

31. However, the Tribunal noted that there is no evidence before it from Dr Siddappa of any insight, reflection or remediation. The Tribunal noted that the limited engagement Dr Siddappa has had in the regulatory proceedings is that of a request to the GMC/MPTS for

a postponement, in which she provided the MPTS Case Manager with none of the requested information to support her application. Therefore, in the absence of any of that evidence, the Tribunal concluded that there was nothing before it to satisfy it that Dr Siddappa would not repeat her actions in the future.

32. GMP makes it clear that acting with honesty and integrity is a cornerstone of the medical profession and the public expects doctors to meet this standard. A failure to act with integrity when submitting documentation and compliance with investigations is a serious breach of the standards expected of a doctor and inevitably brings the medical profession into disrepute.

33. The public expects to be able to trust doctors. The public expects doctors to act with integrity and not act against patient interests. They expect doctors dealing with their cases to adhere to the principles set out in GMP. Where doctors fail to do so in a significant way public trust in the profession is undermined and a finding of impairment of fitness to practise is required.

34. Therefore, in all the circumstances of this case, the Tribunal determined that it was necessary in order to satisfy all three limbs of the overarching objective to find that Dr Siddappa's fitness to practise is currently impaired by reason of her misconduct.

Determination on Sanction - 09/03/2022

1. Having determined that Dr Siddappa's fitness to practise is impaired by reason of her misconduct, the Tribunal has considered what action, if any, it should take with regard to her registration, in accordance with Rule 17(2)(n) of the Rules.

The Evidence

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

Submissions

3. The following is a summary of submissions made at the sanction stage. Mr Hamlet also provided the Tribunal with written submissions.

4. Mr Hamlet submitted that the appropriate and proportionate sanction in this case would be to erase Dr Siddappa's name from the Medical Register. He directed the Tribunal's attention to the Sanctions Guidance (November 2020 edition) ('SG') and its own findings at the impairment stage when making its determination.

5. Mr Hamlet submitted that the following mitigating and aggravating features are present in this case:

'Aggravation

- a. *Multiple acts of dishonesty*
- b. *Attempts to conceal with further lies*
- c. *Blatant disregard for the regulatory process by failing to engage properly*
- d. *No admissions [or] acknowledgement even after a period for reflection*
- e. *No attempt at remediation'*

'Mitigation

- a. *No disciplinary record'.*

6. Mr Hamlet submitted that Dr Siddappa's dishonesty appeared to be embedded in her character from the way she reacted to the issues at the time of the Allegation and the way she has responded since. It may well be that the Tribunal could conclude that it is an *'all pervading or immutable trait'* in her. Mr Hamlet submitted that what is clear is that the mitigating features the Tribunal would ordinarily look to bring acts of dishonesty into the realm of conduct that can be dealt with by way of suspension rather than erasure are not present. He said that the reassurance the Tribunal might wish to draw from evidence that this was an aberration in her usual good character, such that it is unlikely to be repeated, is also not present. Mr Hamlet submitted that what Dr Siddappa has done, and how she has responded to it, is fundamentally incompatible with practice as a registered medical practitioner.

7. Mr Hamlet submitted that the only way in this case to mitigate the risks to patient safety, address the damage to the reputation of the profession, and uphold proper standards of conduct and behaviour, it to erase Dr Siddappa's name from the register.

The Relevant Legal Principles

8. The Tribunal took into account its earlier findings, the submissions, and the evidence adduced during the course of these proceedings.

9. The decision as to the appropriate sanction is a matter for this Tribunal's own independent judgement. The sanction must be proportionate and tailored to the specific circumstances of the case. In reaching its decision, the Tribunal took into account the SG and the statutory overarching objective, which includes the need 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.

10. The Tribunal recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Siddappa’s interests with the public interest.

The Tribunal’s Determination on Sanction

Aggravating and Mitigating Factors

Aggravating Factors

11. The Tribunal identified the following aggravating factors in Dr Siddappa’s case:

- A dishonest act in an attempt to demonstrate a more favourable outcome in the ARCP document. This could have severely affected patient safety had her dishonesty gone unnoticed by practising at a level at which she had not yet reached;
- Multiple acts of dishonesty with further attempts to conceal it with further lies;
- Lack of engagement with adjudicatory proceedings; and
- No evidence of any insight or reflection or any attempt of remediation.

Mitigating Factors

12. The Tribunal considered all the evidence before it and concluded that the only mitigating factor in Dr Siddappa’s case is that she had not been previously found implicated or impaired in regulatory proceedings.

The Tribunal’s Decision

13. In deciding what sanction, if any, to impose, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which is appropriate and proportionate in this case.

No Action

14. The Tribunal first considered whether to conclude the case by taking no action.

15. The Tribunal was satisfied that there were no exceptional circumstances in Dr Siddappa’s case which could justify it taking no action. It determined that, given the circumstances of this case, taking no action would be inappropriate, inadequate and it would not be in the public interest.

Conditions

16. The Tribunal then considered whether to impose an order of conditions on Dr Siddappa's registration would be appropriate. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

17. The Tribunal concluded that a period of conditional registration would not be appropriate because of the seriousness of Dr Siddappa's dishonesty. Conditions would not sufficiently mark the gravity of the findings made by the Tribunal. It also considered that it could not formulate practicable and workable conditions that would address those findings.

18. In all the circumstances, the Tribunal concluded that to impose conditions on Dr Siddappa's registration would not be sufficient to protect patients, maintain public confidence in the medical profession or uphold proper professional standards for members of the profession.

Suspension

19. The Tribunal went on to consider whether a period of suspension would be an appropriate and proportionate sanction to impose on Dr Siddappa's registration. The Tribunal noted the SG, specifically paragraphs 93 and 97(a)(e)(f)(g) of the SG:

93 'Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)'.

97(a)(e)(f)(g) '*Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate*

a. A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors

[...]

e. No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f. No evidence of repetition of similar behaviour since incident

g. The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour'.

20. The Tribunal applied the above guidelines to the facts found proved.

21. The Tribunal considered that Dr Siddappa's misconduct was a serious breach of GMP and breached a fundamental tenet of the medical profession as to probity. There is no evidence before it that Dr Siddappa had acknowledged her faults or shown any willingness to engage with investigatory proceedings. Further, there is no evidence before the Tribunal that she has taken any steps to remediate her actions or that she has demonstrated any insight. Therefore, as outlined in its determination on impairment, the Tribunal was concerned that there remained a real risk of Dr Siddappa repeating her actions in the future.

22. The Tribunal next had regard to paragraphs 124 and 125(a) and (e) of the SG which relate to cases involving dishonesty where a more serious sanction may be appropriate:

124 'Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty'.

125(a)(e) 'Examples of dishonesty in professional practice could include:

a. defrauding an employer

[...]

e. failing to take reasonable steps to make sure that statements made in formal documents are accurate'.

23. Dr Siddappa's actions had the effect of placing patient safety at risk if her actions in fraudulently amending the ARCP document for a better outcome had gone unnoticed.

24. Taking account of the facts of this case and the relevant parts of the SG, the Tribunal concluded that Dr Siddappa's actions went to the heart of patient trust. If a patient could not trust a doctor to be open and honest when dealing with adjudicatory investigations and formal documentation, this would lead to considerable damage to public trust and the reputation of the medical profession. The public must be able to rely on doctors to act with honesty and integrity undertaking their role as a medical professional, especially when the doctor's practice is under scrutiny as it was in this case during the Hospital and the GMC investigations.

25. Accordingly, the Tribunal determined that suspension would not be sufficient or proportionate to promote and maintain public confidence in the medical profession or

uphold proper professional standards for members of the profession. Further, it concluded that the imposition of the maximum period of 12 months' suspension would not sufficiently meet the statutory overarching objective.

Erasure

26. In the circumstances the Tribunal determined that the only appropriate sanction in this case was one of erasure. In reaching its determination, the Tribunal had regard to paragraphs 109(a)(h)(i)(j) of the SG, which state:

109(a)(h)(i)(j) *'Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive)*

a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

[...]

h. Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

i. Putting their own interests before those of their patients (see Good medical practice paragraph 1: – 'Make the care of [your] patients [your] first concern' and paragraphs 77–80 regarding conflicts of interest).

j. Persistent lack of insight into the seriousness of their actions or the consequences'.

27. The Tribunal considered and applied these paragraphs as relevant to the facts of this case. The impact of Dr Siddappa's dishonesty upon public confidence was too great to be met by a lesser sanction than erasure.

28. In conclusion, for the reasons set out earlier in this determination, the Tribunal concluded that Dr Siddappa's misconduct was fundamentally incompatible with continued registration and that no lesser sanction than erasure would adequately protect patients, promote and maintain public confidence in the medical profession, and promote and maintain proper professional standards and conduct for members of that profession.

29. Accordingly, the Tribunal directed that Dr Siddappa's name be erased from the Medical Register.

Determination on Immediate Order - 09/03/2022

1. Having determined that Dr Siddappa's name be erased from the Medical Register, the Tribunal considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order.

Submissions

2. The following is a summary of submissions made at the immediate order stage.

3. Mr Hamlet submitted that, given the Tribunal's findings and concerns raised in this case, it would be appropriate to impose an immediate order of suspension on Dr Siddappa's registration. He submitted that this would mitigate the risks of Dr Siddappa practising in the intervening appeal period.

4. Mr Hamlet submitted that the Tribunal should revoke the Interim Order currently in place on Dr Siddappa's registration.

The Tribunal's Decision

5. In reaching its decision, the Tribunal has exercised its own judgment, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner. It also bore in mind the guidance given in the relevant paragraphs of the SG relating to immediate orders.

6. Having regard to the particular circumstances of this case, the Tribunal determined that an immediate order of suspension was appropriate and necessary. It concluded that this was necessary in order to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the medical profession.

7. The substantive direction for erasure will take effect 28 days from when the written notice is deemed to have been served upon Dr Siddappa, unless an appeal is lodged in the interim.

8. The Interim Order currently imposed on Dr Siddappa's registration will be revoked when the immediate order takes effect. The immediate order will take effect when notice has been deemed to have been served upon Dr Siddappa.

9. That concludes this case.

ANNEX A – 07/03/2022

Rule 41

1. This determination will be announced in private given matters which relate to issues of XXX. However, a redacted version will be published at the close of the hearing.

Determination on Service and Proceeding in Absence

Service

2. Dr Siddappa 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 Rules 15 and 40 of the Rules, as amended.

3. Mr Christopher Hamlet, Counsel, on behalf of the General Medical Council ('GMC') addressed the Tribunal on whether service had been effected.

4. Mr Hamlet directed the Tribunal's attention to email correspondence from the GMC to Dr Siddappa, dated 4 November 2021. Given that there was no response from Dr Siddappa, that correspondence was sent via post to his registered address. This was also delivered and signed for.

5. Mr Hamlet directed the Tribunal's attention to a GMC Information letter which was sent to Dr Siddappa's email and registered address on 26 January 2022. This was also delivered and signed for.

6. Mr Hamlet also directed the Tribunal to the Medical Practitioners Tribunal Service ('MPTS') Notice of Hearing ('NOH') dated 26 January 2022 which was sent to Dr Siddappa's registered address and email address. This letter was delivered and signed for.

7. Mr Hamlet stated that all proper and reasonable attempts had been made to notify Dr Siddappa of this hearing and she is aware of the hearing as she had responded to the GMC seeking a postponement.

8. The Tribunal was persuaded that all the relevant requirements of Rules 15 and 40 of the Rules had been satisfied.

Proceeding in Absence

9. 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 Siddappa's absence.

10. Mr Hamlet submitted that it was appropriate to proceed in Dr Siddappa's absence as all reasonable efforts have been made to serve the NOH on her.

11. Mr Hamlet submitted that there had been longstanding disengagement by Dr Siddappa through the life of this hearing. He said that there been occasional engagement by Dr Siddappa relating to her Interim Order Tribunal ('IOT') hearing and more recently in her hearing postponement application to the GMC on 28 February 2022.

12. Mr Hamlet submitted that if the Tribunal were to adjourn, it would likely be a further 9 to 12 months before this case could be listed again. He said that the Tribunal had heard from Dr Siddappa recently that she is aware of these proceedings and is now aware of her power to seek a postponement. Dr Siddappa had not attended these proceedings and renewed her application to the Tribunal. Therefore, he stated that Dr Siddappa had voluntarily absented herself.

13. XXX

14. The Tribunal noted the relevant case law in determining whether to proceed in the absence of a practitioner:

- *R v Jones [2003] 1 AC HL*;
- *GMC v Adeogba [2006] EWCA Civ 162*; and
- *GMC v Ijaz Hyat [2018] EWCA Civ 2796*.

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

16. Having performed the appropriate balancing exercise and in accordance with Rule 31, the Tribunal determined it was appropriate to proceed with the hearing in Dr Siddappa's absence, for the following reasons:

- she has been notified of the hearing and has voluntarily absented herself;
- there would be no purpose served by postponing this hearing as she has a pattern of non-engagement with adjudicatory proceedings;
- XXX
- the fair, economical and expeditious consideration of this case is important in the context of the overarching objective.

17. The Tribunal 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 a postponement.

SCHEDULE 1

23 September 2020

9 October 2020

~~21 October 2020~~ Withdrawn under Rule 17(6)

4 November 2020

5 November 2020

~~13 January 2021~~ Withdrawn under Rule 17(6)