

PUBLIC RECORD

Dates: 21/09/2021 - 22/09/2021

Medical Practitioner's name: Dr Puja KALIA
GMC reference number: 7271076
Primary medical qualification: MB ChB 2012 University of Leeds

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired
Review - XXX	Impaired

Summary of outcome
Conditions, 24 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Graham White
Lay Tribunal Member:	Ms Gail Mortimer
Medical Tribunal Member:	Mr Mike Hayward
Tribunal Clerk:	Kanwal Rizvi

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr David Morris, Counsel, instructed by DAC Beachcroft
GMC Representative:	Ms Ceri Widdett, 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 Impairment - 22/09/2021

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Kalia's fitness to practise remains impaired by reason of her misconduct and XXX.

Hearing in Private

2. This determination will be read in private. However, as this case concerns Dr Kalia's misconduct a redacted version will be published at the close of the hearing with those matters relating to XXX removed.

Background

3. Dr Kalia's case was first considered by a Medical Practitioners Tribunal in October 2019 ('the 2019 Tribunal') and then reviewed in December 2020 ('the 2020 Tribunal'). Dr Kalia qualified in 2012, and at the time of the events in question was practising as a General Practitioner ('GP') speciality trainee in year two to three ('ST2-ST3'), working between the Royal Surrey County Hospital, Guildford and St Luke's Surgery, Guildford where she remained until July 2018.

2019

4. The facts admitted and found proved at Dr Kalia's substantive hearing in October 2019 (the 2019 Tribunal) can be summarised as follows: between January 2016 and June 2018, on approximately 8 occasions, Dr Kalia informed her education supervisor that she had sat and passed her Applied Knowledge Test ('AKT'), when she knew that she had not.

5. On 26 April 2018, Dr Kalia forwarded an email dated 17 February 2016 to her educational supervisor which she purported to be from the Royal College of General Practitioners ('RCGP'). The email showed that Dr Kalia had passed the AKT. Dr Kalia knew

that the email had not been composed and sent to her by the RCGP, and that she had constructed the email herself and included information in it that she knew to be untrue.

6. On 3 separate occasions in October 2015, December 2015 and August 2018, Dr Kalia informed her educational supervisor that she had applied to join NHS England's National Performers List ('NPL'). At the time Dr Kalia knew that she had not submitted an application to join the NPL and that she was working as a GP in training whilst not being on the NPL.

7. Dr Kalia self-referred to the GMC on 9 July 2018 stating that she had failed to meet the deadline for the AKT and had lied to her educational supervisor about it. Dr Kalia also admitted that she had 'constructed' an email from the RCGP.

8. On 7 August 2018 Dr Kalia submitted a completed and authorised Out of Hours record ('OOH') to her educational supervisor for work carried out on 18 November 2017 and 10 February 2018 respectively. Dr Kalia knew that she had not undertaken any OOH work on either of the dates stated and had created the falsified OOH record herself.

9. XXX

10. At the subsequent MPT hearing held in October 2019, Dr Kalia admitted to the entirety of the Allegation at the outset of proceedings.

Misconduct and Impairment

11. The 2019 Tribunal noted that Dr Kalia had told a number of lies about her progress regarding her AKT to her educational supervisor. It further noted that Dr Kalia had created an email which she purported to be from the RCGP, showing that she had passed her AKT when she knew that she had created the email herself and that its content was untrue. The 2019 Tribunal considered that Dr Kalia's actions amounted to deliberate forgery, which included inventing the results of her exam and constructing an email from the exam board and an email from herself to the exam board requesting her results. The 2019 Tribunal considered that Dr Kalia's conduct, and behaviour amounted to serious professional misconduct.

12. The 2019 Tribunal considered that there was insufficient evidence of remediation on Dr Kalia's part. It concluded that Dr Kalia had not developed a satisfactory level of insight and therefore a risk of repetition remained. It determined that Dr Kalia's fitness to practise was impaired by reason of misconduct.

XXX and Impairment

13. XXX.

14. The 2019 Tribunal therefore determined that Dr Kalia's fitness to practise was impaired by reason of XXX.

Sanction

15. The 2019 Tribunal determined to suspend Dr Kalia for a period of 12 months. It was of the view that Dr Kalia would need this period of time to XXX and then develop her insight and provide evidence of remediation. The Tribunal determined that a period of 12 months was necessary in order to send a strong signal to the profession about the seriousness of Dr Kalia's misconduct.

2020

Misconduct and Impairment

16. Dr Kalia's case was reviewed by a Tribunal in December 2020 (The 2020 Tribunal).

17. The 2020 Tribunal acknowledged the amount of personal reflection and CPD that Dr Kalia had undertaken since the 2019 hearing. It considered that Dr Kalia had used her time whilst suspended to develop her insight into her misconduct. However, the Tribunal noted that in her reflective statements, Dr Kalia had focused primarily on her understanding and her responses and had done rather less work on considering the impact of her actions on others.

18. The 2020 Tribunal considered that Dr Kalia had not sufficiently demonstrated that she fully understood the risk to patient care and public confidence in the profession were she to repeat her dishonest behaviour. It therefore determined that Dr Kalia's fitness to practise remained impaired by reason of misconduct.

XXX and Impairment

19. XXX.

Sanction

20. The 2020 Tribunal concluded that it was appropriate, necessary and proportionate to impose conditions on Dr Kalia's registration for a period of 12 months. It found that this would allow Dr Kalia to return to work on an incremental basis and to test the skills she had developed to deal with any stress at work. It also recognised that this would tie in with the suggestion of Dr F, XXX.

21. The Tribunal determined to direct a review of Dr Kalia's case. A review hearing was to convene shortly before the end of the period of conditional registration, unless an early review were sought. The Tribunal stated that at the review hearing, the onus would be on Dr Kalia to provide evidence as to how she has demonstrated insight. It suggested that the reviewing Tribunal might be assisted if Dr Kalia provided:

- Evidence of further development of insight and understanding around the impact of the issues of dishonesty on patients and the reputation of the profession;
- XXX; and
- Further reflective pieces regarding her progress throughout the year.

Today's review hearing

The Evidence

22. The Tribunal has taken into account all the evidence adduced during this review hearing as summarised below.

On behalf of the GMC:

- Record of Determination of the MPT Hearing, dated 17-29 October 2019 and MPT Review hearing, dated 3 November 2020 & 22 December 2020;
- Correspondence between GMC and Dr Kalia, dated between 4 February - 29 June 2021;
- Correspondence between DAC Beachcroft and GMC, dated 15 June 2021; and
- XXX.

23. The Tribunal received a number of documents in support of Dr Kalia, which included but was not limited to:

- Dr Kalia's letter to her former colleagues 31 August 2020;
- Report of Dr F 14 December 2020;
- Report of Dr F 30 August 2021;
- Report of Dr H 13 August 2021;
- Testimonials, dated between 14 – 24 August 2021;
- Dr Kalia's Reflections, dated between April-September 2021;
- Reading List 2021; and
- CPD Documents.

24. The Tribunal also heard evidence on affirmation from Dr Kalia.

Submissions

25. On behalf of the GMC, Ms Widdett submitted that Dr Kalia's fitness to practise remains impaired by reason of both her misconduct and XXX.

26. Ms Widdett submitted that whilst Dr Kalia has continued to progress well on her journey in terms of developing insight and remediation, she still has a little way to go.

27. Ms Widdett submitted that the 2020 Tribunal allowed Dr Kalia to return to work on an incremental basis and to test the skills she has developed to deal with any stress at work. The 2020 Tribunal also recognised that this would tie in with the suggestion of Dr F, XXX. She stated that this would be in Dr Kalia’s best interest but also in the interest of the wider public.

28. XXX.

29. XXX.

30. XXX.

31. In terms of Misconduct, Mr Morris submitted that the 2020 MPT accepted that Dr Kalia had shown some insight and understanding on this point. By way of example, her August 2020 letter of apology to her former clinical colleagues at St Luke’s Practice where she recognised how she had let them down *‘so badly’* and that *‘she had put the trust and respect of our profession at risk and that I lied to you when you did nothing but support me.’*

32. Mr Morris submitted that Dr Kalia has now fully recognised the impact of her dishonesty on others and the risks it posed to patient care and safety and public confidence in the profession as evident in her series of recent reflections.

33. Mr Morris concluded that Dr Kalia has now achieved the missing final element of insight and remediation identified by the 2020 MPT and therefore, Dr Kalia’s fitness to practise is no longer impaired by reason of misconduct.

The Relevant Legal Principles

34. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practise.

35. This Tribunal must determine whether Dr Kalia’s fitness to practise is impaired today, taking into account Dr Kalia’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and if there is any likelihood of repetition.

The Tribunal’s Determination on Impairment

Misconduct

36. Dr Kalia in her evidence to the Tribunal detailed the efforts she had made since her review hearing to reflect upon and remedy the misconduct found by the 2019 Tribunal and the steps that she had taken XXX.

37. The Tribunal took into consideration Dr Kalia's comments in her reflective statement regarding her insight in particular:

In her 15 June Reflection:

'I reflected deeply on how my actions have led to a lack of trust from patients in the profession and how this then has a knock-on effect on patient care i.e. patients not having the trust in their doctor to speak to them openly about their problems and the doctor then missing key information which could impact on their healthcare...'

In her 24th August 2021 Reflection:

'I have recently completed some online modules on insight and how to ensure a similar mistake or misconduct will not be repeated in the future, having already completed the face-to-face course last year which focussed on probity and ethics. These courses were helpful as they provided an ongoing reminder of the importance of insight when practising as a doctor or any other health care professional. I have come to understand with more clarity how a clinician is expected to have a good level of insight at all times in order to understand their actions and conduct, ...'

In her 1 September 2021 Reflection:

'Initially I could not see the impact of my actions and behaviour on patients, the profession and wider public as it seemed XXX extreme guilt and shame had really consumed me. It took a great deal XXX so that I could really take note of the impact of my serious misconduct and dishonest behaviour...'

'Forging out-of-hours documents when I had not completed the training meant that colleagues, patients and the public may have felt I was sufficiently qualified in this area as a trainee GP when actually I had limited exposure and training. I could have been asked to see patients out-of-hours when I did not have the necessary training, which could have impacted patient care. I am especially appalled by this behaviour and can see why the public and the profession would lose trust in how other forms of communication maybe inaccurate and false and consequently not want to trust me with their health and care.'

38. The Tribunal determined that Dr Kalia had shown a recognition and understanding of how her actions had impacted upon her colleagues, patients, and the profession as a whole, to which the previous Tribunal determined she had not paid attention.

39. The Tribunal was satisfied, in the light of all the evidence before it particularly her reflective statements, parts of which are set out above, that Dr Kalia has sufficient insight into her misconduct and that it had now been remedied. The Tribunal was of the view that it was highly unlikely to be repeated. There was no evidence before the Tribunal that there had been any repetition. The Tribunal therefore found that Dr Kalia's fitness to practise is no longer impaired by reason of misconduct.

XXX

40. The Tribunal accepted the submissions of both Counsel that Dr Kalia is currently impaired on the grounds of XXX.

41. The Tribunal considered that XXX she has not been in a clinically demanding environment for some time having last practised as a Doctor over 3 years ago.

42. XXX

43. Accordingly, the Tribunal concluded that the public interest required there to be some formal restriction in place on Dr Kalia's practice.

44. The Tribunal therefore determined that Dr Kalia's fitness to practise remains impaired by reason of XXX.

Determination on Sanction - 22/09/2021

1. Having determined that Dr Kalia's fitness to practise is impaired by reason of XXX, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

Hearing in Private

2. The determination will be announced in private, XXX. However, a redacted version of this determination will be published at the conclusion of the hearing.

The Evidence

3. No further evidence was adduced at this stage of the proceedings.

Submissions

4. On behalf of the GMC, Ms Widdett submitted that the imposition of conditions on Dr Kalia's registration would be appropriate, proportionate and measurable in this case.

5. Ms Widdett reminded the Tribunal that its decision on sanction is a matter for it exercising its own judgement. She stated that the Tribunal should have regard to the general

principles of sanctions as set out in the Sanctions Guidance November 2020 ('the SG'), and in particular the need to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct for members of the profession.

6. Ms Widdett referred the Tribunal to Dr E's recommendation XXX to allow for a phased return to clinical work.

7. She reminded the Tribunal that Dr Kalia has not been in practice for 3 years XXX.

8. On behalf of Dr Kalia, Mr Morris submitted the appropriate sanction in this case would be conditions.

9. Mr Morris explained to the Tribunal that due to Dr Kalia having been unable to work, she has lost her national training number and therefore would have to reapply in order to join the GP training programme starting again at year 1. He stated that Dr Kalia has been unable to find a placement in a GP practice to obtain a Certification of Readiness to Enter Specialty Training (CREST) as she is not on the performers list and is not in GP training.

10. Mr Morris informed the Tribunal that Dr Kalia has been offered a 6-month post in the Emergency Medicine department at East Surrey Hospital and that would assist her to complete her CREST competencies.

11. Dr Kalia has found Condition 8, which confines her work to a GP setting, impossible to comply with. Mr Morris suggested that Dr Kalia be allowed to work in a hospital setting under supervision. He submitted that a variation of that condition would allow Dr Kalia to take on the position that she has now been offered.

12. Mr Morris submitted that condition 10 limited Dr Kalia to 4 sessions per week which does not give enough clinical time and experience to complete her CREST competencies. He invited the Tribunal to remove this restriction entirely XXX.

13. In relation to condition 12, Mr Morris submitted that it prevents Dr Kalia from working on a fixed term contract which is the very nature of the contract that has been offered to her. He invited the Tribunal to remove this restriction.

14. Mr Morris informed the Tribunal that Dr Kalia's current conditions are set to expire in December this year. He stated that Dr Kalia accepted that it was unrealistic to seek to return to work before XXX February 2022. She anticipated a return in April/May 2022. He submitted that she recognised that she needs to be under formal supervision to allow assessment of her ability to respond to working in a challenging clinical environment.

15. Mr Morris submitted that it would be appropriate for the current conditions with the proposed amendments to be extended for a period of 15 months. In response to questions from the Tribunal, Mr Morris agreed that the current conditions 9 and 12b and c might also cause unnecessary restriction and that XXX these restrictions were unnecessary. Ms Widdett, on behalf of the GMC, confirmed that there was no objection to these variations.

Legal advice on Sanction

16. The decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken the SG into account and borne in mind the over-arching objective.

17. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Kalia's interests with the public interest.

18. Finally, a balancing exercise of mitigating and aggravating features must be considered first, before working through the potential sanctions in ascending order, starting with the least severe.

The Tribunal's Determination on Sanction

19. The Tribunal considered the issue of the aggravating and mitigating factors in this case.

20. The Tribunal agreed with both Counsel that there were no aggravating factors in this case.

21. The Tribunal identified the following mitigating factors:

- XXX;
- XXX;
- She had attempted to keep her medical knowledge and skills up to date with online courses and performing audit work in a GP practice; and
- XXX.

22. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Kalia's case, the Tribunal first considered whether to conclude the case by taking no action.

No action

23. The Tribunal determined that in view of the nature of the Tribunal's findings on impairment, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action. It considered that there were no exceptional circumstances in this case to warrant such a course.

Conditions

24. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Kalia's registration. The Tribunal took account of relevant paragraphs of the SG. It also noted examples of when conditions may be appropriate and workable, including demonstrating insight. It noted that conditions may also be appropriate where a Tribunal is satisfied that the doctor will comply with them and has the potential to respond positively to their work being supervised.

25. The Tribunal took into account that Dr Kalia has complied with the conditions thus far XXX.

26. In view of the above, the Tribunal concluded that a period of conditional registration would allow Dr Kalia to continue to work towards completing her journey professionally, and to be able to demonstrate, with objective evidence, that she is able to work in a clinically stressful environment, whilst providing the necessary safeguards to ensure patient safety and public protection.

27. The Tribunal concluded that Dr Kalia's circumstances have improved XXX and therefore a period of suspension would not be appropriate or proportionate in this case.

28. The Tribunal therefore determined to extend the current period of conditional registration upon Dr Kalia's registration for a period of 24 months which will be published. The following conditions will be placed on her registration and will take effect 28 days from when written notice of this determination has been served upon Dr Kalia, unless an appeal is made in the interim. If an appeal is made, the current order of conditions will remain in force until the appeal has concluded.

1. She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
 - a the details of her current post, including:
 - i her job title
 - ii her job location
 - iii her responsible officer (or their nominated deputy)
 - b the contact details of her employer and any contracting body, including her direct line manager
 - c any organisation where she has practising privileges and/or admitting rights
 - d any training programmes she is in
 - e of the organisation on whose medical performers list she is included.
2. She must personally ensure the GMC is notified:
 - a of any post she accepts, before starting it
 - b that all relevant people have been notified of her conditions, in accordance with condition 12
 - c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
 - e if she applies for a post outside the UK.

3. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
4.
 - a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
 - b She must not work until:
 - i her responsible officer (or their nominated deputy) has appointed her workplace reporter
 - ii she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
5.
 - a She must have an educational supervisor appointed by her responsible officer (or their nominated deputy)
 - b She must not work until:
 - i her responsible officer (or their nominated deputy) has appointed her educational supervisor
 - ii she has personally ensured that the GMC has been notified of the name and contact details of her educational supervisor.
6.
 - a She must get the approval of her GMC Adviser before accepting any post.
 - b She must keep her professional commitments under review and limit her work if her GMC Adviser tells her to.
 - c She must stop work immediately if her GMC Adviser tells her to and must get the approval of her GMC Adviser before returning to work.
7. She must get the approval of the GMC before working in a non-NHS post or setting.
8. She must only work either:
 - a in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding herself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).or

- b in a supported consultant led hospital setting with at least 2 consultants in the department.
9. She must have a phased return to work as directed by the GMC Advisor. Further increases in her hours of work must also be agreed by the GMC Advisor.
10. a She must be supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be appointed by her responsible officer (or their nominated deputy).
- b She must not work until:
 - i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements
 - ii she has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.
11. She must not undertake work through a locum agency or out of hours service.
12. She must personally ensure the following persons are notified of the conditions listed at 1 to 11:
- a her responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i her place(s) of work, and any prospective place of work (at the time of application)
 - ii all of her contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.
 - c the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)

d her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work.

29. XXX

30. The Tribunal determined that the length of the sanction should be 24 months as this would allow Dr Kalia sufficient time to address all matters XXX and re-joining the GP training programme, XXX. It determined that this would give Dr Kalia the flexibility needed for a phased return to work without placing her under undue pressure. It noted that Dr Kalia also has the option of seeking an early review if needed.

31. The Tribunal determined to direct a review of Dr Kalia's case. A review hearing will convene shortly before the end of the period of conditional registration, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Kalia to provide evidence XXX. It therefore may assist the reviewing Tribunal if Dr Kalia provided:

- XXX
- a report from her clinical supervisor.

32. Dr Kalia will also be able to provide any other information that she considers will assist the reviewing Tribunal.

33. This concludes the case.