

PUBLIC RECORD

Dates: 30/03/2022 - 01/04/2022

Medical Practitioner's name: Dr Rumi CHHAPIA

GMC reference number: 6027411

Primary medical qualification: BM 2001 University of Southampton

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	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 Carol-Anna Ryan-Palmer
Medical Tribunal Member:	Dr Deborah Brooke

Tribunal Clerk:	Miss Jennifer Lane
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Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Michael Rawlinson, Counsel, instructed by RLB Law
GMC Representative:	Mr Christopher Rose, 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 and Impairment - 30/03/2022

Background

1. Dr Chhapiia qualified in 2001 from the University of Southampton. At the time of the events, Dr Chhapiia was practising as a GP, in addition to being one of five Directors at the Portsmouth Primary Care Alliance Limited ('PPCA'), with temporary responsibility for managing the PPCA's finances.
2. The allegation that has led to Dr Chhapiia's hearing can be summarised as follows: On 28 September 2020, Dr Chhapiia admitted to the misappropriation of funds from PPCA in a meeting with the PPCA's directors. It was later identified that Dr Chhapiia had made 64 transactions from the bank account of PPCA into his own bank account over a period of 41 days, totalling £1,133,704.50. On 22 September 2021 at East Hampshire Magistrates' Court, Dr Chhapiia pleaded guilty and was convicted of fraud by abuse of position. He was sentenced to 40 months' imprisonment on 5 November 2021 at Portsmouth Crown Court.
3. The initial concerns were raised with the GMC by Dr A, a fellow director of the PPCA, following Dr Chhapiia's admissions.

The Allegation and the Doctor's Response

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

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

1. On 22 September 2021 at East Hampshire Magistrates' Court you were convicted of fraud by abuse of position, contrary to Sections 1 and 4 Fraud Act 2006. **Admitted and found proved**
2. On 5 November 2021 at Portsmouth Crown Court you were sentenced to 40 months' imprisonment. **Admitted and found proved**

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

The Admitted Facts

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

Determination on Impairment

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

The Outcome of Applications Made during the Impairment Stage

7. The Tribunal granted the application made on behalf of Dr Chhapiya, pursuant to Rule 41 of the Rules, to hear all matters relating to XXX in private. This application was not opposed by the GMC. In accordance with Rule 41, the Tribunal was satisfied to hear all matters relating to XXX in private.

The Evidence

8. The Tribunal had regard to the documentary evidence provided by the parties at this stage of the hearing. This evidence included but was not limited to:

- Certificate of conviction, dated 5 November 2021;
- Sentencing remarks, dated 5 November 2021;
- Police witness statements of Dr A, Dr B, Mr C, Ms D and Mr F.

Submissions

9. On behalf of the GMC, Mr Rose directed the Tribunal to the principles set out in Good Medical Practice ('GMP') and relevant authorities. Mr Rose also referred the Tribunal to paragraph 119 of the Sanctions Guidance (2020) ('the SG') which provides:

'119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'

10. Mr Rose submitted that Dr Chhapi's fitness to practise is currently impaired by reason of his conviction. He submitted that Dr Chhapi is currently serving a custodial sentence, which is not due to be completed until 2025. He accepted that all of the money taken by Dr Chhapi had now been repaid to the PPCA, but at this stage there is limited evidence before the Tribunal as to Dr Chhapi's level of insight and remediation. In any event, it was a principle that fitness to practise will remain impaired until his sentence is completed.

11. On behalf of Dr Chhapi, Mr Rawlinson submitted that he did not seek to demur from any of the GMC's submissions on impairment, and that Dr Chhapi agreed that his fitness to practise was currently impaired.

The Relevant Legal Principles

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

13. The Tribunal must determine whether Dr Chhapi's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

14. Further, 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 and Paula Grant* [2011] EWHC 297 Admin. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

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 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.'

The Tribunal's Determination on Impairment

15. In making its decision on impairment, the Tribunal had regard to paragraphs 1, 65 and 77 of GMP:

'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.*

...

77 *You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.'*

16. The Tribunal looked for evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective, namely to:

- protect and promote the health, safety and wellbeing of the public;
- promote and maintain public confidence in the medical profession; and
- promote and maintain proper professional standards and conduct for the members of the profession.

17. The Tribunal has seen no evidence before it to suggest that patients were harmed. However, the sentencing remarks indicate that the care of a significant number of patients could have been adversely impacted by this fraud:

'You abused the trust placed on you and took £1,130,000 from the Portsmouth Primary Care Alliance, PPCA as we are calling it. Money which, in my judgment, should have been for general practitioner surgeries to develop their various services, to fund equipment and all those other matters that we have heard about, to develop their existing services, and to allow the GPs of Portsmouth to deliver the very best care that they can to those who are patients, and we have heard a number of 220,000 patients at least, I am sure, would have been included in that category. So you understand, we all understand in this court this afternoon, that this a very serious abrogation of your responsibilities as a doctor. You give here, as you would understand, your duty as a general practitioner should have been to provide the very best of care to your patients, and that should have been really at the pinnacle of your considerations in your professional duties.'

The Tribunal was of the opinion that Dr Chhopia had placed patients at risk of harm and breached a fundamental tenet of the profession by taking funds that were necessary for patient care. The risk of harm was mitigated by the vigilance and actions taken by the other directors of the PPCA.

18. The Tribunal took into account that this was not a single incident of fraud, but 64 separate transactions over 41 days, totalling a significant amount of money. The Tribunal was satisfied that Dr Chhopia's actions and his conviction had brought the profession into disrepute. It was also satisfied that Dr Chhopia had acted dishonestly as he had had the opportunity to admit what he had done at an earlier stage, when he was challenged at the beginning of September 2020, but lied to his colleagues, and continued to make transfers until the day he told the truth on 28 September 2020.

19. The Tribunal also noted that it has seen limited evidence of remediation or insight at this stage but considered that it is to Dr Chhopia's credit that all of the money has now been repaid. Further, the Tribunal noted that Dr Chhopia has accepted that his fitness to practise is currently impaired.

20. The Tribunal concluded that a finding of impairment was required 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 that profession.

21. The Tribunal has therefore determined that Dr Chhopia's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 01/04/2022

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

The Evidence

23. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

24. The Tribunal received further evidence on behalf of Dr Chhopia, including but not limited to:

- Written statement of Dr Chhopia, undated;
- Oral witness evidence from Dr Chhopia;
- A letter of apology to the PPCA, dated 18 October 2021;
- Pre-Sentence Report, dated 22 October 2021;
- A report from Dr E confirming XXX, dated 13 October 2021;
- XXX;
- Testimonials in support of Dr Chhopia received from colleagues.

Submissions

25. The Tribunal received written and oral submissions from both counsel.

26. On behalf of the GMC, Mr Rose submitted that the appropriate sanction in the case of Dr Chhopia is one of erasure. He submitted that whilst there are mitigating factors in this case, such as the insight and remediation demonstrated by Dr Chhopia, there are also aggravating factors which the Tribunal should consider. He accepted that Dr Chhopia XXX, and that the fraud was committed during a period in which Dr Chhopia XXX. However, he submitted that it was clear that Dr Chhopia had some control over his actions and knew what he was doing when he abused his position of trust to take money from the PPCA, despite having substantial savings of his own.

27. Mr Rose submitted that, in view of the seriousness of Dr Chhopia's conviction and the abuse of his position of trust, his behaviour is fundamentally incompatible with continued registration. Dr Chhopia's behaviour represented a serious departure from GMP, and serious action was needed to maintain public confidence in the profession. Mr Rose reminded the Tribunal that Dr Chhopia's conduct constituted a fraud meriting a substantial prison sentence, which is not due to be completed until 2025. He submitted that erasure is the only sanction which would sufficiently uphold the overarching objective and that a well-informed and reasonable member of the public would be shocked if the Tribunal drew back from imposing erasure in this case.

28. On behalf of Dr Chhapiya, Mr Rawlinson submitted that the Tribunal could impose a period of suspension on Dr Chhapiya's registration. He submitted that the public interest in this case weighs heavily in favour of this otherwise valued and respected doctor being able to continue his profession.

29. Mr Rawlinson submitted that the relevant case law does not indicate the presumption of erasure for cases involving dishonesty. He submitted that a reasonable member of the public could see that while Dr Chhapiya has done something badly wrong, the particular and unusual circumstances of this case mean it can properly be marked with a period of suspension.

30. Mr Rawlinson submitted that this was a case involving a doctor XXX, who had now taken steps to remediate his wrongdoings. XXX. Mr Rawlinson submitted that the issues here are complex, and while at first it seems the behaviour is outrageous and unconscionable, it must be seen in the context of XXX, the actions he has taken since to have the money repaid in full and the steps he has taken to deal with XXX. He submitted that Dr Chhapiya has the support of many colleagues and patients, who view him as a good, innovative doctor, which is evident in the testimonials provided to this Tribunal and to the Court.

31. Mr Rawlinson submitted that a period of suspension with a review would not be unduly lenient, but would allow continued regulatory oversight, and not allow Dr Chhapiya to become deskilled. He further submitted that it would allow the profession to retain a valued member of staff for patients and would strike a balance between the doctor's individual interests and the wider public interest. He submitted that it would be entirely proportionate in this case to allow a very able and competent doctor to return to the profession very much earlier than would be the case should he be erased.

The Relevant Legal Principles

32. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own independent judgment. In reaching its decision on sanction, the Tribunal had regard to the SG. It bore in mind that the purpose of sanction is not to be punitive, but to protect patients and the wider public interest, although any sanction imposed may have a punitive effect.

33. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Chhapiya's interests against the public interest. It had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession.

34. The Tribunal has borne in mind the principles set out in *Council for the Regulation of Health Care Professionals v General Dental Council, Fleischmann* [2005] EWHC 87 (Admin) which provide:

'... as a general principle, where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise. Such circumstances could arise in connection with a period of disqualification from driving or time allowed by the court for the payment of a fine. [54]'

35. The Tribunal also had regard to the case of *GMC v Saeed* [2020] EWHC 830 (Admin) which provides:

'It is not the purpose of a review hearing to provide a device by which a violation of the principle in the Council for the Regulation of Health Care Professionals v General Dental Council, Fleischmann [2005] EWHC 87 (Admin), which is reflected in paragraph 119 of the Sanctions Guidance, can be corrected. [82]

It is not proper, in principle, for the MPT to depart from paragraph 119 of the Sanctions Guidance simply on the basis that it has also ordered a review hearing at which it has the power to extend the period of suspension. The original sanction must reflect the seriousness of the offending, and if the MPT is going to depart from the principle set out in Fleischmann and paragraph 119, it needs to have sound reasons to do so and to set those reasons out clearly in its decision. [83]'

36. The Tribunal also took into account the case of *General Medical Council & Professional Standards Authority v Bramhall* [2021] EWHC 2109

'In a conviction case, particularly where the conviction is for repeated offences of violence against patients in a clinical context, it is also important for a tribunal not to lose sight of what the criminal law, criminal procedure and the principles of sentencing law and practice have already had to say about the public interest considerations which should properly be brought to bear in considering gravity. Certainly, the differences between criminal and regulatory proceedings are crucial; their purposes and procedures are different, and the relevance, combination and weighting of any common factors are different also. But the Sanctions Guidance expressly and properly indicates the relevance of the fact that misconduct has passed the threshold of criminality to the determination of sanction. To that might be added the relevance of the sentencing guideline's classification of the inherent seriousness of the offence and of the offending (in terms of culpability and harm, based on evidence established to the criminal standard of proof) before allowance is made for matters particular to the offender. [43]

It is not necessarily determinative; the weight to be given to these matters will vary from case to case as they are assessed in context. But it is important for an MPT determination of sanction in a conviction case – especially where offences of violence and abuse of trust in a clinical context are involved – to grapple with the criminal quality of the misconduct as a public interest consideration in its own right. That steer is clearly given by paragraph 109g of the Guidance. A failure to do so is likely to lead to (or constitute) the error of principle of failing to make a proper assessment of gravity. [44]

As a point of principle, 'the way in which a healthcare professional reacts to the discovery of their misconduct is an important part of the assessment of their attitude, their insight into the wrongdoing and effects on a victim, and the sanction necessary in the public interest' (PSAHSC v HCPC & Wood [\[2019\] EWHC 2819 \(Admin\)](#) at paragraph 73). Moreover, this is a case in which, on the facts, motivation presents itself as an acute regulatory question. Again, 'the reasons why a person acts in a particular way, or their motivation for acting, are significant in evaluating (a) the true seriousness of their behaviour and (b) what the appropriate sanction should be' (Wood paragraph 56). Motivation, in other words, potentially goes to gravity and also to insight and remediability. [45]'

37. The Tribunal had regard to its finding of impairment as well as the submissions made on behalf of the GMC and on behalf of Dr Chhapia.

The Tribunal's Determination on Sanction

38. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case.

39. The Tribunal identified the following aggravating factors:

- Dr Chhapia had an opportunity to confess to his actions XXX, and particularly in early September 2020 when he was challenged. Instead, he fabricated an account about being hacked then continued his fraudulent activities;
- This was a serious abuse of his professional position;
- He was dishonest by covering up his actions;
- The impact on his colleagues and on the PPCA was profound;
- There were a significant number of repeated dishonest events over a period of time; and
- It was a serious case of fraud by abuse of position which amounted to a loss of over a million pounds of public funds.

40. The Tribunal identified the following mitigating factors:

- Dr Chhapia has shown developing insight, which he acknowledges is a continuing journey;
- He has apologised, and expressed clear remorse for his actions;
- The money has been repaid in full, XXX;
- He pleaded guilty to the criminal charge at the earliest opportunity;
- He admitted all the facts before this Tribunal and acknowledged that his fitness to practise was impaired;
- XXX;
- XXX; and
- He has positive testimonials.

41. The Tribunal balanced these factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

42. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

43. The Tribunal was satisfied that there were no exceptional circumstances in Dr Chhapiá's case which could justify it taking no action. It determined that, given the seriousness of the misconduct and its findings in respect of impairment, taking no action would not be sufficient, proportionate or in the public interest.

Conditions

44. The Tribunal next considered whether to impose conditions on Dr Chhapiá's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. The Tribunal noted that conditions may be workable where a doctor has insight into their misconduct, that a doctor is likely to comply with conditions, and that a doctor is likely to respond positively to remediation or retraining.

45. The Tribunal concluded that no workable or measurable conditions could be formulated in this case. In any event, the Tribunal considered that given the seriousness nature of Dr Chhapiá's actions and the proven dishonesty, the imposition of conditions would not address the seriousness of the conviction.

Suspension

46. In considering whether to impose a period of suspension on Dr Chhapiá's registration, the Tribunal had regard to paragraphs 92, 93, and 97(a) (f) and (g) of the SG which provides:

'92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate

for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

- 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.*

...

- 97** *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.*

...

- 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.’*

47. The Tribunal also had regard to the treatment of dishonesty in the SG. It had regard to paragraphs 120, 124 and 128 which provide

‘120 *Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession.*

...

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.*

...

128 *Dishonesty, if persistent and/or covered up, is likely to result in erasure’*

48. In considering whether Dr Chhapiya’s conduct was fundamentally incompatible with continued registration, it was clear to the Tribunal that Dr Chhapiya had breached a number of paragraphs of GMP, including paragraphs 1, 65 and 77, and that his conduct breached fundamental tenets of the profession and brought the profession into disrepute.

49. The Tribunal was satisfied that Dr Chhapiya has done the best XXX. The Tribunal was of the opinion that Dr Chhapiya has developing insight but the insight is not yet complete. It noted that Dr Chhapiya also recognises that his insight is still developing. XXX.

50. The Tribunal was concerned that there remains a real risk of repetition should Dr Chhapiya be in a similar set of circumstances with responsibility for a budget in the future.

51. The Tribunal also considered the submissions of Mr Rose, that Dr Chhapiya knew what he was doing when he chose to access the PPCA bank account XXX rather than using his own savings. The Tribunal was of the view that it is evident that, although XXX contributed to his offending behaviour, Dr Chhapiya had a degree of control over his actions. XXX.

52. The Tribunal was of the opinion that while it could give credit to Dr Chhapiia for how he has chosen to XXX since his offence, it does not outweigh the significant aggravating features of this case.

53. In the Tribunal's view, Dr Chhapiia allowed his own interests to override those of his patients and the wider public. Accordingly, the Tribunal concluded that the seriousness of the underlying conduct which led to his criminal conviction, the amount of money that was taken, the serious and persistent dishonesty in his actions and to his colleagues, and the potential harm that could have been caused to more than 220,000 patients amounted to behaviour which was fundamentally incompatible with continued registration. This coupled with Dr Chhapiia's custodial sentence, which does not come to an end until 2025, and the remaining aggravating factors, led the Tribunal to conclude that a sanction of suspension would be inappropriate and insufficient to mark the seriousness of Dr Chhapiia's conviction.

Erasure

54. In considering erasure, the Tribunal considered that paragraphs 108, 109 (a), (b), (c), (d), (h) and (i), and 128 of the SG were particularly relevant in Dr Chhapiia's case:

'108 *Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

109 *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.*

- b* A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.
- c* Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients...
- d* Abuse of position/trust...
- ...
- h* Dishonesty, especially where persistent...
- i* Putting their own interests before those of their patients...

...

128 *Dishonesty, if persistent and/or covered up, is likely to result in erasure...'*

55. Having determined that Dr Chhapiya's conduct was fundamentally incompatible with continued registration, the Tribunal considered that erasure was the only appropriate and proportionate sanction to protect the public interest, mark the seriousness of the misconduct and protect public confidence in the profession. It was also of the view that the sanction of erasure was necessary to maintain public confidence, protect the public interest and uphold standards. The Tribunal was of the view that the sanction of erasure would send a message to the profession that Dr Chhapiya's conduct was wholly unacceptable and fell far short of the conduct and the standards of behaviour expected of a registered doctor.

56. The Tribunal has therefore directed that Dr Chhapiya's name be erased from the Medical Register.

Determination on Immediate Order - 01/04/2022

57. Having determined that Dr Chhapiya should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of suspension.

Submissions

58. On behalf of the GMC, Mr Rose submitted that it was in the public interest for an immediate order to be made. It was his submission that because Dr Chhapiya is currently serving a custodial sentence, and for all the Tribunal's reasoning at previous stages of this hearing, an immediate order was necessary in this case.

59. Mr Rawlinson made no submissions on behalf of Dr Chhapiya.

The Tribunal's Determination

60. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgement. In particular, it took account of paragraphs 172, 173 and 178, which state:

***172** The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*

***173** An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where*

immediate action must be taken to protect public confidence in the medical profession.

178 *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

61. The Tribunal determined that, while there were no specific patient safety concerns in this case, given the seriousness of Dr Chhapiya's conviction and the sanction imposed, it is in the public interest to make an order suspending Dr Chhapiya's registration with immediate effect, to uphold and maintain professional standards and maintain public confidence in the profession.

62. This means that Dr Chhapiya's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

63. The interim order is hereby revoked.

64. That concludes this case.