PUBLIC RECORD

Dates: 24/04/2024 - 02/05/2024

Medical Practitioner's name:	Dr Saadia Kamran RAO
GMC reference number:	6098868
Primary medical qualification:	MB BS 2003 Ziauddin Medical College

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

Summary of outcome

Suspension, 12 months
Immediate order imposed
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Nathan Moxon
Lay Tribunal Member:	Ms Colette Neville
Medical Tribunal Member:	Dr Joanne Topping

Tribunal Clerk:	Mx Nate Caruso-Kelly

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Stephen McCaffrey, Counsel
GMC Representative:	Ms Katie Jones, 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 - 30/04/2024

1. This determination will be handed down in private. However, as this case concerns Dr Rao's misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Rao qualified in 2003 and moved to the UK in 2005. Dr Rao completed her training in Paediatrics and Neonates in 2017, having worked at Colchester General Hospital, part of East Suffolk & North Essex NHS Foundation Trust ('the Trust') between 2012 and 2014 as part of her training program. At the time of these events Dr Rao was a Consultant at Colchester General Hospital, a position she had held since 2017.

3. The allegation that has led to Dr Rao's hearing is as follows: Patient A was born prematurely on 25 March 2021 and suffered from several serious medical conditions, including hydrocephalus, which necessitated a reservoir device being implanted under her scalp to allow drainage of excess cerebrospinal fluid ('CSF'). It is alleged that, on 14 July 2021, Dr Rao did not provide good clinical care to Patient A, in that she performed a cerebrospinal drainage procedure ('the Procedure') on Patient A and aspirated approximately 110ml of CSF, which was an excessive amount.

4. It is further alleged that Dr Rao falsely told Miss B that she had aspirated around 75mls of CSF during the Procedure. Further, Dr Rao told Miss C that she had aspirated less than the 110ml reported, and that the documentation should be changed to reflect that she had aspirated around 75mls. It is further alleged that Dr Rao collected from the laboratory four vials containing the CSF obtained during the Procedure and clandestinely disposed of around 50mls. It is alleged that Dr Rao then asked Miss D to measure the remaining CSF and make a note in Patient A's records of the amount she had just measured. It is alleged that Dr Rao then made a note in Patient A's records, stating that 36ml of CSF had been measured

from the vials taken from the laboratory and told Miss E to inform Patient A's mother if asked that 36ml had been taken alongside the CSF that went to the laboratory.

5. It is alleged that Dr Rao's actions in telling Miss B, Miss C, and Miss E that less than 110mls of CSF had been aspirated during the Procedure was dishonest because Dr Rao knew she had aspirated around 110mls of CSF, and that this was an excessive amount. It is further alleged that Dr Rao's actions in asking Miss D to make a record which did not reflect the amount collected from the laboratory was dishonest because Dr Rao knew she had clandestinely disposed of some of the CSF and therefore the amount recorded did not reflect the amount collected from the laboratory. Finally, it is alleged that Dr Rao's actions in recording that 36ml of CSF had been aspirated in Patient A's records was dishonest because Dr Rao knew that she had clandestinely disposed of around 50mls of fluid and that 36ml did not reflect the amount of CSF she had collected from the laboratory.

6. Dr Rao self-referred to the GMC. The Trust raised concerns with the GMC on 9 May 2022, following the conclusion of an internal investigation at the Trust and disciplinary proceedings against Dr Rao.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Rao is as follows:

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

1. On 14 July 2021, you:
    a. did not provide good clinical care to Patient A in that you performed a cerebrospinal drainage procedure ('the Procedure') on Patient A and aspirated approximately 110ml of cerebrospinal fluid ('CSF'), which was an excessive amount;
    Admitted and found proved.
    b. falsely told Miss B that you had aspirated around 75mls of CSF during the Procedure, or words to that effect;
    Admitted and found proved.
    c. falsely told Miss C that during the Procedure you had aspirated:
        i. less than the 110mls of CSF that had been recorded, or words to that effect;
        Admitted and found proved.

ii. about 75mls of CSF and that this needed changing in the documentation, or words to that effect;

Admitted and found proved.

d. collected from the laboratory four vials containing CSF you aspirated during the Procedure, and:

i. clandestinely disposed of approximately 50mls of CSF;

Admitted and found proved.

ii. then, after your actions as described at paragraph 1di, asked Miss D to:

1. measure the remaining CSF;

Admitted and found proved.

2. make a note in Patient A's medical records of the volume of CSF Miss D had just measured;

Admitted and found proved.

e. made an entry in Patient A's medical records stating that 36ml of CSF had been measured by Miss D from the four vials obtained from the laboratory;

Admitted and found proved.

f. told Miss E to inform Patient A's mother if asked that during the Procedure you had aspirated 36ml of CSF alongside 10ml that went to the laboratory, or words to that effect.

Admitted and found proved.

2. You knew when taking the action as described at:

a. paragraphs 1b, 1c and 1f that:

i. during the Procedure you had aspirated around 110mls of CSF;

Admitted and found proved.

ii. 110mls was an excessive amount of CSF in relation to Patient A;

Admitted and found proved.

b. paragraph 1dii that:

i. you had just clandestinely disposed of around 50mls of CSF;

Admitted and found proved.

ii. the amount of fluid you caused Miss D to record did not reflect the actual amount of CSF that you had obtained from the laboratory;

Admitted and found proved.

c. paragraph 1e that:

i. you had clandestinely disposed of around 50mls of CSF;

Admitted and found proved.

ii. the amount of fluid you recorded did not reflect the actual amount of CSF that you had obtained from the laboratory.
Admitted and found proved.

3. Your actions at:
   a. paragraph 1b were dishonest by reason of paragraph 2a;
   Admitted and found proved.
   b. paragraph 1c were dishonest by reason of paragraph 2a;
   Admitted and found proved.
   c. paragraph 1dii were dishonest by reason of paragraph 2b;
   Admitted and found proved.
   d. paragraph 1e were dishonest by reason of paragraph 2c;
   Admitted and found proved.
   e. paragraph 1f were dishonest by reason of paragraph 2a.
   Admitted and found proved.

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

The Admitted Facts

8. At the outset of these proceedings, Dr Rao made admissions to all paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation as admitted and found proved in its entirety.

9. Mr McCaffrey clarified, prior to the admissions being made, that the Allegation was to be admitted in full and that, whilst Dr Rao has XXX, it was not being argued that she lacked autonomy or that she was anything other than fully culpable. He clarified that XXX was relevant in two regards:

1. In relation to understanding her personal circumstances at the time of events; and
2. To explain why it is difficult for her to demonstrate insight as to why she acted in the manner admitted.

Impairment

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

Witness Evidence

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

- Ms D, Specialist Biomedical Scientist, dated 28 July 2022;
- Dr G, FY1 Doctor, dated 9 August 2022;
- Miss C, Ward Sister, dated 10 August 2022;
- Dr H, Specialist Trainee Doctor, dated 18 August 2022;
- Miss D, Nurse, dated 22 August 2022;
- Miss E, Nurse, dated 29 September 2022; and
- Miss B, Nurse Practitioner, dated 25 October 2022.

12. Dr Rao provided her own witness statement, dated 5 April 2022, and a reflective statement, dated 24 April 2024. She gave oral evidence at the hearing. At the close of Dr Rao's evidence, some concerns were raised about the nature of the questions asked. The Tribunal's response to these concerns is contained within Annex A.

13. The Tribunal also received in support of Dr Rao a number of testimonials from colleagues, all of which it has read.

Expert Witness Evidence

14. The Tribunal received evidence from two expert witnesses. Professor I, on behalf of the GMC, provided an expert opinion on the treatment of Patient A in a report dated 21 April 2023, as well as a short glossary of terms used in his report. Professor I is a Consultant Paediatrician, Consultant Paediatric Intensivist and Medical Examiner at the Royal Manchester Children's Hospital, Oxford Road, Manchester. Dr Rao did not dispute the contents of this report.

15. Professor J, on behalf of Dr Rao, provided reports dated 24 March 2024 and 16 April 2024 in relation to XXX and gave oral evidence at the hearing. XXX. The GMC did not dispute the contents of this report.

Documentary Evidence

16. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, the Trust GMC referral; the Trust investigation report, including limited extracts from Patient A's medical notes and statements made to the investigation by Dr Rao and others involved; the Trust outcome letter; Dr Rao's GMC self-referral; transcript of the video of the Procedure; Dr Rao's Rule 7 Response; the East of England neonatal neuroprotection management of PHVD; XXX; and various CPD certificates.

Submissions

17. On behalf of the GMC, Ms Jones submitted that the behaviour found proved amounts to serious misconduct. Ms Jones submitted that, in relation to the clinical matters, Dr Rao had departed from paragraphs 7, 11, and 16 (b), of Good Medical Practice (2013, as amended) ('GMP'), which relate to being competent in all aspects of one's work, being familiar with guidelines that affect one's work, and providing effective treatments based on the best available evidence.

18. In relation to the probity matters, Ms Jones submitted that Dr Rao had departed from paragraphs 1, 19, 55, 65, 68 and 71 of GMP which set out that doctors must be honest and trustworthy, must make sure that documents they make are accurate and legible, must be open and honest with patients if things go wrong, must make sure their conduct justifies patients' trust and the public's trust in the profession, must be honest and trustworthy in all communications with colleagues and be honest and trustworthy when writing reports and other documents. XXX.

19. Ms Jones submitted that, in all the circumstances, the facts found proved can only amount to serious misconduct.

20. Turning to impairment, Ms Jones submitted that the Tribunal may consider the matter in two parts – the clinical issue and the probity issue, which was an attempt to cover up the clinical issue. Considering both issues together, Ms Jones submitted that there is evidence from both Dr Rao and Professor J that, although Dr Rao has begun a journey of development of insight and Dr Rao may well feel she is quite far into that journey, the development of insight is an ongoing process which can be expected to develop much further

following the proposed XXX. Ms Jones reminded the Tribunal that Professor J stated that Dr Rao's insight could be further improved.

21. Ms Jones submitted that, due to Dr Rao's XXX, she has XXX. Ms Jones submitted that this reflection is therefore necessarily very limited and, having not yet worked through XXX with Professor J, insight must be somewhat limited, albeit with a great degree of hope that it may improve over time. Ms Jones submitted that, although Dr Rao has undertaken many courses, until XXX, both in terms of the clinical error and the dishonesty, there remains a risk of repetition which is not insignificant.

22. Ms Jones submitted that patient safety is relevant in regard to the clinical error and that without full insight and remediation Dr Rao still presents a risk of harm to patients.

23. Ms Jones further submitted that all three limbs of the overarching objective are engaged in relation to the dishonesty element of the case. Ms Jones submitted that the Tribunal should consider that, although the dishonesty issues arose over a short period of time, they amount to a series of extremely serious dishonest acts. Ms Jones highlighted that Dr Rao had told nursing staff that only 75ml of CSF had been taken; told them the record needed to be amended; sought to blame junior colleagues; went to the laboratory and retrieved the samples; tipped an amount away to hide the mistake of taking too much CSF; asked another nurse to measure the remaining amount and put a false entry in the patient's notes; and another colleague to inform Patient A's mother that a reasonable amount of fluid had been taken. Ms Jones submitted that this is a very serious set of dishonest actions.

24. Ms Jones submitted that as well as there not being sufficient insight and remediation to conclude the risk of repetition is low, this is a case where a finding of impairment is necessary to meet all three limbs of the overarching objective.

25. On behalf of Dr Rao, Mr McCaffrey submitted that misconduct is conceded in this case.

26. Turning to impairment, Mr McCaffrey submitted that a finding of impairment is inevitable where serious misconduct has been found proved and there is a wider public interest in such a finding.

27. Mr McCaffrey submitted that in relation to insight, this is still developing, and he therefore would not submit that it is complete. Mr McCaffrey conceded that the Tribunal

may have concerns about Dr Rao's position, that she admits the Allegation but XXX, and submitted that this has taken on a significance that Dr Rao had not fully appreciated until her Rule 7 response last year. Mr McCaffrey therefore submitted that the Tribunal should be careful in its consideration of documents prepared in 2021 and 2022, because they require some interpretation of Dr Rao's developing position. Mr McCaffrey reminded the Tribunal that, at the time these documents were prepared, Dr Rao XXX. Mr McCaffrey submitted that this was a relevant consideration because at the time Dr Rao made these statements in 2021 and 2022, she had suggestions made to her by the Trust and by Dr K about XXX which confused matters. Mr McCaffrey submitted that the Tribunal should therefore act with care when considering the relevance of these earlier documents.

28. Mr McCaffrey submitted that this case is distinct from a case where the doctor simply refuses to acknowledge what they have done, and instead the more relevant consideration is the lack of timely development of insight. Mr McCaffrey submitted that the Trust found XXX to be relevant at all points, even after her dismissal, and Professor J continues to work on XXX with Dr Rao. Mr McCaffrey submitted that considering these difficulties, it makes sense that Dr Rao has taken some time to XXX. Mr McCaffrey submitted that Dr Rao has embarked on the process of trying to understand what happened, and the courses she has undertaken, which were numerous and early, are evidence of that. Mr McCaffrey submitted there is clear evidence that Dr Rao is engaged, XXX, in understanding why she acted in the way she did, and she has made no equivocation to her admissions on that basis.

29. Mr McCaffrey submitted that there is an element of bravery to Dr Rao's admissions, even while her actions were so out of character, because she believes XXX. Mr McCaffrey noted that, while many events were corroborated by witnesses, some were not, including the most distasteful element of the case: disposing of the CSF.

30. Mr McCaffrey submitted that Dr Rao has been working for the last three years in unrestricted practice without repetition or concern about her performance and asked the Tribunal to consider the testimonial from Dr L in particular, who was a colleague of Dr Rao's at the Trust.

31. XXX. Mr McCaffrey submitted that this shows Dr Rao's commitment to continued learning and development of insight.

32. Mr McCaffrey submitted that Dr Rao's evidence to the Tribunal had been raw, showing how she has struggled to accept what she did, and the impact on Patient A, her

family, colleagues, the Trust and the profession. Mr McCaffrey submitted that Dr Rao is tortured by what she did but is still working through it and showing evidence of engagement and insight, which is an ongoing process.

The Relevant Legal Principles

33. The Legally Qualified Chair gave the following legal advice to the Tribunal, upon the parties confirming that they were satisfied with the contents:

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

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

2. The Tribunal must consider whether or not the facts found proved amount to misconduct, whether the misconduct was serious and whether the misconduct that was serious leads to a finding of impairment. There are two distinct processes: firstly, to consider whether there has been serious misconduct and secondly, to consider whether this leads to a finding of impairment.

3. There is no burden or standard of proof to adopt at this stage.

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

5. For the purpose of fitness to practise proceedings, "misconduct" is defined as follows:

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

6. The Tribunal must determine whether Dr Rao's fitness to practice is impaired today, taking into account her conduct at the time of the events, whether the matters are remediable, whether they have been remedied and the likelihood of repetition. The Tribunal must determine whether she has demonstrated insight, and if so, to what extent.

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

8. Both parties have relied upon what they assert is expert evidence. When considering that evidence, the Tribunal must first consider whether the witnesses relied upon are qualified to give expert evidence on the matters in issue.

9. Unlike lay witnesses, experts may give evidence of opinion. It is a matter for the Tribunal to consider whether a witness has suitable expertise to give opinion evidence. In any event, where an expert does give opinion evidence the Tribunal remains the ultimate arbiter of matters about which an expert has testified, as it is with all the evidence before it. The Tribunal is not bound to accept an expert's opinion if there is a proper basis for rejecting it. The Tribunal, when weighing an expert's opinion, will be required to consider whether the witness is independent. If an expert's opinion is not accepted, the Tribunal must give written reasons for doing so. The Tribunal's determination of misconduct and impairment must be based on the evidence as a whole, of which the expert opinion evidence and opinion forms only a part.

10. In considering the issues of misconduct and current impairment, the Tribunal shall consider any paragraphs of Good Medical Practice it believes is applicable. It must consider the versions of Good Medical Practice that was in force at the date of the Allegation.

11. The decision is a matter for the Tribunal's judgment alone. Written reasons must be given for the Tribunal's decision.

The Tribunal's Determination on Impairment

Misconduct

34. The Tribunal first considered whether the clinical aspect of this case, that Dr Rao did not provide good clinical care to Patient A in that when she performed the Procedure on Patient A and aspirated approximately 110ml of CSF, which was an excessive amount, amounted to serious misconduct.

35. The Tribunal first considered the expert opinion of Professor I. He attached the East of England Neonatal Neuroprotection Management of PHVD guideline ('the guideline'). He stated:

> *'With regard to the clinical care provided, if it is accepted that around 110 ml of CSF was aspirated during the procedure, then this would be seriously below the standard expected of a reasonably competent Consultant Paediatrician. This volume would be far beyond the recommended volume of 10-15 ml/kg and would have been associated with a significant risk of harm to the patient (apnoeas, bradycardia, cardiovascular instability, oxygen desaturation, electrolyte disturbances, seizures and structural brain injury).'*

36. The Tribunal accepted Professor I's opinion that the care provided by Dr Rao to Patient A was seriously below the standard to be expected and posed a significant risk of harm to Patient A. The Tribunal was mindful that no harm occurred to Patient A, however it found that this was the result of other factors, and the potential risks were extremely serious. The Tribunal further noted that Dr Rao has stated she was aware of the guideline mentioned by Professor I now and was aware of it at the time.

37. The Tribunal also took into account Dr Rao's concession that the clinical failing amounted to serious misconduct, and that she knows now, and knew at the time, what the potential risks of the Procedure were. The Tribunal further noted that Dr Rao has not sought to challenge the opinion of Professor I.

38. The Tribunal therefore found that Dr Rao's treatment of Patient A amounted to a serious departure from the following paragraphs of GMP:

> *'7 You must be competent in all aspects of your work, including management, research and teaching.*

11 You must be familiar with guidelines and developments that affect your work.

16 In providing clinical care you must:

…

b provide effective treatments based on the best available evidence

…'

39. The Tribunal concluded that Dr Rao's conduct in respect of her treatment of Patient A fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

40. The Tribunal then turned to the issue of misconduct in respect of the probity matters in this case. The Tribunal considered the dishonesty as set out at paragraph 3 of the Allegation in the round as a course of conduct which occurred over the span of several hours on one day, which was undertaken, as accepted by Dr Rao in her reflective statement as the only possible explanation, to cover up her clinical mistake.

41. The Tribunal found that this course of conduct was not only made up of Dr Rao making false statements but also involved Dr Rao attempting to deflect blame onto junior colleagues for inaccurately measuring the CSF; disposing of the excess CSF having collected the vials from the laboratory; asking another colleague to measure the remaining CSF and make an entry in Patient A's records; and instructing another to give Patient A's mother false information.

42. The Tribunal found that all aspects of this conduct were dishonest and although related to a single clinical incident, they showed an egregious pattern of dishonesty over a number of hours intended to cover up a clinical failing concerning a vulnerable patient. The Tribunal was particularly concerned that Dr Rao had involved others in her dishonesty, putting patient safety at risk and potentially getting colleagues into trouble. It also noted that elements of the dishonesty were premeditated, for example arranging to attend the lab to collect the samples so that she could discard some of it.

43. The Tribunal found that Dr Rao's dishonesty was a serious departure from the following paragraphs 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,1 are honest and trustworthy, and act with integrity and within the law

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

55 You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should: a put matters right (if that is possible) b offer an apology c explain fully and promptly what has happened and the likely short-term and long-term effects.

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.'

44. The Tribunal therefore concluded that Dr Rao had engaged in a course of conduct which was, in all aspects, dishonest, and therefore brought the profession into disrepute, put patient safety at risk, and amounted to serious misconduct.

45. The Tribunal further considered that each instance of admitted dishonesty, in isolation, amounted to serious misconduct: dishonesty being a fundamental breach of a central tenet of the medical profession.

46. The Tribunal therefore concluded that Dr Rao's conduct in respect of the repeated dishonesty fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment

47. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Rao's fitness to practise is currently impaired.

48. Throughout its consideration on impairment the Tribunal was careful to remind itself that Dr Rao XXX, and this unavoidably impacts on her ability to demonstrate XXX. The Tribunal was careful throughout that Dr Rao should not be disadvantaged as a consequence.

49. The Tribunal first considered whether Dr Rao's fitness to practice is impaired in relation to the clinical matters. The Tribunal noted that in her oral evidence, Dr Rao articulated the difficulties she was facing at the time due to being overworked, taking on extra duties and attempting to please others by completing tasks in an unreasonable timeframe. The Tribunal found that Dr Rao had shown some insight into her misconduct, in that she understands that she must acknowledge when she is overworked and delegate accordingly. The Tribunal noted that this was a goal XXX Dr Rao intends to undertake with Professor J.

50. The Tribunal further took into account Dr Rao's response when asked how she would perform the Procedure in the future. Dr Rao responded with a clear articulation of the steps to be undertaken in the Procedure, according to guidelines, which the Tribunal found was positive. However, Dr Rao stated she had not undertaken the Procedure since these events and has no intention of doing so, which is an insufficient explanation as to how she would prevent repetition of clinical failings given that there are numerous other invasive procedures that she may be required to undertake. The Tribunal did note that Dr Rao was able to describe another invasive procedure which she has carried out as part of her duties over the past three years and set out tools that she had in place to ensure guidelines were followed and her practice was correct. The Tribunal found that this showed some insight into preventing future clinical errors.

51. The Tribunal bore in mind that Dr Rao has done some work to prevent errors recurring. However, the Tribunal was concerned that, because XXX, she has as yet been unable to explain what caused this clinical error. Whilst she should not be disadvantaged by XXX, the Tribunal would like to have seen her demonstrate a better understanding of how being overworked may have resulted in clinical failings. Without a proper articulated understanding of why how overwork and personal circumstances may result in clinical mistakes, the Tribunal was unable to find that Dr Rao had developed sufficient insight. The Tribunal noted that this is an issue which Dr Rao hopes to address in her work with Professor J.

52. In regard to remediation, the Tribunal found that Dr Rao has done some work, as set out above, to prevent a clinical error from occurring in the future. However, she has not

performed the same procedure since these events and has limited insight into the reasons for the clinical error, therefore remediation is necessarily difficult.

53. The Tribunal found that there remains a real and present risk of repetition whilst Dr Rao XXX and before she has completed the work with Professor J. The Tribunal noted Dr Rao's reflections on her workload and ability to cope under stress, however it was concerned that she stated she would not perform the Procedure again and had not yet demonstrated an appreciation of the range of other clinical issues which may arise in invasive procedures and how she would cope with these.

54. The Tribunal determined that, given the risk of repetition identified, there remains a risk to patient safety.

55. The Tribunal further determined that, given the risk of repetition of a serious clinical error, a member of the public would be shocked to learn that Dr Rao's fitness to practice was not impaired, and therefore a finding of impairment was necessary to uphold protect, promote and maintain the health, safety and well-being of the public, and to promote and maintain public confidence in the medical profession.

56. Further, the promotion and maintenance of public confidence and professional standards would be undermined if a finding of impairment was not made following such an avoidable and inexplicable clinical error, upon a vulnerable premature baby, which could (albeit, fortunately, did not) have had catastrophic consequences.

57. The Tribunal then considered whether Dr Rao's fitness to practise is impaired in relation to the allegations of dishonesty. The Tribunal noted that Dr Rao has made a clear acknowledgement that dishonesty is wrong, which shows some insight. The Tribunal noted Professor J's opinion that there was further work to be done to develop Dr Rao's insight into her dishonesty.

58. The Tribunal noted that the first instance of dishonesty was in Dr Rao's response to a phone call from Ms B, who had spoken to Patient A's mother and then contacted Dr Rao to challenge her about the amount of CSF taken during the Procedure. The Tribunal considered that this challenging interaction appeared to be the 'trigger' for Dr Rao's behaviour in attempting to cover up the clinical error and that thereafter she undertook a pattern of dishonest behaviour.

59. The Tribunal considered the certificates which Dr Rao produced and, while it accepted that these were relevant courses relating to probity and honesty, it was concerned that she had not provided reflections on the learning done for these courses, nor could she clearly and sufficiently articulate, when asked in oral evidence, how she would cope when faced with challenging interactions at work in the future.

60. The Tribunal was mindful that Dr Rao, from her own evidence and the testimonials provided, has not been involved in any other patient safety incidents and therefore could not demonstrate how she has behaved differently in the past, or how she might behave differently in the future. The Tribunal was concerned that the nature of Dr Rao's specialty of paediatrics and neonatal care means that adverse outcomes are highly likely to arise in the future and she has not outlined a coherent and effective strategy for coping with confrontation and complaints.

61. The Tribunal noted that in her oral evidence Dr Rao spoke at length about her personal shame, how appalling her actions were and how she no longer considered herself a role model. The Tribunal was concerned that this shame and resolve to never act in this way again does not mean that Dr Rao will be able to cope when faced with similar stressful circumstances.

62. The Tribunal also considered the timeliness of Dr Rao's insight and considered the various statements that Dr Rao has provided to the Trust, the GMC, and during these proceedings:

a. there was no mention of acceptance of dishonesty in the statement Dr Rao made to the patient safety review in August 2021;
b. at the meeting on 4 October 2021, Dr Rao denied telling Ms B that only 75ml had been aspirated;
c. in January 2022, when meeting with Dr K, Dr Rao made no mention of dishonesty; and
d. in her statement dated 20 March 2022, prepared for the Trust disciplinary hearing on 1 and 4 April 2022, Dr Rao did not accept dishonesty but accepted that if she had acted as alleged it would have been dishonest.

63. The Tribunal found that the earliest point at which Dr Rao acknowledged that she had acted dishonestly was in her Rule 7 response on 16 July 2023 and in a reflective statement dated 20 July 2023. The Tribunal bore in mind that XXX. However, it found that she had failed

to accept acting dishonestly until July 2023. She told the Tribunal that she had realised that XXX soon after the events of July 2021, yet it took her two years to expressly accept that the evidence demonstrated that she had acted dishonestly.

64. The Tribunal was concerned that in her statement prepared for these proceedings Dr Rao stated that she had always accepted the allegations against her and knows why she acted as she did. The Tribunal considered that assertion to be contradicted by her previous statements and accounts.

65. The Tribunal therefore found that Dr Rao's position as to the dishonesty, and therefore insight, has evolved over time and continues to evolve.

66. The Tribunal, as set out above, noted that Dr Rao has undertaken relevant courses in probity and honesty. However, when asked in oral evidence if she was aware of the importance of honesty and integrity prior to these events, Dr Rao stated that she had been familiar with the relevant provisions of GMP. The Tribunal therefore found that Dr Rao was aware of her obligations as a doctor when she lied repeatedly to cover up a clinical error. The Tribunal was satisfied that she knew, as any doctor and lay person would know, at the time of events, that seeking to cover up a clinical mistake and acting dishonestly was a breach of a fundamental tenet of the medical profession.

67. The Tribunal could not be satisfied that, despite Dr Rao's ongoing remediation and developing insight, she would not react in the same manner when confronted about a possible mistake at work. The Tribunal was concerned that Dr Rao's conduct was not a one-off or isolated incident, but a course of premeditated conduct intended to cover up a clinical failing over several hours. Given that Dr Rao engaged in such conduct, despite at the time knowing that such conduct was unacceptable, has led to the Tribunal having a significant concern that she would do so again.

68. The Tribunal therefore concluded that, although Dr Rao had shown some insight and remediation, she has breached a fundamental tenet of the medical profession which she understood at the time. The Tribunal has further found a high risk of repetition to cover up any future clinical error.

69. The Tribunal determined that a finding of impairment in relation to the dishonesty element of this case was necessary in order to protect, promote and maintain the health,

safety and wellbeing of the public due to the inherent safety concerns regarding a dishonest doctor.

70. Further, a member of the public would be shocked and concerned to learn that a finding of impairment was not made in such a case of premediated, prolonged dishonesty, undertaken to cover up clinical failings arising from the care of a vulnerable child.

71. The Tribunal concluded that a finding of impairment was necessary to promote and maintain public confidence in the medical profession.

72. For the same reasons, the Tribunal found that a finding of impairment was necessary to promote and maintain proper professional standards and conduct for members of that profession.

73. The Tribunal has therefore determined that Dr Rao's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 02/05/2024

74. This determination will be handed down in private. However, as this case concerns Dr Rao's misconduct, a redacted version will be published at the close of the hearing.

75. Having determined that Dr Rao's fitness to practise is impaired by reason of misconduct, 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

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

Submissions

77. On behalf of the GMC, Ms Jones submitted that the appropriate sanction in this case was suspension. Ms Jones directed the Tribunal to The Sanctions Guidance (2024) ('SG').

78. Ms Jones submitted that the mitigating factors in this case are that: there is some evidence of developing insight and attempts at remediation; there is evidence that Dr Rao has adhered to the principles in GMP in the past; that circumstances in Dr Rao's life, including overwork and stress at work had contributed to her misconduct; and that there has been a lapse of time of almost three years since the incident. Ms Jones submitted that Dr Rao's ongoing remediation is tied up with XXX and, as such, her work with Professor J is ongoing and not yet complete.

79. Ms Jones submitted that the aggravating feature in this case is the lack of insight. Ms Jones reminded the Tribunal of the statement of Dr Rao's Responsible Officer ('RO') and that it contains relevant updates on Dr Rao's current practice.

80. Turning to the available sanctions, Ms Jones submitted that taking no action would not be appropriate given the seriousness of the Allegation and the lack of exceptional circumstances. Ms Jones further submitted that conditions would not reflect the seriousness of the misconduct and would not address the obligations of the Tribunal under the overarching objective.

81. In regard to suspension, Ms Jones submitted that this is the appropriate sanction in this case. Ms Jones submitted that Dr Rao has acknowledged fault and began to take steps to mitigate her actions. Ms Jones further submitted that, in relation to the clinical matters in this case, there is evidence that Dr Rao has gained some insight into her deficiencies, and she has the potential to remediate those concerns. Ms Jones submitted that Dr Rao is aware of the work that needs to be done and this work is currently ongoing. XXX. Ms Jones submitted that, whilst the Tribunal has made findings in respect of current impairment and the risk of repetition in relation to both the clinical incident and the dishonesty, there is evidence available to the Tribunal to support a contention that those risks are likely to be reduced once the remediation has been undertaken.

82. Ms Jones further submitted that the following factors are present which indicate that suspension is appropriate: serious departures from Good Medical Practice (2013, as amended) ('GMP') but, when one balances all the considerations in this case, Dr Rao's misconduct is not so difficult to remediate that complete removal from the register is in the public interest; that while her case involves a serious clinical error, she has good potential for remediation in relation to that clinical error; there is no evidence that remediation is unlikely to be successful, quite the contrary, she is willing to engage in remediation; and there has

been no repetition of similar behaviour since the incident, Dr Rao having been in unrestricted practice during that time.

83. In summary, Ms Jones submitted that a sanction of suspension, at the upper end of the range available, would act as a deterrent and send a message both to Dr Rao and members of the public as to what is behaviour befitting of a doctor. Ms Jones submitted that action must be taken to protect public confidence in the profession, even though there has been an acknowledgement of fault in this case and evidence of developing insight which Dr Rao is willing to work on. Ms Jones submitted that suspension is therefore the appropriate sanction.

84. Turning briefly to erasure, Ms Jones submitted that in order to consider such a sanction the Tribunal must conclude that suspension was not proportionate and only erasure would be the proportionate response. Ms Jones submitted that, on balance, considering all the circumstances in this case, erasure would be disproportionate. Ms Jones submitted that this is a case where there ought to be a review hearing at the conclusion of the suspension, and this would allow a future tribunal to be reassured that Dr Rao had taken appropriate action and the development of insight and remediation had taken place.

85. On behalf of Dr Rao, Mr McCaffrey submitted that suspension is the appropriate and proportionate sanction. Mr McCaffrey submitted that mitigating factors which are present are as follows: Dr Rao has some insight and has made efforts to address the misconduct, although he accepted that this process is not complete and remediation is ongoing; that Dr Rao has, at least from the Rule 7 Stage, admitted all allegations in full; that Dr Rao has been practising unrestricted since 2021 and there has been no repetition of concerns; Dr Rao has kept her knowledge up to date with ongoing CPD; at the time of events, Dr Rao was facing pressure at work XXX; Dr Rao is of previous good character and is viewed as a valuable and competent colleague as confirmed by her RO and in the testimonials; and Dr Rao's evidence has clearly demonstrated remorse, an understanding of the impact of her actions on others and a practice of checking herself each day to monitor the impact of her actions.

86. Mr McCaffrey submitted that the Tribunal may consider Dr Rao's late development of insight as a relevant aggravating factor, however he submitted that the Tribunal should keep in mind his submissions at Stage 2 as to the complexity at the time, the number of voices giving opinions, and the XXX, as well as XXX.

87. Turning to the appropriate sanction, Mr McCaffrey submitted that suspension is the appropriate sanction. Mr McCaffrey submitted that the misconduct is not fundamentally incompatible with continued registration.

88. Mr McCaffrey submitted that suspension would have a punitive effect as Dr Rao has been practising since this incident without restriction, however he submitted that she has a clear plan for the completion of insight and remediation XXX. Mr McCaffrey submitted that, while Dr Rao accepts the Tribunal's finding of a serious risk of repetition, this should not bar the imposition of a suspension. Mr McCaffrey submitted that there has been clear admission and acknowledgement of fault from Dr Rao, and the Tribunal has noted that XXX and her personal circumstances at the time should not be held against her. Mr McCaffrey submitted that the risk identified can be met by a suspension and it is appropriate because the Tribunal has found that Dr Rao has some insight and can have confidence that this will continue to develop.

89. Mr McCaffrey submitted that a suspension could mark the seriousness of the misconduct and deal with the identified risk while ensuring, by way of review, that the process which has begun is completed prior to Dr Rao being able to return to unrestricted practice. Mr McCaffrey submitted that this is a serious breach of GMP but, in all the circumstances, not one fundamentally incompatible with continued registration, and therefore complete removal from the medical register would not be in the public interest.

90. Mr McCaffrey submitted that there is no doubt that XXX is relevant to this case, as it was relevant at the time, and Dr Rao needs to learn how XXX affected her practice and judgment. Mr McCaffrey submitted that not only is there no evidence that demonstrates that remediation is unlikely to be successful, but there is evidence that Dr Rao's insight and remediation is evolving and there is a clear plan which indicates that remediation is highly likely to be successful.

91. Mr McCaffrey submitted that Dr Rao accepts that she engaged in a series of dishonest acts, prolonged over a period of hours, and designed to cover up her clinical mistake. Mr McCaffrey submitted that as the SG does not direct a specific outcome and as all matters are within the discretion of the Tribunal, it should take into account Dr Rao's impeccable career and her clear acceptance of wrongdoing. Mr McCaffrey further submitted that, while he does not seek to downplay the seriousness of the incident, it related to a single clinical incident in very specific circumstances which have been unchallenged. Mr McCaffrey submitted that erasure would end Dr Rao's career with no possibility of return for at least five years and

would be a disproportionate sanction which would fail to take into account the unique nature of the case and the unusual factors identified above.

The Tribunal's Determination on Sanction

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

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

94. The Tribunal first considered and balanced the aggravating and mitigating factors in this case.

Aggravating Factors

95. The Tribunal has found that Dr Rao's development of insight has not been timely. The Tribunal noted, in particular, that Dr Rao did not openly admit the dishonesty allegations until July 2023, two years after the incident.

96. Secondly, the Tribunal noted that Dr Rao's misconduct relating to probity, although relating to a single clinical incident, showed an egregious pattern of dishonesty over a number of hours intended to cover up a clinical failing concerning a vulnerable patient. It was further concerned that she involved others in her dishonesty, attempted to deflect blame onto junior colleagues and disposed of samples.

Mitigating Factors

97. There was evidence that Dr Rao understands the problem and she has demonstrated insight, albeit limited insight expressed at a late stage. Further, Dr Rao has attempted to remediate her misconduct, although this is in the early stages and further work is required.

98. Dr Rao has shown regret and remorse for her actions.

99. There is evidence that Dr Rao was of good character before this incident, and has continued to work since, adhering to principles of good practice, as shown by her positive testimonials and references, although the Tribunal noted that those providing the testimonials, besides Dr L, were not fully aware of the Allegation.

100. Dr Rao was facing a great deal of work-related stress at the time.

101. There has been a lapse of time of almost three years since the incident and these proceedings.

No action

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

103. The Tribunal determined that, in view of the serious nature of its findings on the facts and impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal determined that there were no exceptional circumstances and therefore there could be no justification to conclude the case by taking no action.

Conditions

104. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Rao's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.

105. The Tribunal found that it could not formulate workable conditions which would sufficiently protect against the risk of repetition in relation to the dishonesty element of this case. Conditions would not be appropriate as they would not be sufficient to maintain public confidence in the profession and uphold proper professional standards. The Tribunal was therefore satisfied that the imposition of conditions would not be an appropriate or proportionate response.

Suspension

106. The Tribunal found that the following factors at paragraph 97 were present, which indicate that suspension may be the appropriate sanction:

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

…

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.'

107. The Tribunal noted, in its decision on impairment, that while Dr Rao's remediation and insight are at an early stage, she has made full admissions and acknowledged her wrongdoing, as well as setting out a plan of work with Professor J which intends to address her reasons for engaging in the misconduct, and how to prevent such incidents occurring in the future. The Tribunal also noted, in relation to the clinical matters, that Dr Rao has better developed insight, notably in regard to overworking and failing to deal with stress. The Tribunal therefore found that there is no evidence that demonstrates that remediation is unlikely to be successful.

108. The Tribunal also took into account that Dr Rao has continued to work in unrestricted practice since the incident, and it has no evidence that there has been repetition of similar behaviour during that time.

109.The Tribunal then considered paragraphs 91, 92 and 93 of the SG:

'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

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 (see paragraphs 24–49).'

110. The Tribunal noted the paragraphs relating to dishonesty, which were relevant in this case:

'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 (see further guidance at paragraph 120–128).'

111. The Tribunal found, in its decision on impairment, that Dr Rao had sought to cover up her initial dishonesty related to what she told Ms B after the Procedure by removing and clandestinely disposing of the samples from the laboratory, and giving false information to other members of staff about the amount of fluid removed, including telling another member of staff to inform Patient A's mother that an incorrect amount of fluid had been taken.

112. The Tribunal further noted that, although Dr Rao has provided positive testimonials, largely as to her clinical skills, and continues to work without further incident, this cannot provide mitigation for such serious and persistent dishonesty.

113. The Tribunal found that Dr Rao's dishonesty was of a particularly serious and concerning nature, and a member of the public would be appalled if she were to be allowed to return to unrestricted practice at this stage. The Tribunal bore in mind the serious nature of the misconduct and the difficulty of remediating dishonesty; however, it concluded that Dr Rao has shown some insight and has a clear plan to work with Professor J and develop this further. The Tribunal determined that a period of suspension would allow Dr Rao to develop

her insight and continue her remediation, while simultaneously protecting the public. The Tribunal therefore found that Dr Rao's misconduct was not fundamentally incompatible with continued registration, albeit that it comes incredibly close and a return to unrestricted practice would depend on satisfactory and complete remediation.

114. The Tribunal narrowly concluded that a period of suspension would protect, promote and maintain the health, safety and well-being of the public because Dr Rao would be unable to return to unrestricted practice until she is able to demonstrate that she no longer poses a risk. Secondly, a period of suspension would promote and maintain public confidence in the medical profession because it comes as a result of a lengthy and rigorous disciplinary process which Dr Rao has cooperated with and it represents a significant sanction which will protect public safety. Lastly, a period of suspension would promote and maintain proper professional standards and conduct for members of the profession as it sends a signal that this is behaviour unbefitting of a medical professional.

Erasure

115. Despite the agreement between the parties as to the appropriateness of suspension, the Tribunal gave careful and considerable consideration to erasing Dr Rao's name from the medical register and was just able to step back from that sanction.

116.The Tribunal considered paragraph 107 of the SG:

> *'107 The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health and/or knowledge of English – where this is the only means of protecting the public.'*

117. The Tribunal, as set out above, determined that a period of suspension, with a review, would adequately protect the public, and therefore it determined that erasure would be a disproportionate sanction.

Length of suspension

118. The Tribunal considered the following factors set out at paragraph 100 of the SG:

> *'a the risk to patient safety/public protection*

b the seriousness of the findings and any mitigating or aggravating factors (as set out in paragraphs 24–60)
c ensuring the doctor has adequate time to remediate.'

119. The Tribunal determined that a suspension of 12 months was the appropriate and proportionate sanction in this case. The Tribunal determined that anything less would not maintain public confidence in the profession nor uphold professional standards. The Tribunal further noted that, given the level of insight and remediation, together with the lack of timeliness of the insight that has been developed, Dr Rao will benefit from a lengthy period of suspension to undertake the work that is necessary. The Tribunal also bore in mind that Professor J gave evidence that her work with Dr Rao is anticipated to take another 12 months.

120. Dr Rao must understand that the Tribunal gave considerable thought to erasing her from the medical register and that it narrowly determined, for all of the reasons outlined above, that suspension was appropriate and proportionate.

121. Further, the Tribunal considered that Dr Rao would in due course need to prove that her fitness to practise is no longer impaired before being permitted to return to unrestricted practice and, if she fails to do so, erasure will likely follow.

122. As such, the Tribunal determined to direct a review of Dr Rao's case. A review hearing will convene shortly before the end of the period of suspension. At the review hearing, the onus will be on Dr Rao to demonstrate how she has developed her insight and remediation. It therefore may assist the reviewing Tribunal if Dr Rao could provide the following:

- An updated report from Professor J, as well as her and Professor J's attendance at the review to answer questions from the GMC and the review Tribunal;
- Ongoing reflections on the work undertaken with Professor J and any other learning: this should be produced incrementally, such as by way of a monthly learning log, during her suspension rather than at the end so that the review panel can assess any development of insight and risk of repetition;
- Evidence of a rational and deliverable plan to cope in the future with similar events and prevent repetition, namely how she would react upon being involved in any untoward clinical incident or complaint;
- Any other evidence Dr Rao feels may assist the reviewing Tribunal.

Determination on Immediate Order - 02/05/2024

123. Having determined that Dr Rao's registration be suspended for 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Rao's registration should be subject to an immediate order.

Submissions

124. On behalf of the GMC, Ms Jones submitted that the GMC does not seek an immediate order. Ms Jones submitted that the GMC has borne in mind that there has been no repetition of similar behaviour in the past three years while Dr Rao has been in unrestricted practice.

125. On behalf of Dr Rao, Mr McCaffrey submitted an immediate order is not necessary. Mr McCaffrey submitted that Dr Rao has been working until recently and as such she wishes to hand over her work to colleagues and make arrangements before the substantive suspension begins.

The Tribunal's Determination

126. The Tribunal has taken into account the relevant paragraphs of the SG 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…*
>
> *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.*
>
> *174 Doctors and their representatives sometimes argue that no immediate order should be made as the doctor needs time to make arrangements for the care of their patients before the substantive order for suspension or erasure takes effect.*
>
> *175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been*

aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.'

127. The Tribunal found that while Dr Rao may need to make arrangements for the care of her patients, she has been aware of the date of the hearing for some time and consequently the risk of an order being imposed, which the Tribunal noted was highly likely given the seriousness of the Allegation.

128. The Tribunal carefully considered the above paragraphs of the SG before concluding, in light of the earlier findings of the Tribunal, particularly in relation to the ongoing risk to patient safety, it is necessary in order to protect the public, to uphold the public interest, and to maintain and promote proper professional standards, to direct an immediate order of suspension.

129. This means that Dr Rao'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.

130.That concludes the case.

ANNEX A – 30/04/2024

XXX