

PUBLIC RECORD

Dates: 01/09/2022 - 02/09/2022

Medical Practitioner's name: Dr Schwann RADHA

GMC reference number: 6047901

Primary medical qualification: MB ChB 1999 Sulaimani University College of
Medicine**Type of case**Restoration following
disciplinary erasure**Summary of outcome**Restoration application refused. No further applications allowed for 12 months from last
application.**Tribunal:**

Legally Qualified Chair	Mrs Linda Lee
Lay Tribunal Member:	Ms April Marland
Medical Tribunal Member:	Dr Jill Edwards
Tribunal Clerk:	Miss Jennifer Lane

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Harriet Tighe, 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 Restoration – 02/09/2022

Background

1. Dr Radha qualified with MB ChB in 1999 from Sulaimani University College of Medicine. His name was erased from the Medical Register for disciplinary reasons in 2014, following a Fitness to Practise Panel hearing.
2. This is Dr Radha's first restoration application.

The 2014 Fitness to Practice Panel ('The 2014 Panel')

3. Dr Radha's case was first considered by a Fitness to Practise Panel in October 2014. ("The 2014 Panel"). Dr Radha was not present or represented at the hearing.

4. The 2014 Panel made the following findings of fact:

1. Between 5 August 2009 and 2 August 2011, you commenced Core Medical Training (CMT) at North Middlesex Hospital Trust as part of the London Deanery training programme. **Found proved**

2. You caused to be created ticket requests for external assessments within the ePortfolio system entering e-mail addresses, as detailed in schedule 1, on:

- a) or about 1 February 2011, **Found proved**

- b) 3 May 2011, **Found proved**

- c) 8 June 2011. **Found proved**
3. You knew that the email addresses set out in Schedule 1 did not belong to those they purported to belong to. **Found proved**
4. You falsified ePortfolio entries in that:
- a) You caused to be completed and submitted a DOPS assessment dated 1 February 2011 relating to a renal biopsy in the name of 'A', **Found proved**
- b) On 9 June 2011 you caused to be completed and submitted assessments in the name of 'B' namely:
- i. ACAT, **Found proved**
- ii. CbD, **Found proved**
- iii. MiniCEX **Found proved**
- c) On 9 May 2011 you caused to be completed and submitted assessments in the name of Dr C namely:
- i. ACAT, **Found proved**
- ii. CbD, **Found proved**
- iii. MiniCEX. **Found proved**
5. You knew the assessments at paragraph 4 were false because:
- a) The doctors **who were purported to have carried out those assessments had not** ~~mentioned had not carried out those assessments of your work,~~ and
- b) The doctors **at paragraph 5(a) mentioned** ~~mentioned~~ had therefore not

completed those ePortfolio entries.

6. During a meeting on 15 July 2011 you told Dr D that:
 - a) Dr E had completed the DOPS form via email, **Found proved**
 - b) Dr F had completed the assessments via her home e-mail during her leave. **Found proved**
7. You knew the statements you made at paragraph 6 were false because the doctors mentioned had not completed these ePortfolio entries. **Found proved**
8. Your actions at paragraphs 2 to 7 above were:
 - a) Dishonest, **Found proved in relation to paragraphs 2, 3, 4, 5, 6 and 7**
 - b) Misleading. **Found proved in relation to paragraphs 2, 3, 4, 5, 6 and 7**

5. The 2014 Panel found that the nature and extent of Dr Radha's dishonesty was such that it would be regarded as deplorable by fellow practitioners. Further, that his actions were morally culpable and brought disgrace on himself, prejudicing the reputation of the profession. The 2014 Panel therefore concluded that Dr Radha's actions amounted to serious misconduct.

6. The 2014 Panel noted that it was extremely difficult to remediate dishonesty, and in any event, it had not received any evidence from Dr Radha that he had taken any steps to remediate or that he understood the seriousness of his actions. The 2014 Panel concluded that it was a fundamental part of medical professionalism that all documents, whether relating to clinical care or to a doctor's own professional development, were reliable. The 2014 Panel was not satisfied that Dr Radha appreciated this and considered that there was a risk of repetition and, thereby, that there remained a potential risk to patient safety.

7. In all the circumstances the 2014 Panel made a finding of impairment to declare and uphold proper standards and to maintain public confidence in the profession. The 2014 Panel was of the view that it was important that the public can trust the integrity of the assessment system used for trainee doctors.

8. The 2014 Panel concluded that Dr Radha's dishonesty was extensive, persistent and covered-up, as well as a particularly serious departure from the principles set out in GMP. It found that Dr Radha had not demonstrated any insight into the seriousness of his actions or the possible consequences. It also considered that Dr Radha's repeated dishonesty and his attempts to cover it up demonstrated a reckless disregard for the principles set out in GMP. Further, Dr Radha's repeated dishonesty and lack of insight demonstrated an attitudinal problem.

9. In all the circumstances, the 2014 Panel considered that Dr Radha's conduct was fundamentally incompatible with being a doctor. It was the 2014 Panel's judgement that public confidence in the profession would be undermined if an order for erasure was not imposed on him.

Restoration Hearing

10. This Tribunal had convened to consider Dr Radha's application for his name to be restored to the Medical Register in accordance with Section 41 of the Medical Act 1983 (as amended) and Rule 24 of the GMC (Fitness to Practise) Rules 2004 (as amended).

The Evidence

11. The GMC called no witnesses to give oral evidence and relied solely on the documentary evidence provided to the Tribunal. This included the determination and transcripts of the 2014 Panel and Dr Radha's restoration application.

12. Dr Radha gave oral evidence at the hearing and relied upon the documentary evidence he provided which included, but was not limited to:

- Certificate of good standing from the Kurdistan Medical Association, dated 16 December 2021;
- Dr Radha's observations, dated 5 July 2022; and

- Various Continuing Professional Development ('CPD') certificates, dated between 2012 and 2017.

13. Dr Radha gave evidence to the Tribunal on his own behalf. Dr Radha was cross-examined and also answered questions from the Tribunal. In his evidence, he took the Tribunal to his certificate of good standing and explained the work he had been doing in Iraq since his erasure from the Medical Register. He felt he had developed his level of competence during this period. He stated that he had attended international conferences and submitted certificates to the Tribunal demonstrating his attendance at other courses predating 2018. He explained to the Tribunal that it had not been possible for him to get references from the two hospitals he had worked for, as the directors of both hospitals had since resigned. He further explained that he had been working intermittently in private practice in Iraq since 2017 but he did not submit any documentation to support these claims or relating to such clinical work to the Tribunal.

14. Dr Radha told the Tribunal that his reputation and standing as a medical professional had been '*damaged*' by the erasure, and by the GMC's publication of his erasure. He told the Tribunal he had experienced '*harassment*' from old friends and other people he knew as a result.

Submissions

15. The submissions made by Ms Tighe, on behalf of the GMC and by Dr Radha are a matter of record and the following paragraphs provide a summary of those submissions.

16. Ms Tighe submitted that the GMC opposed Dr Radha's application for restoration. She submitted that the responses provided by Dr Radha regarding insight into his misconduct '*remain vague*', and that while he had made reference to the importance of '*following guidelines*' he had not provided an explanation of the actual strategies he had implemented to ensure there would be no repetition of his misconduct.

17. Ms Tighe submitted that Dr Radha had provided no evidence to the Tribunal of CPD he had undertaken since 2017. She also highlighted that in oral evidence Dr Radha stated that he had chosen not to provide testimonials regarding his private practice, as he did not want to tell anybody about the hearing today or what had happened at the original hearing. Further, she submitted that the Tribunal may be concerned about the accuracy and

incomplete nature of Dr Radha's restoration application form, which contained no details of his private practice, or any work, other than as an interpreter, since 2017, particularly given the nature of the index concern was probity.

18. Ms Tighe submitted that the Tribunal may conclude that Dr Radha remained preoccupied by the impact his erasure had upon him and his belief that the original Panel should have suspended him rather than taking the decision to erase him. She submitted that it remained the position of the GMC that Dr Radha lacks insight into his misconduct, that there remained a risk of repetition of the behaviour and that restoration would not meet the overarching objective.

19. Ms Tighe further submitted that there was no evidence that Dr Radha, had maintained his medical knowledge and skills in that there was no evidence of any ongoing training.

20. Dr Radha submitted that he takes full responsibility for his past actions, which he agreed were not acceptable, and that he was not aware of any other ways he could demonstrate his insight to satisfy the GMC. He submitted that he was fully aware of the scale of the significance of his actions.

21. Dr Radha submitted that he was not comfortable discussing his past actions with others and so had not included any other documents to prove his medical practice since 2017. He highlighted the certificate of good standing received from the Kurdistan Medical Association, which he stated should be sufficient to provide evidence of his medical practice in that time.

22. Dr Radha was unable to explain his '*strategies*' to ensure there would be no repetition. He then went on to say he had '*made sure to maintain an excellent standard*' while working in Iraq and this was evidenced by the certificate of good standing received from the Kurdistan Medical Association. He stated that his practice in Iraq had allowed him to continuously update his practice and knowledge, but that he did not know that he needed to provide evidence of this to the Tribunal as undertaking online courses was '*a part of the medical doctor's life*'.

The Tribunal's Approach

23. Throughout its consideration of Dr Radha's application for restoration, the Tribunal was guided by the approach laid out in the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (October 2019) ('the Guidance').

24. The Tribunal reminded itself that the onus is on Dr Radha to satisfy the Tribunal that he is fit to return to unrestricted practice. The Tribunal should not seek to go behind the findings on facts, impairment and sanction made by the 2014 Panel.

25. The test to be applied by Tribunals when considering if a doctor should be restored is that set out in *GMC v Chandra* [2018] EWCA Civ 1898, namely:

'having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective.'

26. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

- the circumstances that led to disciplinary erasure;
- whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour and skills including consideration of:
 - insight and remorse;
 - remediation and risk of repetition;
 - whether findings about the doctor's behaviour have been remedied;
 - likelihood of repetition of the previous findings about the doctor's behaviour;
- what the doctor has done since their name was erased from the Register including consideration of:
 - overseas practice;

- steps the doctor has taken to keep their skills and knowledge up to date; and
- the lapse of time since erasure.

27. After considering these factors, the Tribunal reminded itself it should balance its findings against whether restoration meets the overarching objective, carefully considering each of the three elements and acting in a way which:

- protects, promotes and maintains the health, safety, and well-being of the public;
- promotes and maintains public confidence in the profession; and
- promotes and maintains proper professional standards and conduct for members of the profession.

28. The Tribunal took account of all the evidence before it, both oral and documentary. It had also considered the submissions made by Ms Tighe, on behalf of the GMC and those made by Dr Radha.

The Tribunal's Decision

The circumstances that led to disciplinary erasure

29. The Tribunal fully considered the transcripts and determinations of the 2014 Panel. The Tribunal noted that it should not seek to go behind any of the findings made by the previous Panel.

30. The Tribunal noted that the 2014 Panel had found that Dr Radha's actions leading to his erasure were very serious and fundamentally incompatible with registration. The 2014 Panel noted that:

'...the above actions constitute a sophisticated exercise carried out by Dr Radha and over an extended period of time. His actions were clearly designed to bypass the legitimate need for him to be properly assessed by his supervising Consultants during the training period. Further the actual assessments entered into the ePortfolio system created a wholly inaccurate picture of Dr Radha's progression as a trainee doctor and his level of competence.'

31. The Tribunal noted that Dr Radha did not attend the hearing in 2014. It took into consideration that Dr Radha’s dishonesty was intended to gain an unfair advantage. It also considered that his actions could have had consequences for patients, who expect doctors to be assessed at the correct level.

32. The Tribunal noted that Dr Radha’s dishonesty was premeditated and occurred over an extended period of time. It also took into account that when he was challenged on his behaviour in the period after discovery, he denied any wrongdoing and sought to cover up what he had done. It therefore considered that Dr Radha’s dishonest actions which led to his erasure were particularly serious.

Insight and remorse

33. The Tribunal considered Dr Radha’s level of insight into his dishonesty. The Tribunal had regard to all relevant paragraphs of the Guidance, in particular paragraph B10 of the Guidance:

‘B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:

- a considered the concern, understood what went wrong and accepted they should have acted differently*
- b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse*
- c demonstrated empathy for any individual involved, for example by apologising fully*
- d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising’*

34. Dr Radha had provided limited documentation in support of his restoration application but did include a document titled *‘My observations for my Restoration Hearing by the GMC, September 2022’* dated 5 July 2022 (*‘Dr Radha’s observations’*). The Tribunal noted that within this document Dr Radha admitted *‘full responsibility’* for his actions. Dr Radha also

gave oral evidence at the hearing, which the Tribunal considered alongside the documentary evidence. The Tribunal gave him credit for choosing to give evidence before the Tribunal.

35. The Tribunal noted that Dr Radha had accepted that he was dishonest and appeared to have started to consider the impact of his actions. In his oral evidence, when asked if he had reflected on and considered the impact of his actions, he stated that the public would be ‘disappointed’ as the public would expect doctors ‘to have professional capability with clinical expertise’ but to also have ‘probity and honesty’. The Tribunal also noted that Dr Radha mentioned strategies to help with his probity in the future, but he had not explained what these strategies were or provided evidence of them to this Tribunal.

36. The Tribunal noted that within Dr Radha’s observations, he did not accept that the sanction of erasure was the proportionate response:

‘I am highlighting these not trying to justify my wrong actions but rather to try to say that the erasure and my public denouncement were largely out of proportion of my wrong actions and I feel a period of suspension with close supervision afterwards would have been more reasonable. There are many doctors who were convicted of gross medical negligence when even patients died due to their actions but still they were not erased, they were rather suspended and then put back onto the register after their suspension period. My actions, though gross, totally unacceptable and unjustifiable, have not resulted in any harm to any patient’s health at all and I should have at least not been given erasure.’

37. The Tribunal was concerned by Dr Radha’s belief that his actions had no impact on patient safety. It noted that the 2014 Panel had indicated that Dr Radha’s dishonesty could have had a significant impact on patient safety.

38. The Tribunal also noted that Dr Radha did not apologise for his actions at the time of events, nor had he in the time since. It noted that there was some remorse for his behaviour, but at present it was limited to the impact that his actions had had upon himself and his family. When asked what impact he thought his behaviour would have had on his former colleagues, he said that he thought they would feel sorry for him. He did not appear to have any understanding as to how his behaviour could have impacted on others, in particular those colleagues who investigated his conduct relating to assessments. Dr Radha also did not

appreciate the impact of his behaviour on those colleagues whose identity he used without consent.

39. The Tribunal was concerned that his continued focus on what he regarded as an unduly severe sentence reflected his lack of understanding as to the seriousness of his dishonesty and the way in which dishonesty is viewed by the regulator, the profession and the public.

40. The Tribunal was of the view that Dr Radha had developed some insight since the initial hearing in 2014, however it considered that Dr Radha's insight was limited.

Remediation

41. The Tribunal went on to consider the issue of remediation. The Tribunal acknowledged that while it is difficult to demonstrate remediation following a finding of dishonesty, it is not impossible.

42. The Tribunal again had regard to the relevant paragraphs of the Guidance and gave particular consideration to B15:

'B15 Remediation can take several forms, including, but not limited to:

- a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised*
- b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses*
- c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)*
- d evidence of good practice in a similar environment to where the concerns arose.'*

43. The Tribunal had regard to whether Dr Radha had undertaken any remediation since his erasure and whether that remediation was relevant, objective, measurable, and effective.

44. The Tribunal noted that it had not seen any evidence that Dr Radha had attempted to remediate. Further, it noted that Dr Radha had not been fully open and honest about his wrongdoing. The Tribunal considered that the certificate of good standing was not enough evidence of remediation, and that it needed to hear from people who were aware of his past misconduct, who could provide the Tribunal with evidence about his character at the time of his application. Dr Radha stated that he had not done this as he did not want to disclose details of his misconduct to his colleagues.

45. The Tribunal noted that it had not seen any evidence that Dr Radha had undertaken any certificated courses to address the matter of his dishonesty since his erasure. Dr Radha had not provided the Tribunal with any evidence of significant learning, in the form of certificates or any reflective notes. It would have assisted the Tribunal to have evidence of courses undertaken and of how they had helped develop Dr Radha's insight into his misconduct. The Tribunal took the view that Dr Radha could have provided further objective evidence of his insight and understanding. The Tribunal also took into account that Dr Radha had provided no evidence, references or documentation to support his oral evidence that he had been practicing privately in Iraq since 2017.

46. The Tribunal noted that Dr Radha had provided little objective evidence of his attempts to understand his misconduct which led to his erasure but that he might have demonstrated remediation to that effect by undertaking relevant, measurable and effective learning which he had evidenced to this Tribunal.

47. The Tribunal took the view that Dr Radha had not fully appreciated or addressed the findings of the 2014 Panel. In the Tribunal's view, Dr Radha still did not understand the gravity of the findings against him and that until he addresses the findings of the 2014 Panel Dr Radha will not be able to fully remediate. The Tribunal acknowledged that whilst findings of dishonesty are difficult to remediate, they require a structured and careful approach to remediation, especially in view of the severity of the dishonesty. However, in this case, the Tribunal had seen no evidence of relevant remediation.

Risk of repetition

48. The Tribunal took into consideration Dr Radha's level of insight and its assessment of his remediation when considering whether there remained a risk that he would repeat his misconduct. The Tribunal noted that the following factors to be relevant in its consideration of the risk of repetition in this case:

'B22 In addition to the factual matters found proved, the following factors may also be relevant to a tribunal's decision on whether the doctor's fitness to practise is impaired and they can be allowed to return to unrestricted practice:

- *evidence the doctor has insight into the concerns about their fitness to practise and has actively addressed them*
- *the lapse of time since erasure*
- *the steps the doctor has taken to keep their medical knowledge and skills up to date*
- *what the doctor has done since their name was erased from the register.*

B24 Evidence of the doctor's current level of insight will be a significant factor for the tribunal in assessing the risk the doctor may repeat their previous misconduct or poor performance.'

49. The Tribunal noted that in his oral evidence, Dr Radha stated that he had not repeated his misconduct or dishonesty.

50. The Tribunal noted that Dr Radha, in his oral evidence, stated there may be differences in the standards of probity and honesty in UK practice in comparison with other countries, but the guidelines of the Kurdish Medical Syndicate were *'quite strict'*. The Tribunal took into consideration his certificate of good standing received from the Kurdistan Medical Association but noted that it had not been provided with any evidence of his working circumstances since 2017.

51. As the Tribunal had already concluded that Dr Radha had not demonstrated sufficient insight, nor presented any evidence that his behaviour had been remedied, it considered that there was a risk of repetition.

52. Further, the Tribunal were of the view that Dr Radha lacked an appreciation for the effect of his dishonest actions on others, and the potential risk to patients. It also considered that Dr Radha did not appreciate the role of the regulator and why it was important for him to be honest.

53. The Tribunal therefore concluded that there remained a risk of repetition, with adverse implications for patient safety and public confidence in the profession.

What Dr Radha has done since his name was erased from the Register, steps taken to keep his medical knowledge up to date and lapse of time?

54. Dr Radha's name was erased from the Medical Register in the UK following the 2014 Panel, which concluded in October 2014.

55. The Tribunal had been provided with a work history which showed that Dr Radha worked at two hospitals in Iraq, as a Physician and a Lecturer, from January 2015 until September 2017, which was not contested by the GMC. The Tribunal had been provided with no formal evidence of practice since September 2017.

56. In his oral evidence, Dr Radha stated that he had been seeing patients privately in Iraq since 2017, and that he was monitored every three months. He provided the Tribunal with certificate of good standing received from the Kurdistan Medical Association to support this but provided no additional evidence. Further, it had not been provided with any references or testimonials from current and previous colleagues.

57. The Tribunal was not shown any certificates, or evidence of Dr Radha's ongoing CPD since 2017, beyond comments made in his oral evidence that he had kept his knowledge and skills up to date.

58. The Tribunal also took into consideration B30 of the guidance which says:

'B30 Less weight should usually be given to online courses as these do not generally provide a proper opportunity for a doctor to witness doctor/patient interaction first hand and this can limit their value. However, tribunals will need to consider if there are good reasons why online learning was the best available way for the doctor to keep their knowledge and skills up to date. For example, if health issues or caring responsibilities meant they found it difficult to attend relevant learning in person.'

59. The Tribunal noted that Dr Radha had had to leave Kurdistan in 2017 as he was concerned for his safety, but he had since been able to return. It noted that Dr Radha had spent recent years travelling between the UK (as he was a UK citizen) and Kurdistan, and therefore considered that he would have had the opportunity to attend some courses in person. However, the Tribunal would have been sympathetic to Dr Radha conducting most of his training online, given his circumstances, but Dr Radha had not provided any evidence of the online courses he had undertaken.

60. The Tribunal were of the view that Dr Radha may have been doing online course and reading but had provided no evidence of this to the Tribunal. It had seen no list of modules completed or lectures he had attended, or any evidence of what he had learned from these courses. It was therefore not satisfied that he had taken steps to maintain his medical knowledge.

61. The Tribunal considered it would require more evidence from Dr Radha to demonstrate he had kept his skills sufficiently up to date to be able to safely return to unrestricted practice.

Whether restoration will meet the statutory overarching objective?

62. The Tribunal considered the Guidance in relation to the application of the overarching objective which states at B35:

'B35 Having considered the different factors above, the tribunal must make findings in relation to whether the doctor is fit to practise. The tribunal should then step back and balance its findings against whether restoration will meet our overarching objective. This balancing exercise will involve careful consideration of each of the elements.'

63. Having considered the specific concerns about Dr Radha's erasure and the factors set out above, the Tribunal went on to determine whether he is fit to practise and be restored to the Medical Register. The Tribunal carefully balanced its findings against whether restoring Dr Radha to the Medical Register will meet the overarching objective, considering each of the three limbs.

64. The Tribunal was mindful of the serious findings of dishonesty that led to Dr Radha's erasure by the 2014 Panel. For the reasons it had already set out, although eight years had passed, with limited insight and remediation, and no evidence to support his work since 2017, the Tribunal found that restoration would not promote patient safety. On that basis, restoration to the register would undermine the first limb of the overarching objective.

65. In relation to the second limb of the overarching objective the Tribunal took into account B41 and B42 of the Guidance, which set out:

'B41 Patients and members of the public must be able to trust doctors with their health, safety and wellbeing. Doctors are expected to act with honesty and integrity to ensure their behaviour justifies that trust.'

'B42 Where a doctor's past behaviour is so serious that it remains capable of undermining the trust that the public places in doctors, it is unlikely that restoration will be in line with the overarching objective. This applies to behaviour both inside and outside of a doctor's professional practice. There will be some cases where, even if insight and remediation have been fully demonstrated and there has been a significant lapse of time since erasure, public confidence in the profession would be undermined by allowing the doctor to practise again.'

66. The Tribunal were of the view that Dr Radha's past behaviour was so serious, that it remained capable of undermining the public confidence in the profession, particularly in light of the continued lack of insight and lack of evidence of remediation.

67. With regard to the maintenance of professional standards and conduct for members of the profession, the Tribunal was satisfied, for the reasons given above including Dr Radha's

insufficient insight, and lack of remediation that restoring him to the Register would be inconsistent with the overarching objective. It had regard to B47 of the guidance, which states:

'B47 Where there has been a very serious and/or persistent departure from the published standards resulting in erasure, it may not be consistent with the third element of the overarching objective to allow the doctor to practise again.'

68. The Tribunal were of the view that Dr Radha's actions affected his colleagues and had the potential to affect patients, and he had not yet acknowledged that betrayal of trust.

69. Having carefully considered the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Radha is fit to return to unrestricted UK practice at this time. Accordingly, it refused Dr Radha's application to be restored to the Medical Register.

70. That concludes this case.