

PUBLIC RECORD

Date: 05/12/2022

Medical Practitioner's name: Dr Sri Hari Charan THIGUTI
GMC reference number: 6094658
Primary medical qualification: MB BS 2004 NTR University of Health Sciences

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

Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair	Mr Nicholas Flanagan
Lay Tribunal Member:	Mr Keith Moore
Medical Tribunal Member:	Dr William Seligman

Tribunal Clerk:	Mrs Sam Montgomery
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Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Ms Laura Stephenson, Counsel, instructed by Clyde & Co
GMC Representative:	Mr Dale Hughes, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 05/12/2022

1. At this review hearing the Tribunal has to decide, in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), whether Dr Thiguti's fitness to practise is impaired by reason of misconduct XXX.
2. This determination will be read in private. However, as this case concerns Dr Thiguti's misconduct, a redacted version will be published at the close of the hearing with private matters removed.

Background

3. Dr Thiguti qualified as a doctor at the NTR University of Health Sciences, Andhra Pradesh, India in 2004. Prior to the events which were the subject of the original hearing, he joined the West Midlands General Psychiatry Higher Training Scheme, from February 2016 to February 2019. At the material time, he was employed by North Staffordshire Combined Healthcare NHS Trust ('the Trust') as a Registrar in Psychiatry. As part of his role within the Trust, he was also employed by Sutherland Centre Community Mental Health team. From 3 February 2019, Dr Thiguti worked as a Consultant Psychiatrist at Harplands Hospital.

The 2020 Tribunal

4. The facts found proved at Dr Thiguti's hearing, which took place in November 2020 (the 2020 Tribunal), related to concerns raised in respect of his behaviour towards Patient A. The 2020 Tribunal found that, during consultations between August 2017 and June 2018, Dr Thiguti's actions towards Patient A were sexually motivated. The 2020 Tribunal also found that Dr Thiguti met Patient A on the evening of 26 June 2018, after a consultation earlier that day, and drove her around in his car. It was found that Dr Thiguti said that they could go back to his house and, after walking Patient A back to her car, kissed her. The 2020 Tribunal found that Patient A was vulnerable due to her mental health and that his actions in kissing her were carried out without her consent. It was found that Dr Thiguti's actions in respect of this meeting were also sexually motivated.

5. Patient A complained to the Trust, who carried out an investigation into Dr Thiguti's conduct and this resulted in his dismissal for gross misconduct. Dr Thiguti self-referred to the GMC.

6. The 2020 Tribunal noted that Dr Thiguti admitted, from the outset of the hearing, that he had pursued an inappropriate relationship with Patient A whom he knew to be a vulnerable patient. He accepted that he had put his own interests ahead of those of Patient A and that his behaviour was sexually motivated.

7. The 2020 Tribunal considered that Dr Thiguti's sexually motivated behaviour towards Patient A breached a fundamental tenet of the profession and would be considered deplorable by fellow members of the profession. That Tribunal also determined that Dr Thiguti's behaviour amounted to a serious departure from the principles set out in Good Medical Practice (GMP).

8. The 2020 Tribunal considered that Dr Thiguti had taken significant steps towards remediating his behaviour. However, it concluded that Dr Thiguti was still developing insight and remediation at that time, and that there remained a risk of repetition.

9. XXX.

10. The 2020 Tribunal determined that Dr Thiguti's fitness to practise was impaired by reason of misconduct XXX. It was of the view that Dr Thiguti's XXX, at the time, was a contributing factor towards his behaviour, XXX. The 2020 Tribunal considered that, given the degree of insight Dr Thiguti had into his misconduct, XXX and the significant insight shown, the chances of similar conduct happening again was low.

11. The 2020 Tribunal determined to suspend Dr Thiguti's registration for a period of 12 months. The 2020 Tribunal was of the view that this time period would send a message to the medical profession and to the wider public that such misconduct was not acceptable and appropriately reflected the seriousness of Dr Thiguti's misconduct.

12. Dr Thiguti was also advised that the review Tribunal would be assisted by receiving the following:

- XXX;
- XXX;
- An up to date reflective statement that focused on his misconduct;
- Up to date Continuing Professional Development (CPD).

The 2021 Tribunal

13. Dr Thiguti's case was reviewed at a hearing in December 2021 (the 2021 Tribunal).
XXX.

14. XXX.

Misconduct

15. The 2021 Tribunal acknowledged that Dr Thiguti had made full and frank admissions in relation to the underlying facts and had accepted, from an early stage in proceedings, that his actions in seeking to pursue a relationship with a vulnerable patient were sexually motivated. Furthermore, he had engaged in the regulatory process, apologised to Patient A and had demonstrated a significant level of insight into the impact his actions had on Patient A, the medical profession and public confidence in the profession. The 2021 Tribunal considered that Dr Thiguti's expression of remorse was genuine and heartfelt.

16. The 2021 Tribunal acknowledged that Dr Thiguti has taken significant steps to seek to remediate his misconduct. Moreover, that Tribunal considered that the risk of repetition was relatively low given the insight shown by Dr Thiguti and the steps he has taken towards remediation.

17. However, the 2021 Tribunal was conscious of the serious misconduct conducted by Dr Thiguti. Whilst it was accepted that Dr Thiguti had continued to show remorse and to demonstrate insight, the 2021 Tribunal was unable to conclude there had been a substantial change since the 2020 Tribunal. Having considered the additional material provided to the 2021 Tribunal, including the further reflective statement, Dr Thiguti's oral evidence and the CPD undertaken, the 2021 Tribunal determined that his journey towards remediation was not yet complete.

18. The Tribunal considered that, while XXX, the low risk of repetition identified by the 2020 Tribunal nevertheless remained present. It balanced this against the fact that the risk in question involved the abuse of a position of trust by a doctor in relation to a vulnerable patient, that was sexually motivated.

19. Having given appropriate weight to all relevant factors, the 2021 Tribunal concluded that Dr Thiguti's fitness to practise was impaired as a result of misconduct. Given the risk of repetition, the 2021 Tribunal considered that a finding of impairment was required on public protection grounds and was necessary in order to protect public confidence in the medical profession and to promote proper standards of conduct for members of the profession.

20. The 2021 Tribunal determined to impose conditions on Dr Thiguti's registration for a period of 12 months. It was of the view that this period was appropriate to address the concerns in the case and to allow adequate time and opportunity for Dr Thiguti to demonstrate progress within a return to work, with the necessary safeguards in place. Furthermore, it would provide him with an opportunity to demonstrate to a future tribunal that the concerns identified by the 2021 Tribunal had been adequately addressed.

21. The 2021 Tribunal directed a review of Dr Thiguti's case and noted that the following may assist the reviewing Tribunal:

- Report/s from Dr Thiguti's clinical supervisor/s, in addition to the requirements set out within the conditions.

- Any other information that Dr Thiguti considers will assist the future Tribunal.

22. The 2021 Tribunal also determined that it did not see any value in Dr Thiguti providing a further reflective statement given the detailed previous statements provided by him and the significant insight demonstrated to date.

The 2022 Review Hearing

The Evidence

23. The Tribunal has taken into account all the evidence received, both oral and documentary.

24. The Tribunal received a number of documents for its review, including but not limited to:

- Record of Determinations of the 2020 and 2021 MPT hearings;
- Various correspondence between the GMC and Dr Thiguti;
- Workplace and clinical supervision report from Dr B, Consultant Psychiatrist, dated 7 June 2022;
- XXX;
- XXX;
- XXX;
- Emails between the GMC, Derbyshire Health Care NHS Foundation Trust and Trust and Dr Thiguti approving Dr Thiguti's new Consultant job offer, dated 9 – 14 November 2022;
- Witness statement provided by Dr Thiguti, dated 16 November 2022;
- A 360 degree appraisal report from the Royal College of Psychiatrists, dated 8 November 2022;
- Continuing Professional Development (CPD) documents;
- References;
- Workplace and clinical supervision report from Dr B, dated 23 November 2022.

25. Dr Thiguti gave oral evidence at the hearing, confirming the contents of his witness statement. Dr Thiguti confirmed that he had been working as a SAS Associate Doctor (Associate Specialist) in an acute inpatient psychiatric ward since 13 April 2022. He stated that he has regular meetings with Dr B, 3 or 4 times weekly, where they would discuss patients and appropriate management. Dr Thiguti also confirmed that he has been offered and accepted a consultant post in the forensic team at Derbyshire Healthcare Foundation Trusts, which he commenced in mid-November 2022.

26. Dr Thiguti referred to his current personal domestic circumstances. XXX.

27. XXX

28. XXX

29. XXX

30. XXX

31. In his most recent report, dated 23 November 2022, Dr B confirmed that Dr Thiguti had been working on a male inpatient adult ward where his work was directly and closely monitored. Furthermore, Dr Thiguti had regular supervision sessions and meetings with his clinical supervisor. Dr B noted that Dr Thiguti's placement had ended, as a SAS doctor, on 16 November 2022.

Submissions

Submissions on behalf of the GMC

32. XXX.

33. In respect of misconduct, Mr Hughes stated that Dr Thiguti has provided some of the documentation requested by the 2021 Tribunal and it is a matter for this Tribunal as to whether this is sufficient to demonstrate his fitness to practise is no longer impaired.

Submissions on behalf of Dr Thiguti

34. Ms Stephenson, Counsel, submitted that Dr Thiguti's fitness to practise is no longer impaired in respect of XXX misconduct. She also submitted that he has complied with the conditions imposed.

35. XXX

36. XXX

37. In respect of misconduct, Ms Stephenson submitted that the misconduct has to be seen in the context of XXX, which was a significant contribution to the index events. Ms Stephenson referred to the 2020 Tribunal's opinion that Dr Thiguti made full and frank admissions to the Allegation, has engaged in the process, apologised to Patient A and acknowledged the impact of his misconduct on Patient A. She submitted that it was accepted by previous Tribunals that Dr Thiguti's expression of remorse was genuine and heartfelt and he had taken significant steps to remediate the misconduct. Consequentially, his risk of repetition was low.

38. Ms Stephenson referred to the evidence which the 2021 Tribunal noted may assist a future Tribunal. Ms Stephenson submitted that, given the significant progress made by Dr Thiguti in understanding the gravity of his misconduct, the 2021 Tribunal considered there would be no value in him providing a further reflective statement.

39. Ms Stephenson referred to Dr Thiguti's witness statement and submitted that he has undertaken a thoughtful return to work and has been very open with the Trust. She referred to the clinical work he has undertaken and his engagement with his clinical supervisor. Ms Stephenson also referred to the CPD undertaken by Dr Thiguti, the 360 Feedback, positive testimonials and the reports provided by Dr Thiguti's clinical supervisor.

40. Ms Stephenson submitted that the purpose of the sanction imposed in 2021 has now been served in terms of continuing to protect patient safety and the reputation of the profession. She submitted that Dr Thiguti has been tested in a working environment and could not have done more to comply with the conditions imposed, which demonstrates his insight. Ms Stephenson submitted that the risk of repetition is very low and a finding of impairment could no longer be justified on the basis of misconduct.

The Relevant Legal Principles

41. The Tribunal reminded itself that the decision on impairment is a matter for the Tribunal's judgment alone. This Tribunal is conscious that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

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

43. The Tribunal bore in mind that its primary responsibility is to the statutory overarching objective which is as follows:

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

The Tribunal's Determination on Impairment

44. The Tribunal noted that the 2021 Tribunal considered a period of conditions would be appropriate to address the concerns in this case and to allow an adequate opportunity for Dr Thiguti to demonstrate progress in returning to work with the necessary safeguards in place. Furthermore, it would provide him with an opportunity to demonstrate to a future tribunal that the concerns identified by the 2021 Tribunal had been adequately addressed.

45. The Tribunal has considered the evidence presented today including XXX and Dr Thiguti's witness statement and evidence of CPD.

Misconduct

46. The Tribunal considered that Dr Thiguti has continued to engage with the remediation process and has taken significant steps to address the concerns raised by the 2020 and 2021 Tribunals. The Tribunal noted that Dr Thiguti made full and frank admissions to the Allegation at an early stage; he has apologised for his misconduct and recognises the impact such behaviour can have on public confidence in the profession.

47. XXX. The Tribunal noted that the 2021 Tribunal determined that a further reflective statement would not be of assistance given the significant insight demonstrated by Dr Thiguti.

48. On the issue of insight, the Tribunal was impressed by Dr Thiguti's considered and managed return to work. He has sought to place himself in a supportive environment, which in the Tribunal's opinion, further demonstrates his insight into XXX through his actions and decisions, building on the insight previously demonstrated through his reflective statements. XXX. Furthermore, he has fully complied with the conditions imposed on his registration and there have been no concerns regarding his professional conduct. The Tribunal was satisfied that Dr Thiguti's considered return to work indicates an intention to appropriately manage his life XXX and thereby further reduce the risk of any consequential impact on his professional conduct.

49. The Tribunal concluded that Dr Thiguti has undertaken everything possible to address his past misconduct and has demonstrated progress with his return to work. Given the positive remedial steps taken and XXX, it considered the risk of repetition of misconduct to be very low. In all the circumstances, the Tribunal determined that Dr Thiguti's fitness to practise is no longer impaired by reason of misconduct.

XXX

50. XXX.

51. XXX

52. XXX.

53. XXX

54. The conditions imposed on Dr Thiguti's registration are hereby revoked.

55. Case concluded.