PUBLIC RECORD

Dates: 10/08/2026 - 12/08/2026

Doctor:	Dr Sripathy SUBRAMANIAN
GMC reference number:	7465202
Primary medical qualification:	Doctor - Medic 2013 Universitatea de Medicina si Farmacie ''Grigore T Popa''

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration Application Refused

Tribunal:

Legally Qualified Chair	Mrs Aaminah Khan.
Lay Tribunal Member:	Ms Morgan Phillips
Registrant Tribunal Member:	Dr Patricia Moultrie

Tribunal Clerk:	Ms Hinna Safdar

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Charles Garside, KC

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 following disciplinary erasure - 12/08/2026

1. This determination was handed down in public.

2. The Tribunal has convened to consider Dr Subramanian's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in 2017.

3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

4. This is Dr Subramanian's first application to be restored to the Medical Register.

Background

5. Dr Subramanian graduated in 2013 with a Doctor of Medicine (MD) degree from the Universitatea de Medicina Si Farmacie "Grigore T Ropa" in Romania. He returned to the UK in November 2013 and applied for registration with the GMC, being granted with full registration in November 2014.

6. The circumstances that led to Dr Subramanian's erasure can be summarised as the 2017 Tribunal concluding that a series of serious and fundamental clinical deficiencies were identified in 2015 by his colleagues at two Trusts, when he was working in a FY1 post and in a clinical observership post. The 2017 Tribunal concluded that he lacked the basic medical knowledge and clinical skills essential to be a practicing physician, creating a risk to patient safety. The 2017 Tribunal found that Dr Subramanian's conduct amounted to deficient professional performance, as a result of which his fitness to practise was impaired. Further, it was found by the Tribunal that

Dr Subramanian lacked insight into his deficiencies and the risks posed to patient safety, and erasure was determined to be the appropriate and proportionate sanction.

The Current Restoration Hearing

Evidence

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

8. Dr Subramanian provided his own witness statement dated 8 July 2026 and also gave oral evidence at the hearing.

9. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- The 2017 Tribunal's determinations
- Certificate of Competence, dated 5 May 2023 in respect of completing a Live Blood session
- Introduction to Phlebotomy certificate, dated 5 May 2023
- Dr Subramanian's restoration application, dated 6 January 2026
- Email from the GMC to Dr Subramanian- confirming restoration application referred to hearing, dated 30 April 2026
- References from three Consultants in respect of clinical observerships undertaken by Dr Subramanian in 2022.

Submissions

On behalf of the GMC

10. Mr Charles Garside, KC, stated that the application was opposed by the GMC, as the conclusions of the 2017 Tribunal remain as valid today as when they were reached. He submitted that the oral evidence advanced by Dr Subramanian in support of his restoration application was fundamentally unreliable. In relation to CPD which Dr Subramanian had referred to in his evidence but which he had not produced certificates for, Mr Garside reminded the Tribunal that Dr Subramanian had been expressly informed by the GMC that any learning undertaken since erasure would need to be evidenced. In that context, he submitted that it was inconceivable that, if online courses had genuinely been completed, they were not mentioned in the witness statement, nor supported by any documentation. He submitted that such material could easily have been produced in hard-copy or scanned form,

as the Tribunal had observed. Mr Garside submitted that the Tribunal was bound to have reservations about whether any such learning was undertaken at all. He noted that Dr Subramanian had previously produced certificates for other courses and had claimed to have undertaken study at Manchester University, demonstrating clear awareness of the need to provide evidence of learning, yet had chosen not to do so here.

11. Mr Garside further submitted that there were no records of reflection on learning or actions Dr Subramanian intended to take as a result of learning arising from supposed remediation. The suggestion of online courses emerged for the first time during the hearing, which, he argued, undermined its credibility. In Mr Garside's submission, Dr Subramanian had taken no effective steps to address the deficiencies that led to his erasure, and he appeared hopelessly unprepared to demonstrate remediation. He emphasised that, if restoration were granted, Dr Subramanian would return to unrestricted practice, and the Tribunal would have no power to ensure that any stated plans were followed.

12. Mr Garside submitted that the evidence demonstrated that Dr Subramanian had not reached the stage at which restoration could safely be granted, and that the Tribunal could not be satisfied that the deficiencies identified by the previous Tribunal had been remedied.

Dr Subramanian

13. Dr Subramanian submitted that he wished to return to the GMC register with a licence to practise because he remained committed to developing himself as a doctor and believed he had the capability to learn, improve and work safely. He stated that at Sandwell General Hospital (where he had started the FY1 post) he had not had a fair opportunity to demonstrate his abilities, and he wished to show that he could communicate effectively, behave politely, avoid aggression, and adhere to patient safety at all times. He emphasised that he would approach his professional responsibilities with absolute dedication and honesty.

14. Dr Subramanian responded to the submissions made by Mr Garside by stating that he had undertaken online courses, and that any failure to present certificates was due to a lack of legal advice and he had overlooked the need to evidence matters. He accepted that it was difficult for the Tribunal to verify the courses without documentation but maintained that he had undertaken significant steps to remediate, including online learning, a phlebotomy course and further clinical observerships in 2022. He stated that he had also continued studying at home by reading medical textbooks. He had actively sought employment in roles such as phlebotomy, medical note summarising, as a healthcare assistant, which he believed demonstrated his enthusiasm to return to medical practice.

15. Dr Subramanian submitted that he was keen to address all deficiencies identified by the previous Tribunal and to practise medicine with full commitment to patient safety. He stated that he understood the four domains of Good Medical Practice (GMP) and had read the guidance thoroughly, confirming his willingness to adhere to it. He maintained that he had always tried to act honestly, had not blatantly exceeded his competence, and had never injured a patient. He explained that during observerships he consistently sought approval from senior doctors and obtained patient consent politely, believing these behaviours demonstrated his readiness to return to safe practice.

The Tribunal's Approach

16. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register is a discretionary power to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective, to protect the public, as set out later in this determination.

17. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Subramanian's name to the Medical Register is a matter for this Tribunal exercising its own judgment.

18. Throughout its consideration of Dr Subramanian's application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the guidance').

19. The Tribunal reminded itself that the onus is on Dr Subramanian to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction. The Tribunal was mindful that if granted, restoration returns a doctor to full unrestricted practise and that it does not have the power to accept undertakings or impose conditions upon a doctor's practice when being restored to the register.

20. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

> "*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?"*

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

a. the circumstances that led to the erasure;
b. whether Dr Subramanian has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
c. what Dr Subramanian has done since his name was erased from the register;
d. the steps Dr Subramanian has taken to keep his skills and knowledge up to date; and
e. the lapse of time since erasure;

and then go on to determine whether restoration will meet the overarching objective, considering any factors relevant to the original erasure and the new information provided.

22. Having considered all of those matters the Tribunal is required to step back and balance its findings about Dr Subramanian's fitness to practise against whether restoration will achieve public protection. This balancing exercise involves careful consideration of each of the three parts of public protection which are to:

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

The Tribunal's Decision

23. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Subramanian is fit to practise.

The circumstances that led to disciplinary erasure

24. In its deliberations the Tribunal had regard to the following paragraphs of the guidance:

> *'**B5** The MPT will be provided with copies of the previous MPT or panel's determinations. This will enable them to fully consider the background to the restoration application and identify the specific past concerns about the doctor's fitness to practise.*

B6 The reasons given by the previous MPT or panel to direct erasure will help the MPT understand why erasure was the only proportionate means by which public protection could be achieved. The previous determination may also contain helpful information about the doctor's level of insight and remediation at the time of erasure.'

25. The Tribunal took the determinations of the 2017 Tribunal into account and noted that it found Dr Subramanian's behaviour to amount to deficient professional performance, which impaired his fitness to practise. The 2017 Tribunal considered that the competency concerns related to basic and fundamental aspects of medical practice, relating to medical knowledge and clinical skills, across multiple clinical areas. Dr Subramanian's colleagues had described in their evidence that Dr Subramanian's medical knowledge and clinical skills was at the standard of a 2nd or 3rd year medical student. The 2017 Tribunal further found that whilst Dr Subramanian had accepted that his medical knowledge and clinical skills were below the standards expected of a FY1 doctor, he lacked insight into the risk this posed to patient safety, which did not appear to be his highest priority. He had applied for a FY1 post despite having been aware that there were deficiencies in his practice, and a Consultant had stated in a reference that Dr Subramanian was not fit to be appointed to FY1 duties. Dr Subramanian's insight was decribed in the 2017 Tribunal's decision as "*at best embryonic*". The 2017 Tribunal found that in light of the deficient professional performance, the risks to patient safety, the lack of insight, and the inability to remediate, erasure was appropriate and proportionate.

Whether Dr Subramanian has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

26. The Tribunal had regard to paragraphs B7 – B10 of the guidance and in particular:

'B7 It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.

B8 Evidence of the doctor's current level of insight will be a significant factor for the MPT in assessing the risk the doctor may repeat the previous misconduct or poor performance that resulted in them being erased from the medical register.

B9 To assess the doctor's response to the matters that led to erasure, the MPT should consider the evidence available to them to establish if the doctor has:

a. shown insight into their own practice, behaviour and/or impact of a health condition

b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation.'

27. The Tribunal considered that Dr Subramanian had demonstrated very limited insight into the concerns identified by the previous Tribunal and the risks to patient safety of his deficient professional performance. It bore in mind that in restoration applications, the onus was upon the doctor to satisfy the Tribunal that they are fit to return to unrestricted practice. The Tribunal would expect to see evidence of reflection and a development of insight since the close of the previous hearing. In this case, Dr Subramanian had not provided evidence of reflection or insight. Despite the findings of competency concerns relating to basic and fundamental aspects of medical practice, Dr Subramanian has not undertaken any activity which would assist him in identifying his learning needs. The approach he described having taken to remediate his clinical deficiencies without first identifying his learning needs itself demonstrated a persistent lack of insight into the seriousness and comprehensive nature of his clinical deficiencies.

28. The Tribunal had had sight of two certificates of courses that had been completed in relation to phlebotomy but nothing to demonstrate what Dr Subramanian had learned from these courses or how he would apply this to improve his own clinical practice. In his oral evidence Dr Subramanian stated that he had been continuously studying basic medical knowledge by reading textbooks, but he had not provided any reflections or learning notes in relation to this, nor on how this learning related to the issues identified by the 2017 Tribunal that had led to his erasure. In addition, the Tribunal noted that in relation to self-directed learning, the 2017 Tribunal had heard evidence from a Trainee Supervisor that reading medical literature did not necessarily show that the individual had understood or learnt from that reading.

29. The Tribunal noted that Dr Subramanian had undertaken further clinical observerships throughout 2022 in different hospital departments, which he considered was good remediation. However, the Tribunal considered that this showed Dr Subramanian had failed to take on board the findings of the 2017 Tribunal, which had stated that "*clinical attachments, however long they may be, which do not involve structured teaching or assessment, would not be sufficient to bridge the gaps in your medical knowledge and clinical skills."* The 2017 Tribunal had stated that it was of the view that it was highly unlikely that Dr Subramanian would be able to remediate his deficiencies by simply undertaking further clinical attachments. The Tribunal considered that by Dr Subramanian carrying out further

clinical attachments and viewing this as effective remediation, despite the previous Tribunal's views of their limitations, he showed a lack of insight into what he needed to address.

30. The Tribunal was not satisfied that Dr Subramanian had demonstrated an appreciation of the wider impact of his poor performance on patients, public confidence in the profession, or the reputation of the medical profession. The Tribunal noted that Dr Subramanian gave weight to the fact that no patient harm came as a result of his actions without apparently appreciating the significance of the supervision and limited clinical responsibility he had had. The Tribunal concluded that this showed limited insight into the significance of the concerns raised regarding his medical knowledge and clinical skills. The Tribunal was of the view that his insight had developed no further since the stage it was at at the close of the 2017 hearing. The Tribunal therefore concluded that Dr Subramanian had demonstrated only very limited insight into the matters that led to his erasure.

31. In considering remediation, the Tribunal noted Dr Subramanian's evidence that he had attended various online educational courses. However, as set out above, there is no documentary evidence before the Tribunal to support his account, or to verify the content of those courses. Nor was there any evidence demonstrating how Dr Subramanian's attendance on those courses addressed the specific concerns that had resulted in his erasure. The Tribunal was therefore unable to place significant weight on this evidence.

32. Having considered all of the evidence, the Tribunal concluded that Dr Subramanian had demonstrated limited insight and had provided limited evidence of remediation. The Tribunal remained concerned that the serious failings and the issues identified by the previous Tribunal had not been sufficiently addressed and accordingly concluded that there remained a high risk of repetition of similar conduct in the future.

<u>What Dr Subramanian has done since their name was erased from the register?</u>

33. The Tribunal had regard to the following paragraphs of the guidance:

> *'**B11** The MPT should also consider any activities the doctor has undertaken since they were erased from the register and decide whether these are relevant to assessing their current fitness to practise. Examples of matters things which may have a bearing on the MPT's decision are:*
>
> - *the doctor has obtained employment in a field related to medicine and used it to keep up to date with developments in their specialty*
> - *the doctor has undertaken research or teaching in a relevant field*

- *the doctor has completed a professional or academic qualification such as a PhD, diploma or MSc in a relevant subject'*

34. The Tribunal noted that since his erasure, Dr Subramanian has sought to find employment in healthcare related fields but has been unsuccessful. The Tribunal noted that Dr Subramanian enrolled in a Clinical Biochemistry course at Manchester University in September 2018 until May 2019, leaving with a certificate of attendance. However, the Tribunal did not consider that this was particularly relevant to assessing his current fitness to practise. The Tribunal considered that the evidence before it regarding Dr Subramanian's work since erasure, demonstrating his professional activities, ongoing clinical experience or maintenance of relevant knowledge and skills was very limited.

35. In his oral evidence, Dr Subramanian explained that, due to his finances, he was not able to obtain legal representation and therefore he did not know what evidence he was expected to provide in support of his restoration application. The Tribunal noted this explanation. However, it also noted that Dr Subramanian had been provided with the relevant guidance in advance of the hearing, which explains the type of evidence expected in restoration applications.

36. Dr Subramanian had completed a phlebotomy course, which he explained was due to a concern having been raised regarding his technique when taking a blood sample. The Tribunal considered that this was a relevant course, however this only related to one aspect of a wide range of deficiencies.

37. Accordingly, it found that there was insufficient evidence before it to conclude that his activities since erasure materially supported his application for restoration.

<u>The steps Dr Subramanian has taken to keep his knowledge and skills up to date</u>

38. The Tribunal noted that Dr Subramanaian has not been in practice since interim restrictions were imposed in 2016. However, it bore in mind that the burden is on Dr Subramanian to satisfy the Tribunal that his medical knowledge and skills are up to date and that he is safe to resume unrestricted practice.

39. The Tribunal had regard to paragraphs B12-B17 of the guidance and in particular:

*'**B12** The doctor will not have had clinical contact with patients in the UK for a minimum of five years. The onus is on the doctor to demonstrate they have kept their knowledge*

and skills up to date and are safe to resume unrestricted practice. This is required irrespective of the grounds for impairment that led to erasure.'

40. The Tribunal noted Dr Subramanian's evidence that he had sought to maintain his medical knowledge by attending online educational courses. However, as set out above, there was no documentary evidence before the Tribunal to verify the content of these courses or their relevance to the areas of practice in which the previous Tribunal had identified concerns.

41. Having considered all of the evidence, the Tribunal was not satisfied that Dr Subramanian had demonstrated that he has had kept his medical knowledge and skills sufficiently up to date to satisfy the requirements of paragraph B12. It found that there was limited evidence of continuing professional development and Dr Subramanian had not demonstrated that he was currently safe to resume unrestricted medical practice.

The lapse of time since erasure

42. The Tribunal had regard to the following paragraph of the guidance:

'B19 Conversely, the longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. MPTs should pay close regard to how the doctor has maintained their knowledge and skills during a lengthy period away from the register.'

43. The Tribunal again noted that Dr Subramanian has not been involved in clinical practice since 2016 and that given the significant period of time that had elapsed there was a risk he has become further deskilled. The Tribunal was not satisfied that Dr Subramanian had kept his clinical knowledge and skills up to date and therefore it concluded there remained a significant risk that he could put patients at risk if he were permitted to return to unrestricted practice.

Will restoration achieve public protection?

44. Having made the above findings as to whether Dr Subramanian is fit to practise, the Tribunal then stepped back and balanced its findings about Dr Subramanian's fitness to practise against whether restoration will achieve public protection. This balancing exercise involved careful consideration of each of the three parts of public protection which are:

- To protect, promote and maintain the health, safety and well-being of the public;

- To promote and maintain public confidence in the profession, and
- To promote and maintain proper professional standards and conduct for members of the profession.

Protect, promote and maintain the health, safety and well-being of the public

45. The Tribunal considered the risk posed to patients and the wider public. It had regard to its findings concerning the limited evidence of insight and remediation and its concerns that Dr Subramanian's clinical knowledge and skills have not been adequately addressed and maintained during his absence from practice. As such, it took the view that there would be a risk to public safety if he were permitted to return to clinical practice.

Promote and maintain public confidence in the profession

46. The Tribunal noted the 2017 Tribunal's finding that Dr Subramanian's actions amounted to deficient professional performance, which could undermine public trust in the medical profession. As set out above the Tribunal found that Dr Subramanian had demonstrated limited insight and remediation, and it was not satisfied that he had demonstrated that he had the necessary knowledge and skills for a return to unrestricted practice and would therefore risk undermining public confidence in the profession.

47. The Tribunal bore in mind that maintaining public confidence in the profession is more important than the interests of an individual doctor. It considered that a well-informed member of the public would be concerned if Dr Subramanian was allowed to return to unrestricted practice at this time.

Promote and maintain proper professional standards and conduct for members of the profession

48. The Tribunal had regard to the evidence provided by Dr Subramanian and was not satisfied that he had developed his insight nor remediated sufficiently and restoring him to the register would not maintain proper professional standards and conduct in the future. The original deficient professional performance was wide ranging and Dr Subramanian's performance was found to fall very far below the standards expected of a registered medical practitioner, with him being found to be at the level of a 2nd or 3rd year medical student. On the evidence before the Tribunal, the Tribunal could not be satisfied that Dr Subramanian had developed his medical knowledge further since erasure. To grant an application for restoration would undermine this limb of the overarching objective by failing to maintain proper professional standards as set out in GMP.

49. The Tribunal considered that whilst it had the power to direct a performance assessment, it took the view that this would not be appropriate in this case given Dr Subramanian's lack of insight, which is inhibiting effective remediation, the wide gap between where Dr Subramanian was considered to be performing compared to where he needed to be, and the apparent lack of progress or development since the erasure.

50. Taking account of all of the above, the Tribunal determined that Dr Subramanian's name should not be restored to the medical register.

Dr Subramanian's right to make further applications for restorations

51. Dr Subramanian must wait at least 12 months from the date of his application for restoration, not the date of the Tribunal's decision not to restore, before applying for restoration again.

52. That concludes the case.