

## PUBLIC RECORD

Dates: 24/08/2022 - 26/08/2022

Medical Practitioner's name: Dr Thirumurugan SUNDARESAN

GMC reference number: 5194243

Primary medical qualification: MB BS 1998 Karnatak

**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:	Ms Margaret Obi
Lay Tribunal Member:	Mrs Ann Bishop
Medical Tribunal Member:	Dr John Garner

Tribunal Clerk:	Ms Jeanette Close
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**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Aidan Carr, Counsel, Direct Access
GMC Representative:	Mr Peter Byrne, Counsel, instructed by GMC Legal

### 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.

### 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 Application - 26/08/2022

1. Dr Sundaresan's name was erased from the Medical Register following a fitness to practise hearing which concluded on 19 December 2014. On 27 February 2022, Dr Sundaresan made an application for restoration. This is his first restoration application.

### Background

2. Dr Sundaresan qualified as a doctor in 1998.

3. On 1 May 2007, Dr Sundaresan became a GP Partner at the East Street Surgery ('the surgery') in Rochdale. A Project Manager at the Heywood, Middleton and Rochdale Primary Care Trust subsequently raised concerns. These concerns related to a report made by the practice manager at the surgery that Dr Sundaresan, his wife and two employees had attended the surgery over the Easter weekend of 2008 to input data into the surgery's Educational Management Information System (EMIS). The data entries indicated that patients had presented at the surgery for treatment. However, there was no corresponding record of the appointment in the patients' records. In addition, false entries were created in the EMIS system to indicate that patients had been screened by the digital retinopathy screening services. At the end of the financial year 2007/2008, the performance of the practice, in relation to the Quality and Outcomes Framework (QOF) data, had improved dramatically. Of the entire annual target for digital retinopathy screening, 51.2% was achieved during March 2008 alone. Prior to March 2008 the surgery had been underperforming.

4. An independent audit carried out in November 2008 confirmed that no appointments had been booked for patients but that records of treatment provided to patients was

recorded on the EMIS system. The audit also confirmed that the appointment time recorded for carrying out a range of different procedures was too short. Following the audit, the case was referred to the NHS Counter Fraud team.

5. During its investigation, the NHS Counter Fraud team, identified that over the 2008 Easter weekend, 7606 entries were created in relation to 1703 patients. Many of these entries were backdated which gave the impression that the patients had been seen previously at the surgery. Following a series of interviews with witnesses, staff at the surgery, staff members at the Trust, an NHS manager, an independent GP and Dr Sundaresan, a wide variety of anomalies were identified. At the conclusion of its investigation, the NHS Counter Fraud investigators passed the case to the Crown Prosecution Service (CPS).

6. The CPS decided to instigate criminal proceedings and on 24 May 2012, Dr Sundaresan appeared before the Magistrates' Court. He pleaded not guilty to charges of fraud, and on 10 September 2012 his case was committed for trial at Manchester Crown Court. On 25 October 2012, a Plea and Directions Hearing took place, and a trial date was set for 27 May 2013. This date was later postponed until March 2014.

7. On 6 February 2014, Dr Sundaresan's barrister sought an indication from the trial judge as to the maximum sentence Dr Sundaresan could expect to receive if he pleaded guilty. The judge, HHJ Mort, indicated that imprisonment was inevitable but that the sentence could be suspended. Dr Sundaresan pleaded guilty on the same day. Therefore, he was convicted upon indictment by his own admission of two counts of dishonestly making false representations to make gain for self/another or cause loss to another/expose other to risk. One count related to his own actions and the other to him instructing another individual to make entries on the EMIS computer system which he knew to be untrue or misleading.

8. On 17 March 2014, Dr Sundaresan was sentenced to 9 months imprisonment, suspended for 18 months, and ordered to pay a contribution of £50,000 towards the costs of the prosecution.

9. Following his conviction, Dr Sundaresan was referred to an Interim Orders Panel (IOP). The hearing took place on 9 April 2014. The IOP determined that Dr Sundaresan's registration should be suspended for a period of 9 months.

10. A short time later, the General Medical Council (GMC) received enquiries from a solicitor working at Weightmans LLP as to the appropriateness of Dr Sundaresan receiving instructions as a Medical Legal Expert given that his registration was suspended. The concern related to an expert report that had been provided by Dr Sundaresan on 1 October 2013

(whilst he was fully registered with the GMC), in which he stated, *“I hold full registration with the General Medical Council”*. When preparing for a hearing involving an expert witness, it is usual practice to look up the name of the expert on the GMC’s List of Registered Medical Practitioners (LRMP). On 7 May 2014, a search was conducted which revealed that Dr Sundaresan’s registration on the LRMP was by that time suspended.

11. On 25 June 2014, Weightmans contacted the GMC for clarification as to whether a doctor who was suspended could undertake work as an expert witness and whether the doctor should be identifying themselves as being fully registered. In addition, Weightmans also discovered Dr Sundaresan’s conviction for fraud and sought guidance from the GMC as to whether a doctor with this type of conviction could undertake work as an expert witness.

#### The Fitness to Practice (FTP) Panel Decision

12. Dr Sundaresan appeared at an FTP hearing on 15 December 2014. At the outset of that hearing Dr Sundaresan admitted the majority of the particulars of the Allegation and these were found proved by the FTP Panel. The only particulars he denied were those that asserted dishonesty in respect of the false declaration he made on his expert report and his failure to declare his suspension. Dr Sundaresan had admitted that these actions were misleading.

13. In response to the dishonesty allegations, Dr Sundaresan explained that the reason the paragraph regarding him holding full registration with the GMC was included in his expert report was due to an error in his template. He stated that when writing reports he would type the information, this would then be formatted by his secretary and his name, date and electronic signature would be generated. Dr Sundaresan stated that he had not checked the completed document and it was for that reason he had not noticed that the incorrect statement had been included in error. The FTP Panel concluded that Dr Sundaresan’s actions were an oversight and found this part of the Allegation not proved.

14. When considering the issue of impairment, the FTP Panel took the view that falsifying 7606 entries on 1703 patients’ records constituted serious acts of dishonesty. The FTP Panel was concerned that the entries included information relating to cervical smears, measurement of blood pressure, smoking cessation and digital retinopathy screening which placed patients at potential unwarranted risk of harm as treatments and/or consultations had been recorded which had not in fact taken place.

15. The FTP Panel concluded that Dr Sundaresan’s actions had breached one of the fundamental tenets of the medical profession, namely probity. It determined that Dr Sundaresan’s behaviour undermined the confidence the public was entitled to place in the

medical profession. Further, Dr Sundaresan’s conviction had brought the profession into disrepute. In all the circumstances, the FTP Panel determined that Dr Sundaresan’s fitness to practise was impaired by reason of his convictions.

16. The FTP Panel had regard to the seriousness of Dr Sundaresan’s underlying conduct and was of the view that his actions were pre-planned and persistent, in that they took place over a four-day period, when the surgery was closed. It noted that the falsifying of patient records affected over one third of the entire patient list at the surgery. The FTP Panel was concerned that if Dr Sundaresan had not been apprehended, the false entries may never have been discovered.

17. The FTP Panel took the view that the most aggravating feature of Dr Sundaresan’s case was the risk to patient safety. It determined that Dr Sundaresan’s act of persuading others to be involved in falsifying records, his persistent denial of wrongdoing, his attempts to apportion blame to others involved, and his lack of concern for the patients whose records were altered, was evidence of a worrying lack of insight.

18. The FTP Panel noted that Dr Sundaresan “covered up his actions” for over six years which allowed him to continue to practise as a GP and concluded that he had put his own interests before those of his patients. It determined that the convictions were particularly serious because of the vast scale of dishonest entries on patient records which were made without any regard to patients, and which could have led to very grave consequences. The FTP Panel was of the view that Dr Sundaresan did not understand the seriousness of his actions or the potential consequences. It concluded that Dr Sundaresan’s actions had brought the medical profession into disrepute, undermined public confidence in the profession and were fundamentally incompatible with being a doctor.

19. The FTP Panel determined that the only appropriate and proportionate sanction in Dr Sundaresan’s case was erasure and in reaching this conclusion it took into account the need to protect the public interest, protect public confidence and maintain proper standards. Furthermore, the FTP Panel wished to signal to Dr Sundaresan, the profession and the public that the actions which resulted in his convictions, were wholly unacceptable. The FTP Panel directed the Registrar to remove Dr Sundaresan’s name from the Medical Register.

20. Dr Sundaresan did not appeal the FTP Panel’s decision.

### Today’s Restoration hearing

21. This Tribunal has convened to consider Dr Sundaresan’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 Fitness to Practice Rules 2004 (as amended) (the Rules).

### The Evidence

22. The GMC called no witnesses to give oral evidence and relied on the documentary evidence provided to the Tribunal.

23. Dr Sundaresan gave oral evidence at the hearing.

### Documentary Evidence

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

- The 2014 FTP’s Determinations on Facts, Impairment, Sanction and Immediate Order;
- Transcript of Dr Sundaresan’s FTP hearing;
- Dr Sundaresan’s restoration application and supporting documentation, dated 27 February 2022, including:
  - Work history from the last 5 years;
  - Dr Sundaresan’s reflections dated 13 August 2022;
  - Information relating to Dr Sundaresan’s charity work;
  - Quotations from Sadguru;
  - Dr Sundaresan’s Learning Portfolio and CPD Log; and
- Eight letters of support from GP’s and other health and charity related individuals.

### Oral Evidence from Dr Sundaresan

25. During his oral evidence, Dr Sundaresan provided an overview of his work history over the last five years, in particular his involvement with the design and development of a “health app” through Ouris Health (‘Ouris’), a Medical Technology Company. The app aims to simplify the technology available to health care professionals and patients. Dr Sundaresan worked on this app with colleagues and had consulted with NHS professionals. He informed the Tribunal that the app has been approved by the Medicines and Healthcare Products Regulatory Agency (MHRA). Dr Sundaresan stated that the app is free to download and can be used by the general public to record and monitor, blood pressure; pulse; breathing; temperature; saturations; BMI; weight; severity of symptoms; and side effects to vaccinations. He said that the app provides alerts to patients and also links to NHS health and wellbeing sites. Dr Sundaresan explained that

this allows patients to detect the early signs of chronic conditions and obtain treatment sooner than would otherwise be the case.

26. Dr Sundaresan informed the Tribunal that a dentist colleague, who was involved with testing the app, had input her data over a period of 3 to 4 days. She subsequently became ill, and her husband called Dr Sundaresan for advice when the ambulance that had been called had not arrived. Dr Sundaresan advised the husband to take his wife to the hospital immediately and to show the medical staff the readings in the app. Dr Sundaresan stated that he was later informed that the data contained in the app assisted medical staff in diagnosing his colleague's serious health condition. He informed the Tribunal that the data contained in the app was instrumental in making the diagnosis.

27. With regards to the events that led to his erasure from the Medical Register, Dr Sundaresan stated he accepted that making 7606 false entries in relation to 1703 patients was profoundly wrong and contrary to the tenets of Good Medical Practice (GMP). Dr Sundaresan explained that the two colleagues who assisted him, Mr D and Dr A, worked under his direction; he instructed them to copy and paste information into medical records and he stated that he now took full responsibility for his actions. He stated that he had abused his position as a GP Partner.

28. During cross examination Dr Sundaresan stated that he reflected on his actions following his guilty plea at the Crown Court. He stated that he began to question why everyone was telling him that he was wrong when he believed he was right. He went on to state that when he entered his guilty plea, he accepted responsibility for his actions. He stated that he believed that he had done the right thing and that his actions at the time were right. Dr Sundaresan informed the Tribunal that he had found it difficult to accept that his actions were wrong and dishonest, that he had abused his power and he was not trustworthy with regards to his patients. He said that, at the time, he sought to blame his colleagues Mr D and Dr B (referred to during the hearing as Dr A). Dr Sundaresan told the Tribunal that he was thankful that neither of them were implicated in the fraud and that at the time his thinking was "*clouded*." He described his actions as "*senseless, ruthless and possessed*." He told the Tribunal that Mr D was an IT specialist who worked at the practice setting up its IT systems. Dr A was preparing for the Professional and Linguistic Assessments Board (PLAB) exams and was brought into the practice to assist with summarising patient records.

29. Dr Sundaresan acknowledged that the whole process of copying and pasting information into patient records had been scheduled to take place over the 4-day period of the Easter weekend in 2008. He said that two days later was the deadline for submission of data and there was no other time to amend the medical records. He accepted that his actions were pre-planned

and persistent and that he had put his own interests before those of his patients. Dr Sundaresan denied that he knew at the time that his actions were dishonest.

30. Dr Sundaresan denied that he knew that, for the purposes of QOF, making false entries in the patient records would result in a financial gain to the practice. He stated that at that time he was in his first year of general practice as a partner and he did not appreciate that there would be a financial gain. He stated that his aim was not financial gain; it was to improve the performance of the practice and meet targets. However, he went on to state that although inputting the data was his primary focus *“financial gain was a secondary issue.”*

31. Dr Sundaresan stated that he accepted the advice of his barrister to plead guilty at the Crown Court. When asked whether he had accepted the advice in order to receive a lower sentence, Dr Sundaresan stated that his barrister sought an indication from the trial judge as to the sentence he could expect to receive if he pleaded guilty. He stated that his barrister explained to him very clearly that imprisonment was highly likely. Dr Sundaresan stated that he accepted the advice of his barrister and pleaded guilty as it was the best option at the time. He stated that he could not be sure, but it was around the time of his criminal trial that he started to change his position and began the process of understanding his dishonesty.

32. During cross examination, when questioned about his suspension by the IOP in April 2014, Dr Sundaresan stated that at the time he was very upset and tried to explain to the IOP that there were no clinical issues and that he should be given another chance. He said that he did not want the IOP to suspend him as he wanted to continue in clinical practice. Dr Sundaresan stated that he now takes the view that what the IOP did was 100% right. It was the correct decision and he deserved it. When asked whether he thought that having a clear record in clinical practice should have swayed the IOP not to suspend him, Dr Sundaresan explained that he wanted the IOP to see his work as a whole. He stated that he had fallen significantly short on one side of his practice but *“not on both sides.”*

33. Dr Sundaresan stated that it had taken him a long time to realise the full extent of his wrongdoing as he was *“in darkness”*. He said that he tried to come to terms with the effect his actions had on his family and friends as everything was in *“the public eye.”* He stated that his wife and parents had stopped talking to him but at that time he was still of the opinion that he was right. Dr Sundaresan explained that he started to read spiritual books and a colleague posted something on social media about ‘Sadguru.’ Sadguru is not a faith leader but provides spiritual guidance and opportunities to reflect. Dr Sundaresan stated that Sadguru’s methodology of reflection has been a great help to him. He spoke about his

involvement in charity work and the food bank collections and deliveries he makes, his fund raising including charity runs and his vaccination centre shifts.

34. Dr Sundaresan stated that he was unable to confirm exactly when the process of insight and remediation began as it was a gradual realisation that his actions were completely wrong. Dr Sundaresan stated that it took a long time for him to change his mindset. In terms of his conviction Dr Sundaresan stated that he thinks about it every day and how blind he had been not to admit the criminal offences at the outset.

35. In response to a question from the Tribunal, Dr Sundaresan confirmed that he had not apologised to Mr D or Dr A. However, he stated that he had '*explained what went on*' to a mutual acquaintance that he happened to meet during Covid.

### **Submissions on behalf of Dr Sundaresan**

36. Mr Carr submitted that Dr Sundaresan is a fit and proper person to be restored to the Medical Register.

37. Mr Carr stated that it was accepted that this was a serious and egregious case in that the dishonesty required planning and was carried out over a number of days. He submitted that the catalyst was a fall in the performance of the practice and an attempt by Dr Sundaresan to get rid of red flags that needed attention. Mr Carr stated that Dr Sundaresan fully accepted that his actions were dishonest.

38. Mr Carr informed the Tribunal that Dr Sundaresan does not have any complaints about his erasure from the Medical Register. The FTP Panel drew attention to his lack of insight and Dr Sundaresan accepts that it was the correct decision for them to make. Mr Carr submitted that Dr Sundaresan also accepts the findings of the FTP Panel that his fitness to practice was significantly impaired and accepts that the IOP's decisions to impose an interim suspension order was also correct.

39. Mr Carr submitted that Dr Sundaresan has developed insight into the matters that led to his erasure. He further submitted that although Dr Sundaresan has not personally spoken to Mr D and Dr A since he left the practice, he has acknowledged that an apology should have been made to them years ago when he first began to develop insight into what he had done. Mr Carr invited the Tribunal to conclude, that notwithstanding Dr Sundaresan's imperfect insight and the lack of a direct apology, he has been open and honest.

40. Mr Carr stated that since his erasure Dr Sundaresan developed, on his own initiative, an Ouris app that can be downloaded and used by patients to enter vital signs and readings. Mr Carr said that Dr Sundaresan had collaborated with the NHS, MHRA and the National Institute for Health and Care Excellence (NICE) in the development of the app.

41. He further stated that Dr Sundaresan has been able to keep his knowledge and skills up to date and has rehabilitated both professionally and socially. He stated that Dr Sundaresan attended Dr C's surgeries between August 2019 and January 2020 in order to observe his clinical sessions until they were interrupted by the Covid-19 pandemic. He said that this, together with Dr Sundaresan's online learning, provides significant evidence that he has done what he can to keep up to date with clinical knowledge and the developments in GP practice.

42. Mr Carr stated that the Royal College of General Practitioners (RCGP) has a 'Back to Practice' programme for doctors who have been erased from the Medical Register and that Dr Sundaresan has familiarised himself with it. He stated that Dr Sundaresan is fully aware of the steps he would need to undertake in the event that his application for restoration is granted.

43. Mr Carr stated that Dr Sundaresan's fall from grace has had an impact on his reputation within his community. He also stated that Dr Sundaresan has lost years of practice in medicine for which he has a passion, he also suffered lost income, self-esteem, and his pride. Mr Carr submitted Dr Sundaresan's application is based on a genuine desire to get back to practise medicine; not to secure an income.

#### **Submissions on behalf of the GMC**

44. Mr Byrne, on behalf of the GMC, opposed the application for restoration on the basis of the seriousness of Dr Sundaresan's convictions and the extent and context of the dishonesty.

45. Mr Byrne referred, by way of example, to a carer with a conviction for assaulting a person at work. He submitted that the carer may be considered to have been rehabilitated after a statutory period of time. He then referred to the position of a solicitor who had stolen money from a client. He submitted that solicitors have an enhanced status due to the trust that is placed on them. He stated that the same is true for doctors. Mr Byrne submitted that it is from this perspective that this case should be viewed.

46. Mr Byrne acknowledged that a long time has passed since the offences were committed. He also acknowledged that Dr Sundaresan’s convictions do not fall within the category of cases, specifically referred to in the MPT ‘Guidance for medical practitioners tribunals on restoration following disciplinary erasure’ (Restoration Guidance), which are generally unlikely to meet the overarching objective. However, he reminded the Tribunal that the list is not exhaustive and that the dishonesty in this case could be regarded as exceptionally serious in nature. Mr Byrne submitted that there may be cases where restoration is unlikely to be in line with the overarching objective, irrespective of the length of time that has elapsed or evidence of remediation. He further submitted that the original criminal offences in Dr Sundaresan’s case were so serious that they crossed the threshold for a prison sentence, albeit suspended.

47. Mr Byrne reminded the Tribunal of the FTP Panel’s findings in its determination on Impairment.

48. Mr Byrne submitted that Dr Sundaresan blamed others when he was interviewed in January 2010, potentially exposing Mr D to false accusation and a potential prosecution. He reminded the Tribunal that Dr Sundaresan continue to blame others throughout the criminal proceedings. Mr Byrne submitted that Dr Sundaresan had not offered any apology throughout his journey towards remediation, and it was still not clear when Dr Sundaresan fully acknowledged that he had been dishonest. He further submitted that Dr Sundaresan’s dishonesty should have been apparent to him from the outset as he is an educated and professional man. Mr Byrne invited the Tribunal to conclude that when Dr Sundaresan took advice from his barrister to plead guilty Dr Sundaresan did not really accept or think that he was guilty at that time and that any remediation and insight may only have been recently acquired.

### **The Tribunal’s Approach**

49. The Tribunal followed the Restoration Guidance when considering Dr Sundaresan’s application.

50. It reminded itself that the onus is on Dr Sundaresan to satisfy the Tribunal that he is fit to return to unrestricted practice. The Tribunal should not seek to go behind the findings of the FTP Panel.

51. 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 that “*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?”*

52. The Tribunal has taken account of all evidence, submissions, relevant law, and guidance. Factors to be considered by the Tribunal include:

- The circumstances which led to erasure;
- Any relevant matters post-dating these circumstances;
- The extent to which the doctor has shown remorse and insight;
- The extent to which the doctor has remediated;
- What the doctor has done since his name was erased;
- Steps taken to keep medical knowledge and skills up to date;
- The length of time elapsed since erasure;
- Any risk posed by the doctor;
- Whether public confidence and professional standards would be damaged by restoring the doctor to the Medical Register.

53. The Tribunal noted that when considering whether to restore a doctor to the Medical Register a Tribunal should:

- consider any evidence of insight, remorse, and remediation against the backdrop of those matters which led to erasure;
- if the Tribunal concludes that there is insight, remorse, and remediation, it should balance those positive findings against all three limbs of the statutory overarching objective;
- when considering a restoration application the Tribunal should also take account of length of time since erasure.

54. The Tribunal took account of all the evidence before it, both oral and documentary, in particular the late submission of the It has also considered the submissions made by Mr Byrne on behalf of the GMC and those made by Mr Carr on behalf of Dr Sundaresan.

## The Tribunal’s Decision

### The Circumstances that Led to Disciplinary Erasure

55. As outlined above, the FTP Panel determined that Dr Sundaresan’s fitness to practise was impaired by reason of his convictions. The current Tribunal noted the nature and high level of seriousness of Dr Sundaresan’s actions which led to a suspended prison sentence. Dr

Sundaresan’s dishonest actions were premeditated and occurred during a 4-day period. False entries were made in more than 1700 patient records (more than one third of the patients registered with the surgery) and had the potential to impact on the future care of those patients. Dr Sundaresan attempted to blame others, which is a position that he sustained for several years; he maintained his innocence until a few days before his Crown Court trial. Further, the Tribunal noted that, although it may not have been Dr Sundaresan’s primary motivation, there was a potential financial gain as a consequence of his dishonesty.

56. The Tribunal noted that Dr Sundaresan’s actions had brought the medical profession into disrepute and had breached fundamental tenets of the profession. The Tribunal had particular regard to the FTP Panel’s findings at the sanction stage, in which it was stated:

*“Your convictions were particularly serious because of the vast scale of dishonest entries on patient records, it was done in total disregard of those patients, which could have led to very grave consequences. You attempted to cover up your actions for over six years, during which time, because of your denials, you were able to practice unrestricted. It is clear that you put your own interests before those of your patients. You attempted to blame others for your own dishonest actions. It is unclear to the Panel, even at this late stage, that you understand the seriousness of your actions or their consequences. Your actions have brought the medical profession into disrepute, undermine public confidence in the profession and are fundamentally incompatible with being a doctor.”*

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 or skills.

#### Insight

57. The Tribunal had regard to all relevant paragraphs of the Restoration Guidance. In considering Dr Sundaresan’s evidence, the Tribunal gave particular consideration to paragraph B10 of the Restoration 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'*

58. The Tribunal first considered the level and scope of Dr Sundaresan's insight. The Tribunal acknowledged that Dr Sundaresan expressed regret, shame, and remorse. Although the Tribunal accepted that Dr Sundaresan genuinely regrets his actions and has made a concerted effort to demonstrate insight, the focus of his written and oral evidence was on himself and his family. There was only limited evidence before the Tribunal that Dr Sundaresan had reflected in a meaningful way on the impact on his patients, his colleagues or his GP partner who had to deal with the consequences after Dr Sundaresan's resignation. The Tribunal noted that Dr Sundaresan had not offered an apology to Mr D or Dr A for blaming them for what happened. The Tribunal accepted that apologising to Mr D and Dr A was unlikely during the period when Dr Sundaresan was denying responsibility for his actions. However, no explanation was provided by Dr Sundaresan, for the lack of an apology following his guilty plea in 2014.

59. The Tribunal noted that Dr Sundaresan repeatedly stated, during his oral evidence, that he accepted full responsibility for his actions. However, the Tribunal was not persuaded that this was the case. Dr Sundaresan stated that he did not realise, at the time the offences were committed, that he was acting dishonestly. The Tribunal concluded that it was inherently implausible that a registered doctor with approximately 10 years' experience (at that time) was unaware that making retrospective entries in over 1700 patient records was dishonest. The Tribunal also noted that Dr Sundaresan suggested during his oral evidence that it was not until shortly before his trial was due to commence that he understood why he should plead guilty. Although the prosecution case changed over time, the Tribunal concluded that it was equally implausible that Dr Sundaresan did not understand or appreciate that the QOF had financial implications for the surgery. The Tribunal was left with the impression that Dr Sundaresan had felt forced to change his plea to avoid an immediate prison sentence. The Tribunal noted that the request for a Goodyear indication could only have been made by Dr Sundaresan's barrister based on his instructions. In these circumstances, the Tribunal concluded that Dr Sundaresan has not adequately demonstrated the ability to be self-critical, to fully acknowledge the rationale for his actions and take the opportunity to persuade the Tribunal that meaningful lessons have been learnt from the experience. The Tribunal considered Dr Sundaresan's "Reflections on Conviction and Erasure." The Tribunal was of the view that whilst this document mentions the consequences of his dishonesty, nonetheless it did not demonstrate a depth of understanding sufficient to convince the Tribunal that he fully understood the severity of it.

60. The Tribunal was mindful that whilst attending a course may be helpful, it is the learning that has been achieved from that course and how it will be used in practice, which is of most

significance. The Tribunal noted that Dr Sundaresan has not practised as a doctor since 2014 and acknowledged that because he is no longer on the medical register this will have had an impact on his ability to access certain training courses. However, the Tribunal was concerned, having regard to the summary of Dr Sundaresan's learning log, that the majority of online courses he had undertaken do not directly relate to the FTP Panel's findings and convictions for dishonesty.

61. Whilst the Tribunal determined that Dr Sundaresan has demonstrated some insight, it was not persuaded that he has made significant progress in relation to why he acted dishonestly and why he sought to blame others. Therefore, the Tribunal concluded that his insight is still developing but there has not been a significant change in the level and scope of his insight since erasure.

### Remediation

62. The Tribunal went on to consider whether Dr Sundaresan had remediated the concerns that led to his erasure.

63. The Tribunal had regard to the relevant paragraphs of the Restoration 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.'*

64. The Tribunal had regard to whether Dr Sundaresan had undertaken any remediation since his erasure and whether that remediation was relevant, measurable, and effective. The Tribunal acknowledge that whilst dishonesty is difficult to remediate, remediation is possible if there is a commitment to change and meaningful reflection over time.

65. The Tribunal noted that Dr Sundaresan had undertaken numerous courses between October 2019 and February 2022. However, as stated in paragraph 60 above, none of the courses related to his dishonest conduct. There was no evidence before the Tribunal that Dr Sundaresan had undertaken relevant, measurable, and effective learning or reflection in order to remediate his dishonest conduct.

66. The Tribunal noted Dr Sundaresan's desire to return to the Medical Register and move forward from his dishonesty findings. However, the Tribunal was not persuaded that Dr Sundaresan has fully and appropriately reflected on his criminal behaviour. In the Tribunal's view, although Dr Sundaresan has demonstrated some remediation, it is not focused, as Dr Sundaresan does not appear to fully recognise the gravity of the findings and has not fully accepted responsibility for the entirety of his actions. The Tribunal concluded that until Dr Sundaresan fully addresses his insight, he is unlikely to be able to fully remediate his convictions.

#### Risk of Repetition

67. The Tribunal took into consideration Dr Sundaresan's level of insight and its assessment of his remediation when considering whether there remained a risk that he would repeat his misconduct.

68. Although Dr Sundaresan has not demonstrated sufficient insight into the conduct which underlies his convictions and has not fully remediated his behaviour the Tribunal was of the view that the risk of repetition was low. In reaching this conclusion the Tribunal noted that the relevant events occurred approximately 14 years ago and there is no evidence of similar dishonest conduct. On the contrary, the Tribunal accepts that Dr Sundaresan appears to be much more conscious of the need to be honest at all times. However, the Tribunal took the view that the risk of repetition was reduced primarily because the personal consequences for Dr Sundaresan had been devastating and he would want to avoid something similar occurring in future; it was not because he has fully acknowledged why he had acted the way he did.

#### What the doctor has done since their name was erased from the register and the steps the doctor has taken to keep their medical knowledge and skills up to date

69. The Tribunal noted that Dr Sundaresan had a clinical attachment with Dr C from August 2019 and January 2020, with a view to keeping his medical skills as a GP up to date. Dr Sundaresan sat in and observed Dr C's Friday morning clinics during that time. The Tribunal acknowledged Dr Sundaresan's evidence, that he had volunteered to help the GP practice during Covid-19 but had been unable to do so due to strict Covid-19 restrictions.

70. The Tribunal acknowledged that Dr Sundaresan had attended a number of courses. However, the Tribunal has already determined that none of the courses undertaken specifically addressed Dr Sundaresan's dishonesty.

71. The Tribunal noted that Dr Sundaresan has been heavily involved in the creation of a health app. Although the work he has undertaken in relation to the app is not akin to practising medicine it is in alignment with the medical profession. However, the Tribunal was of the view that this line of work is insufficient to keep Dr Sundaresan's medical knowledge and skills up to date.

72. The Tribunal was satisfied that Dr Sundaresan is aware, in the event that he is restored to the Medical Register, of the steps he would need to complete before he could resume practise as a GP. The Tribunal was mindful that it has to be satisfied that Dr Sundaresan can return to unrestricted practise as it does not have the power to impose restrictions upon him. The Tribunal noted that Dr Sundaresan has been out of clinical practice for a significant period of time, and it would require considerably more evidence from him to demonstrate that his skills and medical knowledge were sufficiently up to date, and to a standard that was considered safe and acceptable to return to unrestricted practice.

73. Overall, the Tribunal took the view that Dr Sundaresan had not demonstrated that he had taken sufficient steps to maintain and improve his medical knowledge and skills since his erasure in 2014.

#### The lapse of time since erasure

74. Dr Sundaresan was erased from the Medical Register in 2014. The Tribunal acknowledged that 8 years out of practice is a particularly long period of time, without access to patients. Given that this Tribunal has determined that Dr Sundaresan has failed to demonstrate that he has kept his medical skills and knowledge up to date it was not satisfied that Dr Sundaresan has demonstrated that he is fit to return to unrestricted practice.

#### Whether restoration will meet the statutory overarching objective

75. Having made the above findings, the Tribunal had regard to the statutory overarching objective. The Tribunal carefully balanced its findings against whether restoring Dr Sundaresan to the Medical Register will meet the overarching objective, considering each limb in turn.

#### Protecting, promoting, and maintaining the health, safety, and well-being of the public

76. The Tribunal was mindful of the serious findings that led to Dr Sundaresan’s erasure in 2014. For the reasons it has already set out, the Tribunal concluded that Dr Sundaresan has not provided sufficient evidence that he has maintained his medical knowledge and skills. As a consequence, the Tribunal determined that there would be risk to patient safety if Dr Sundaresan were permitted to return to the register unrestricted. In these circumstances, the Tribunal concluded that restoration to the register would undermine, rather than protect, promote, and maintain the health, safety, and well-being of the public.

Promote and maintain public confidence in the profession

77. In relation to the second limb of the overarching objective the Tribunal took the view that public confidence in the profession would be seriously undermined by the restoration of Dr Sundaresan into unrestricted practice at this time. In reaching this conclusion the Tribunal took into account the limited evidence of insight and remediation, within the context of a persistent and serious course of dishonest conduct. The Tribunal took the view that a well-informed member of the public would be concerned to learn that a doctor who had potentially compromised the health and well-being of a large number of patients was permitted to return to the register unrestricted, despite an inadequate level of insight and remediation. There would also be a concern about a return to unrestricted practice due to Dr Sundaresan’s loss of skills and knowledge which has not been sufficiently addressed.

Promote and maintain professional standards and conduct

78. 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 Sundaresan’s insufficient insight and inadequate remediation of his convictions, that restoring him to the Register would be inconsistent with promoting and maintaining professional standards of conduct in the profession. The Tribunal also concluded that Dr Sundaresan has not demonstrated that he has kept his medical knowledge and skills up to date, and to an acceptable standard to practise unrestricted.

Conclusion

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

80. This concludes the case.