PUBLIC RECORD

Dates: 23/11/2020 - 25/11/2020

Medical Practitioner's name:	Dr Velmurugan Kuppuswamy
GMC reference number:	5208761
Primary medical qualification:	MB BS 1996 Tamil Nadu Dr MGR Med University

Type of case
Restoration following disciplinary erasure

Summary of outcome
Restoration application granted. Restore to Medical Register.

Tribunal:

Legally Qualified Chair	Ms Louise Sweet QC
Lay Tribunal Member:	Dr Louise Crabtree
Medical Tribunal Member:	Dr Farah Yusuf

Tribunal Clerk:	Ms Chloe Ainsworth

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ceri Widdett, 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 the restoration application - 25/11/2020

1. This Tribunal has convened to consider Dr Kuppuswamy's application for his name to be restored to the Medical Register in accordance with Section 41 of the Medical Act (1983) ('the Act') and Rule 24 of the General Medical Council's (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). This is Dr Kuppuswamy's first restoration application.

Background

2. The case involved a number of lies told to gain advantage in Dr Kuppuswamy's training.

3. In March 2008, Dr Kuppuswamy submitted a ST3 application in Cardiology to the East of England Deanery ('the Deanery'), which declared that he had submitted his thesis towards his MD, when he had not.

4. Dr Kuppuswamy's annual review of competency progression ('ARCP') interview with the Deanery took place in August 2009. For that Dr Kuppuswamy provided a CV, in which he claimed to have obtained Membership of the Royal Colleges of Physicians ('MRCP') in 2007. In fact, he had not passed the PACES exam, a precondition for the award of MRCP.

5. During the ARCP, when questioned, Dr Kuppuswamy stated that he had failed PACES once. Dr Kuppuswamy had actually failed PACES four times. As regards the thesis, Dr Kuppuswamy told the interviewers he was in the process of "revising" his thesis, or words to that effect. However, the thesis was not yet complete, it had never been submitted and so therefore could not be in the process of revision.

6. This course of conduct formed the basis of the Allegation, which was considered by a fitness to practise panel in March 2011 ('the March 2011 Panel'). Dr Kuppuswamy was present and self-represented.

The March 2011 Panel

7. At the outset of the 2011 hearing, Dr Kuppuswamy admitted the Allegation in its entirety. However, during his oral evidence, Dr Kuppuswamy contradicted his admissions. This led the 2011 Panel to be concerned that Dr Kuppuswamy did not understand his admissions or the implications of them and, at Dr Kuppuswamy's request, determined to adjourn so that he might obtain legal representation.

The September 2011 Panel

8. A newly constituted panel convened to hear Dr Kuppuswamy's case at a fitness to practise hearing in September 2011 ('the September 2011 Panel'). Dr Kuppuswamy had not been able to obtain legal representation since his previous hearing and made another application to adjourn the hearing so that he might have further time to obtain this. The September 2011 Panel noted that the incidents in question occurred in March 2008 and August 2009 and that almost six months had elapsed since the original March 2011 Panel. The September 2011 Panel determined that a further adjournment would not be in the public interest or fair to the GMC. The September 2011 Panel determined to refuse Dr Kuppuswamy's application to adjourn the hearing.

9. At the outset of the September 2011 hearing, Dr Kuppuswamy again admitted the entirety of the Allegation. Two of those allegations were admissions that reflected his subsequent oral evidence. Two were not and had to considered by the September 2011 Panel at the facts stage.

10. The September 2011 Panel considered that Dr Kuppuswamy had properly admitted that on or around 17 March 2008, he submitted an application form for a ST3 post in Cardiology within the Deanery in which he dishonestly stated that he had submitted his MD thesis; and that he had admitted that during the course of the ARCP interview with the Deanery, Dr Kuppuswamy dishonestly stated that he was in the process of revising his MD thesis.

11. At the conclusion of the facts stage of the hearing, the September 2011 Panel found proved that Dr Kuppuswamy submitted his CV for use in a Deanery ARCP interview on 20 August 2009, which dishonestly stated that he had gained his MRCP in 2007. Secondly, it

found proved that during the course of the interview, Dr Kuppuswamy dishonestly stated that he had taken the PACES exam on just one occasion.

12. As the September 2011 Panel was unable to conclude Dr Kuppuswamy's case within the allocated time, it adjourned part-heard and reconvened in January 2012 ('the 2012 Panel'). Dr Kuppuswamy was not present and was not represented at the January 2012 hearing.

The 2012 Panel

13. The 2012 Panel determined that notice had been served on Dr Kuppuswamy and determined to proceed to the impairment stage in his absence. The 2012 Panel was of the view that Dr Kuppuswamy's actions demonstrated a pattern of serious departures from Good Medical Practice ('GMP') and from the fundamental duty for a doctor to be honest and trustworthy. It found that Dr Kuppuswamy's fitness to practise was impaired by reason of his misconduct. Further, the Tribunal determined that it had received little evidence that Dr Kuppuswamy had insight into his conduct. He had not acknowledged his serious departure from proper professional standards. It noted that Dr Kuppuswamy maintained his dishonest accounts and intimated that it was the witness who had acted misleadingly. The 2012 Panel determined that Dr Kuppuswamy's fitness to practise was impaired by reason of his misconduct.

14. The 2012 Panel determined to erase Dr Kuppuswamy's name from the medical register. It considered that Dr Kuppuswamy had failed to demonstrate insight into the serious nature of his departure from the standards set out in GMP. The 2012 Panel determined that in the absence of genuine acknowledgement of fault and an appropriate depth of insight into his misconduct, it was concerned that Dr Kuppuswamy would repeat his dishonest behaviour in future. It determined that his breaches of the principles of GMP and his persistent lack of insight were fundamentally incompatible with his continuing registration.

November 2020 Restoration Hearing

15. This Tribunal has considered Dr Kuppuswamy's application to be restored to the medical register under Rule 24 of the Rules after being erased by the 2012 Panel by reason of misconduct.

The Evidence

16. The Tribunal received documentary evidence from the GMC and Dr Kuppuswamy, including:

- Dr Kuppuswamy's application for restoration;
- The determinations from the September 2011 Panel;
- The determinations from the January 2012 Panel;
- Hearing transcripts, dated from March 2011, September 2011 and January 2012;
- Testimonials from colleagues and patients, dated various;
- Screenshots of Dr Kuppuswamy's YouTube channel 'The Truth';
- Screenshots of Dr Kuppuswamy's medical consultation app "MyDr";
- Newspaper article referring to the "community fridge" dated August 2018;
- 'The Covid 19 Code-Cracked-WHO can Save the World' from the International Journal of Innovative Science and Research Technology, dated 8 August 2020;
- Polypill in Cardiovascular Disease: Current Evidence and Future Promises (Textbook chapter published 2013);
- Certificate of Good Standing.

17. Dr Kuppuswamy gave oral evidence on the first day of the hearing.

18. During the course of his submissions, on the second day of the hearing, Dr Kuppuswamy applied to admit further a reference, dated 21 May 2020, into evidence under Rule 34(1) of the Rules. Ms Widdett, on behalf of the GMC, did not oppose the inclusion of this document, but submitted that she would make further comments about what weight should be attached to it during her submissions. The Tribunal noted that this evidence should have been provided at an earlier stage of the hearing but was mindful that Dr Kuppuswamy was not legally represented. It was also relevant to the issues raised. Therefore, the Tribunal admitted the document into evidence.

Submissions

Submissions on behalf of the GMC

19. Ms Widdett, opposed Dr Kuppuswamy's application to be restored to the medical register. Throughout her submissions she referred the Tribunal to the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* ('the Guidance'). Ms Widdett reminded the Tribunal that the burden rests on Dr Kuppuswamy to satisfy it that he is fit to return to unrestricted practice.

20. Ms Widdett submitted that Dr Kuppuswamy has previously made admissions with a lack of insight so the Tribunal should consider carefully whether Dr Kuppuswamy's current insight is genuine. She submitted that Dr Kuppuswamy has shown remorse and apologised for his actions, however, she submitted that the apologies have been made over eight years after the events took place and this reduces their value.

21. Ms Widdett accepted that Dr Kuppuswamy had been mentored by colleagues when first medically employed when he returned to India post his erasure. She accepted Dr Kuppuswamy's evidence was that he completed the GMC ethics course online early on but noted that he has not been able to find a relevant ethics course to attend in India since. She submitted that the Tribunal should question the credibility of his evidence that there was no other course available to him. Ms Widdett submitted that whilst it is Dr Kuppuswamy's evidence that he is working in a medical capacity in his own hospital in India, there is a complete lack of independent evidence in relation to the nature of his employment after 2014 in the documents provided. She accepted that the most recent document from Dr A, dated 21 May 2020, dealt with this but she stated she had been unable cross-examine upon it due to its late submission, it does not say in what capacity the author, Dr A, worked with Dr Kuppuswamy. She submitted Dr A is an orthopaedic surgeon and Dr Kuppuswamy works in a cardiac hospital. She asked the Tribunal to place little weight upon it.

22. Ms Widdett submitted that it can be difficult for doctors to demonstrate remediation, particularly in cases involving dishonesty. Ms Widdett submitted that it is difficult to determine if Dr Kuppuswamy is likely to repeat his actions due to the lack of measurable evidence. She submitted that this is not a case in which the background circumstances are unique and unlikely to arise again. When questioned on how he would act differently in the future, Dr Kuppuswamy appeared to miss the point of the question, for example instead of saying by asking for help, he simply responded to the question by saying that he would not repeat his actions.

23. Ms Widdett accepted that there was no issue about the clinical competence or skill of Dr Kuppuswamy. Ms Widdett noted that Dr Kuppuswamy authored an article on Covid-19 and wrote a chapter in a medical textbook. However, as he is practising in India, there is no evidence of appraisals or his work being peer reviewed.

24. Ms Widdett submitted that, during his oral evidence, Dr Kuppuswamy tended to minimise his misconduct, referring to it as a *'one-off aberration'*. She submitted that he also focused on the consequences on himself rather than on his colleagues or the medical profession as a whole.

25. Furthermore, Ms Widdett submitted that the statements made do not have any measurable evidence of insight or remediation.

Dr Kuppuswamy's Submissions

26. Dr Kuppuswamy accepted that his application for the ST3 position in Cardiology was based on *'outright lie'.* He stated that he *'cheated'* on his application, his CV and at his ARCP interview. Dr Kuppuswamy submitted that he now takes complete responsibility for all his dishonesty. He submitted that he does not seek to minimise his actions and that he knows he made a grave mistake. He submitted that during his evidence, he explicitly stated the extent of his dishonesty and that he has *'owned up to it'* and in no way has sought to blame anyone but himself.

27. Dr Kuppuswamy submitted that in his oral evidence, he apologised to this Tribunal, the previous panels, his previous supervisors (including Dr B), and the unknown colleague, from whom he *'stole'* the ST3 position in Cardiology by dishonestly taking the place. Dr Kuppuswamy submitted that he disagreed with Ms Widdett's submissions that he has focused on the consequences for himself. He submitted that there were personal consequences that he could have elaborated on, but he did not. He accepted the wider consequences of his actions when he was asked this question in cross examination: to the Deanery, the colleague who lost out and of the wider implications to public confidence in doctors.

28. Dr Kuppuswamy explained that insight is to '*understand why he did what he did, what he could have done differently and the other consequences of his actions*' and he submitted he had achieved insight. He submitted he recognised that he lied on his application due to ambition and greed. He stated that being erased from the medical register caused a *'revelation'* in his life and has made him re-examine how he represents truth in his life more broadly. Dr Kuppuswamy submitted that the incident has caused a reset in his personality and how he approaches the truth. This now permeated every aspect of his life.

29. He submitted that he has shown remorse and recognised the detrimental impact dishonesty can have on the public trust in the profession. Furthermore, Dr Kuppuswamy submitted that he has acknowledged the consequences to the colleague, who he stole the ST3 position in Cardiology from through his dishonesty.

30. Dr Kuppuswamy referred the Tribunal to the letter sent to the Deanery, date stamped June 2010, in which he states that he regrets that his words and actions were misleading and apologises for his conduct.

31. Dr Kuppuswamy stated that he has produced evidence of a continuous work pattern in a similar environment to where his misconduct had taken place. In relation to the reference document, dated 21 May 2020, which was admitted into evidence during his submissions, Dr Kuppuswamy submitted that the reference is current and relevant. He submitted that it is from Dr A, a registered orthopaedic surgeon, and that he works at two hospitals, including one where Dr Kuppuswamy practises. Dr Kuppuswamy submitted that he has helped Dr A to closely manage the care of a number of his patients with cardiac issues. He noted the reference states clearly, they have worked together for over 5 years. Dr Kuppuswamy submitted that this reference also describes him as a compassionate doctor who is *'is very honest with unwavering integrity'* who '*is always inclined to serve the poor'* and is '*one of the few doctors in the country'* who avoids sponsored lectures and branded medicine.

32. Dr Kuppuswamy submitted in his oral evidence that this reference, his other references and the other documents provide measurable and supportive evidence that he was a changed man who believed in integrity and truth and lived by the truth in every aspect of his life, personally and professionally. He asked the tribunal to note the article that referred to Dr Kuppuswamy's provision of a community fridge to a hospital in India in 2018 which was also intended to serve the health needs of the poor.

33. Dr Kuppuswamy submitted that he has shown that whilst being medically employed in India, he has continued to be inspired by NHS practices such as only prescribing generic drugs and the regulation provided by the GMC to the profession.

34. Referring to the Guidance, Dr Kuppuswamy submitted that examples of remediation can take many forms not merely courses and training. He submitted that after his dishonesty, he passed PACES and was awarded MRCP, in PACES there is a station testing ethics and communication, which he had to complete in order to pass. Dr Kuppuswamy stated since his dishonesty, he completed a GMC online ethics course, but no certificate was issued following the course. Post erasure, he has been upfront with his prospective employers regarding his erasure from the UK medical register, including providing them with the MPTS judgment. After Dr Kuppuswamy was offered a job at the Frontier Lifeline Hospital (Heart Foundation) in 2012, he was mentored by Dr F.

35. Dr Kuppuswamy referred the Tribunal to numerous patient testimonials in the bundle, which he submitted was measurable evidence of his continued good practice. He submitted that should any of his colleagues have been concerned about his practice then they would have reported him to the Tamil Nadu Medical Council. However, he submitted this is not the case, as he has been able to provide the Tribunal with a valid certificate of good standing as an overseas practitioner. Dr Kuppuswamy submitted there were no incidents before, there

have been no incidents since and there was no risk of him repeating his misconduct in the future.

Relevant Legal Principles

36. This is an application for restoration to the register under section 41 of the Act. Section 41 (3A) provides that where an application is referred by the registrar to the MPTS it shall be determined by a Medical Practitioners Tribunal. Section 41 (12) provides that in exercising its function under this section, the Tribunal must have regard to the overarching objective.

37. The Tribunal bore in mind the legal advice provided by the legally qualified chair, in particular in relation to the test 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.'* The Tribunal noted that the burden is on Dr Kuppuswamy to satisfy the Tribunal that he is fit to return to unrestricted practice.

38. In its approach, and in accordance with the above legal principles, the Tribunal exercised its own judgement having regard to all the oral and documentary evidence presented to it, as well as the submissions made by Ms Widdett, on behalf of the GMC, and those made by Dr Kuppuswamy.

The Tribunal's Decision

39. Throughout its consideration of Dr Kuppuswamy's application for restoration, the Tribunal bore in mind the Guidance. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Ms Widdett, on behalf of the GMC, and the evidence and comments made by Dr Kuppuswamy in support of his application.

40. In determining the application, the Tribunal noted that if it were to grant Dr Kuppuswamy's return to practice, it could not impose any restrictions on his registration. In making its decision, the Tribunal considered the following factors:

- the circumstances that led to disciplinary erasure;
- insight and remorse;
- remediation and risk or repetition;
- whether restoration would satisfy the three limbs of overarching objective.

The circumstances that led to disciplinary erasure

41. The Tribunal considered the background of this case, including the determinations of the September 2011 Panel, the 2012 Panel and the transcripts of the previous hearings.

42. The Tribunal first considered the circumstances that led to Dr Kuppuswamy's erasure, namely his misconduct. The Tribunal noted that the 2012 Panel found that Dr Kuppuswamy's actions were a fundamental breach of three areas of GMP including a fundamental tenet of probity and honesty. The 2012 Panel found that Dr Kuppuswamy failed to demonstrate insight into his actions and that the documents he provided at the hearing, considered with his oral evidence, did not demonstrate a genuine acknowledgement of wrongdoing nor acknowledge the impact of his wrongdoing on a colleague, who lost a competitive position to him. It arrived at the conclusion that due to the seriousness of the misconduct and his lack of insight, there was a risk of that Dr Kuppuswamy would repeat his actions in the future and that his dishonesty combined with his consistent lack of insight led the tribunal to conclude that Dr Kuppuswamy's actions were fundamentally incompatible with continued registration.

43. The Tribunal noted that Dr Kuppuswamy had been erased from the medical register due to a dishonest course of conduct, involving several lies told between March 2008 and August 2009, made in order to advance his career. The Tribunal considered that Dr Kuppuswamy's actions were so serious that the 2012 Panel determined to erase Dr Kuppuswamy from the medical register.

Insight and remorse

44. In considering Dr Kuppuswamy's insight today the Tribunal found considerable change. The Tribunal found Dr Kuppuswamy's oral evidence to be compelling, heartfelt and genuine. It noted that at Dr Kuppuswamy's previous hearings, his expressions of regret were directed inwards, defending his actions with excuses such as typos, computer crashes and stress in the interview. The Tribunal determined that he has moved on considerably from this behaviour, noting that his oral evidence presented a straight-forward admission of fault, acknowledging that he had lied, cheated and robbed a colleague of a career defining opportunity. The Tribunal noted he acknowledged fully his misconduct and did so without blaming anyone but himself stating *'Nothing pushed me ….There is no reason….I lied and I cheated… It was ambition….But lie and cheating is no way to get on'.*

45. The Tribunal considered Ms Widdett's submissions that Dr Kuppuswamy was minimising his misconduct. Whilst it accepted that this appeared to be the case at his

previous hearings, it considered that Dr Kuppuswamy's oral evidence demonstrated that he has since significantly developed his insight and was not of the view that he was minimising his misconduct at this hearing.

46. The Tribunal had regard to the following area 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 (…)'*

47. The Tribunal noted that in his oral evidence, Dr Kuppuswamy stated that his *'ambition and greed got in the way of honesty'* and wholeheartedly accepted that he should have acted differently. It accepted as genuine his apologies to the people impacted by his dishonesty, such as Dr B and the unidentified colleague, who lost the ST3 position to him.

48. The Tribunal noted that when asked what his approach would be when faced with similar problems in the future, Dr Kuppuswamy responded that since his erasure, he has been open and honest about his misconduct. Dr Kuppuswamy stated that when he applied for his post with Frontier Lifeline Hospital in 2012, he informed them about the GMC findings. The Tribunal noted that was his first post after the erasure. This Tribunal noted that his evidence was also supported by the testimonial of Dr F, dated 7 November 2020:

> *'He was honest and open to us on the day of his interview, and revealed about what happened with the GMC in 2012, including the allegations against him the enquiry, and his subsequent GMC erasure. He has also submitted his GMC paper to our Human Resources Department. This was a demonstration of insight and remorse of all the events leading to the GMC erasure.'*

49. The Tribunal noted Dr Kuppuswamy's oral evidence that he was previously greedy and impatient and has now embraced truthful conduct in all aspects of his life: *'I don't just want to tell the truth, I want to be the truth'*. He supported this statement with examples of medical procedures he avoids where he considers the evidence suggests that they may be used for profit rather than the good of the patient. Whilst the Tribunal was unable to explore the medical validity of any individual claims in any detail, it accepted that Dr Kuppuswamy was demonstrating integrity in his medical practice when coupled with the other evidence before the Tribunal dealt with below.

50. The Tribunal considered it clear that Dr Kuppuswamy has now demonstrated clear insight into his misconduct and the impact of his actions on the public confidence and on the upholding of proper standards in the medical profession. It was satisfied that Dr Kuppuswamy has accepted full responsibility for his actions, had reflected deeply on the reasons for his dishonesty and that he has sought to redress his misconduct by living a life guided by both personal and professional integrity.

Remediation and risk of repetition

51. When considering remediation and risk of repetition, the Tribunal had regard to the following paragraph of the Guidance:

> *'B16 When assessing remediation in restoration cases, the tribunal should consider the following questions:*
>
> - *Are the previous findings/any new concerns about the doctor's behaviour, skills, performance or health remediable?*
> - *Have the findings about the doctor's behaviour, skills, performance or health been remedied?*
> - *Are the previous findings about the doctor's behaviour, skills, or performance likely to be repeated?'*

52. The Tribunal considered that Dr Kuppuswamy's course of dishonesty occurred whilst he was in a junior position and still in training. It noted that there is no suggestion of dishonesty being a deep-seated character trait and that there have been no further concerns regarding his probity prior to or following erasure. Furthermore, it noted that there has been a significant lapse of time, it is now eight years since the erasure and more since his

misconduct in 2009. This time has allowed mature reflection on his dishonesty and to remediate.

53. The Tribunal considered whether Dr Kuppuswamy has remedied the concerns regarding his probity. It determined that whilst it was potentially open to him to attend more courses, ethics courses or training are not the only route to remediation. The Tribunal considered evidence of integrity and honesty as well as evidence of restoration of the public confidence in him and the medical profession was an important aspect of this case.

54. The Tribunal noted that it has received examples supporting Dr Kuppuswamy's oral evidence of his change of behaviour and values, as to how he has altered his practice to place probity and integrity as his focus and sought to remediate his misconduct:

a) Reduce his use of unnecessary procedures,
b) "MyDr" App developed to provide low cost consultations for people unable to afford medical care and receive a prescription to use at a local pharmacy,
c) YouTube channel created to educate the public about symptoms so that they may avoid *'medical disinformation'* and better receive appropriate treatment,
d) A WhatsApp group developed to share ideas for patient care amongst a cross section of medical professionals,
e) Being a doctor who avoided paid lectures by pharmaceutical companies,
f) Prescribing generic medicine for patients to provide the best medicine without regard to personal renumeration,
g) Introduction of a community fridge designed to support health in the poor and
h) Teaching paramedics, medical students and postgraduate medical students at his place of work (as per the testimonial of Dr D, dated 21 October 2020).

55. The Tribunal also noted the numerous testimonials provided which spoke highly of his skill, his care and his level of compassion. For example, the Tribunal had sight of a testimonial from Dr E (a retired doctor), dated 26 October 2020:

> *'His aim is to help the patient. Save the patient. Immense motto.*
>
> *Every patient he sees is completely benefitted by the knowledge and experience of Dr Velmurugan Kuppuswamy. A Doctor with a humanitarian heart and a noble aim.*
>
> *The whole medical world is blessing him with a true heart. His best service is excellent and useful to the human kind.'*

56. The Tribunal also had sight of a testimonial, as mentioned, from Dr F, dated 7 November 2020, in which he confirms that Dr Kuppuswamy was *'open and honest'* about the GMC hearing, supporting his oral evidence.

57. There were numerous patient testimonials and positive feedback in support of his care and skills.

58. The Tribunal determined that Dr Kuppuswamy's actions since his erasure have sought to address his misconduct by improving the public confidence in him and in the medical profession as a whole. In all the circumstances, the Tribunal determined that Dr Kuppuswamy has sufficiently remediated his misconduct.

59. The Tribunal considered whether the previous findings about Dr Kuppuswamy's behaviour are likely to be repeated. It noted his own assessment, given in his oral evidence, were that the chances of him repeating the actions '*are non-existent*'.

60. The Tribunal noted that eight years have elapsed since Dr Kuppuswamy was erased from the medical register. It noted that he has been employed throughout that time in a similar medical capacity in India and it had sight of a certificate of good standing from the Tamil Nadu Medical Council which confirmed there have been no further issues regarding his behaviour.

61. Furthermore, the Tribunal noted that it has been provided with references from colleagues covering the period 2013 to 2020. Taking into account all of the above and Dr Kuppuswamy's evidence of remediation and insight, the Tribunal determined that the risk of repetition is low.

62. The Tribunal considered the steps that Dr Kuppuswamy has taken to keep his medical knowledge and skills up to date. There has been no criticism of his skill or competence. There was no direct threat to patient safety suggested. The Tribunal bore in mind that Dr Kuppuswamy was unable to provide formal appraisal and revalidation evidence that might be similar to the GMC revalidation process due to him working in India and it made allowance for that. The Tribunal was satisfied that the evidence available to it from Dr Kuppuswamy's period of working in India (set out above) was positive and meant that Dr Kuppuswamy has been in clinical practice over the course of the last eight years. It noted Dr Kuppuswamy now runs his own cardiac hospital. Furthermore, Dr Kuppuswamy has published an article on Covid-19 and a chapter in a medical textbook. The Tribunal accepted Dr Kuppuswamy's medical capabilities are not in question and was satisfied that his recent experience provides

a sound clinical basis for a safe return to unrestricted practice should it determine that granting Dr Kuppuswamy's application for registration meets the overarching objective.

Whether restoration would satisfy the three limbs of overarching objective

63. Having considered the specific concerns about Dr Kuppuswamy's erasure and the factors set out above, the Tribunal went on to determine whether Dr Kuppuswamy is fit to practise and be restored to the medical register. The Tribunal carefully balanced its findings against whether restoring Dr Kuppuswamy to the medical register will meet the overarching objective. It noted paragraphs B35 to B50 of the Guidance and in particular paragraphs B35 and B36:

> *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.*
>
> *B36 The overarching objective reflects the purpose of the professional regulation of doctors which is to protect the public. Tribunals must act in a way that:*
>
> > *a protects, promotes and maintains the health, safety and well-being of the public*
> >
> > *b promotes and maintains public confidence in the profession, and*
> >
> > *c promotes and maintains proper professional standards and conduct for members of the profession.*

64. The Tribunal noted it is primarily limbs two and three of the overarching objective that are engaged in this case.

65. As regards limb one, the Tribunal has already noted that Dr Kuppuswamy has been in continued practice and kept his skills and knowledge up to date. His clinical skills are highly regarded by his colleagues and patients as evidenced by the testimonials and feedback provided.

66. The Tribunal went on to consider if Dr Kuppuswamy's dishonesty was such that it remained capable of undermining public trust. It took into account the misconduct took place in 2009 and it was now eight years since his erasure. He had participated in a GMC online

ethics course after his misconduct. The Tribunal also noted that Dr Kuppuswamy relocated to India to work and had been open and honest about his dishonesty when applying for a new post. It accepted his evidence that since his erasure he sought to live a truthful life in all respects.

67. The Tribunal was of the view that Dr Kuppuswamy has taken sufficient steps to restore public confidence in him and the profession as a whole with his own practice improving access to healthcare, standards of healthcare and patient outcomes (those set out paragraph 54a-g).

68. Other doctors in testimonials have said these matters help patient care, particularly of the poor and have an obvious positive impact upon patient and wider public confidence. For example:

69. Dr F, who offered Dr Kuppuswamy his first post in cardiac medicine, after his erasure talked of his openness and honesty and commitment to his patients, he notes his compassion often leads him to seeing patients out of hours.

70. Dr D has known Dr Kuppuswamy for many years and is part of his WhatsApp teaching forum of mutually supportive professionals. He provided a testimonial dated 21 October 2020 and was convinced *'that he fully understands the three GMC domains of GMP and I am satisfied to support his app to restore his GMC reg'*.

71. Dr A, in a reference dated 21 May 2020, described Dr Kuppuswamy as a man of '*unwavering integrity…reliable with compassion…always inclined to serve the poor'*.

72. The Tribunal was satisfied with the process Dr Kuppuswamy has undergone and the progress he has made since his erasure, he would maintain proper professional standards. It was satisfied there was sound evidence of integrity and it would be appropriate to admit him to register without any professional standard concerns.

Conclusion on Restoration

73. In all the circumstances, the Tribunal was ultimately satisfied that an ordinary, well informed member of the public who was aware of all of the facts would not be concerned to learn that Dr Kuppuswamy had been allowed to return to practise.

74. The Tribunal therefore determined that restoring Dr Kuppuswamy's name to the medical register demonstrated that it was acting in a way that promotes and maintains public

confidence in the profession and maintains professional standards and conduct for members of the profession.

75. In conclusion, the Tribunal was satisfied that Dr Kuppuswamy was a fit and proper person to be restored to the medical register. Accordingly, it determined to direct that his name be restored to the medical register.

Confirmed
Date 25 November 2020 Ms Louise Sweet QC, Chair