Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Medical Practitioner’s name: Dr Kalyana SARIPALLI

GMC reference number: 6046340
Primary medical qualification: MB BS 2000 University of Pune

Type of case Review
Outcome on impairment
XXX
XXX
Impaired

Summary of outcome
Conditions

Tribunal:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Legally Qualified Chair</td>
<td>Miss Nicola Murphy</td>
</tr>
<tr>
<td>Lay Tribunal Member:</td>
<td>Mr Philip Geering</td>
</tr>
<tr>
<td>Medical Tribunal Member:</td>
<td>Professor Sarah Hull</td>
</tr>
<tr>
<td>Tribunal Clerk:</td>
<td>Ms Jeanette Close</td>
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</tbody>
</table>

Attendance and Representation:

<table>
<thead>
<tr>
<th>Role</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Medical Practitioner:</td>
<td>Not present and not represented</td>
</tr>
<tr>
<td>Medical Practitioner’s Representative:</td>
<td>N/A</td>
</tr>
<tr>
<td>GMC Representative:</td>
<td>Mr Michael Blakey, Counsel</td>
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</tbody>
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Attendance of Press / Public

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

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

Determination on Impairment - 27/09/2019

1. The Tribunal agreed, in accordance with Rule 41XXX of the General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended (‘the Rules’), that the hearing should be heard in private as matters to be considered relate to XXX. However, as this case also concerns Dr Saripalli’s misconduct, a redacted version of this determination will be produced.

Background

2. The Tribunal has been informed of the background of Dr Saripalli’s case which was first considered by a Medical Practitioners Tribunal in July/August 2016 (the 2016 Tribunal).

The 2016 Tribunal

3. The 2016 Tribunal found that Dr Saripalli had harassed two female colleagues whilst working as a Senior House Officer at Guy’s and St Thomas’ NHS Trust, and one female colleague whilst working at Stoke Mandeville Hospital in the Accident and Emergency Department. That Tribunal found that Dr Saripalli had sent text messages and made inappropriate comments.

4. XXX

5. The 2016 Tribunal found that Dr Saripalli’s behaviour towards his colleagues was sexually motivated; that it portrayed an element of coercion and unwarranted persistence and was such as to bring the medical profession into disrepute. It found that Dr Saripalli had only recently developed limited insight into his misconduct. It noted that he had provided no documentary evidence to demonstrate he had addressed his failings with relevant training. As such the 2016 Tribunal was concerned that Dr Saripalli may repeat his actions in the future.

6. XXX
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7. It concluded that a finding of impairment by reason of both his misconduct and XXX was necessary to declare and uphold proper standards, and to maintain public confidence in the profession.

8. The 2016 Tribunal determined to suspend Dr Saripalli’s registration for 12 months. It considered that this sanction would both promote and maintain public confidence in the profession, declare and uphold proper standards of conduct and provide Dr Saripalli with an opportunity to remEDIATE.

9. Dr Saripalli’s case was reviewed in August/September 2017 (the 2017 Tribunal).

The 2017 Tribunal

10. XXX

11. XXX

12. XXX

13. XXX

14. The 2017 Tribunal accepted that Dr Saripalli had been working clinically in India and it had no evidence of any further complaints since the events considered by the 2016 Tribunal. It noted the positive feedback he had received from colleagues. It also had regard to the reflective statement provided by Dr Saripalli and his oral evidence. The 2017 Tribunal was satisfied that Dr Saripalli had demonstrated genuine remorse, that his insight into his behaviour had increased significantly and that he had a greater understanding of the gravity of his behaviour. Further, it was satisfied that he had a good understanding of the impact of his behaviour on the public’s confidence in the profession and he had a genuine determination not to repeat such behaviour. That Tribunal considered that Dr Saripalli had worked hard to ensure that his relationships with female colleagues at work were appropriate.

15. However the 2017 Tribunal was concerned that in the event of XXX there would be a significant risk of repetition of his misconduct. In the circumstances, the Tribunal concluded that XXX were linked to his misconduct XXX. The Tribunal therefore determined that Dr Saripalli’s fitness to practise remained impaired by reason of his misconduct.

16. The 2017 Tribunal considered that the risk XXX could be managed appropriately with conditions. It therefore determined that placing conditions on Dr Saripalli’s registration for a period of 12 months was an appropriate, necessary
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and proportionate sanction which would adequately uphold and maintain proper professional standards, protect patient safety and uphold the wider public interest.

17. The 2017 Tribunal also directed that a review hearing take place shortly before the end of the period of conditions.

The 2018 Tribunal

18. XXX

19. XXX

20. XXX

Misconduct

21. The 2018 Tribunal accepted that Dr Saripalli had also developed some insight into his misconduct and that he understood the gravity and impact his behaviour had had on others. It noted that there was no evidence to suggest any repeat of his misconduct.

22. Whilst the 2018 Tribunal accepted that although Dr Saripalli had genuine acceptance of the issues before it, his insight and remediation was not yet complete and that he would benefit from XXX and attendance on courses e.g. working with colleagues to further develop his insight.

23. The 2018 Tribunal considered that the issues Dr Saripalli faced were remediable and that Dr Saripalli had the motivation and the potential necessary to respond positively and to address the concerns constructively.

24. It was satisfied that Dr Saripalli had developed some insight into his misconduct XXX and that there was no evidence of any repeated misconduct XXX.

25. The 2018 Tribunal determined that Dr Saripalli’s misconduct was inextricably linked to XXX. In light of its determination XXX, it concluded that the risk of recurrence of misconduct also remained whilst Dr Saripalli’s insight was incomplete.

26. The 2018 Tribunal imposed a further period of conditions on Dr Saripalli’s registration for 12 months and directed a review before the end of the period of conditions.

Today’s Review Hearing
27. This Tribunal has today reviewed Dr Saripalli’s case and has considered, in accordance with Rule 22(f) of the Rules, whether his fitness to practise is impaired. In so doing it has considered the submissions made by Mr Michael Blakey, Counsel, on behalf of the GMC.

The Outcome of Applications Made during the Impairment Stage

28. The Tribunal granted the GMC’s application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’). The Tribunal’s full decision on the application is included at Annex A.

Documentary Evidence

29. The Tribunal has taken account of the evidence provided, including but not limited to:

- Record of Determinations of the MPTS hearings from the 2016 Tribunal, the 2017 Tribunal and the 2018 Tribunal;
- Correspondence exchanged between Dr Saripalli and the GMC dated between October 2018 to August 2019;
- XXX
- XXX
- XXX
- Certificates of Attendance at courses by Dr Saripalli;
- XXX.

30. The Tribunal had regard to the series of emails between Dr Saripalli and the GMC, in which Dr Saripalli stated that he had been unsuccessful in obtaining a number of positions within the UK, which he stated was as a result of the conditions imposed on his registration.

31. In an email dated 18 January 2019, to Mr D, Investigation Officer at the GMC, Dr Saripalli made enquiries regarding relinquishing his licence to practise, Dr Saripalli stated:

‘I really wonder how much more time should I give enduring the stress and the objective of accomplishing the conditions set out on my registration by the MPTS determination. In this regard, is relinquishing my license to practise the best way forward?’

32. The Tribunal noted that in his response dated 22 January 2019, Mr D advised Dr Saripalli to contact Registration and Revalidation to obtain advice before making any decision regarding relinquishing his licence to practise.
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33. In an email dated 2 February 2019, Dr Saripalli confirmed that he had relinquished to his licence to practise for the time being, although he was still looking at employment opportunities within the UK.

34. XXX

35. XXX

36. XXX

37. XXX

38. XXX

39. XXX

40. XXX

41. XXX

42. XXX

43. XXX

Submissions

44. On behalf of the GMC, Mr Blakey stated that it was the GMC’s position that Dr Saripalli’s misconduct was inextricably linked with XXX. He further stated that there was still a risk of repetition of past misconduct and although Dr Saripalli’s insight was improving there was still some room for improvement.

45. XXX

46. XXX

47. Mr Blakey stated that Dr Saripalli needs to develop further insight to that he has already gained XXX.

48. Mr Blakey submitted that Dr Saripalli’s fitness to practise remains impaired by reason of his misconduct XXX.

The Relevant Legal Principles
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49. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal’s judgement alone.

50. The Tribunal reminded itself that there is a persuasive burden on the medical practitioner to demonstrate that the concerns of the previous Tribunal have been sufficiently addressed.

51. Throughout its deliberations, the Tribunal bore in mind the need to protect the public. This is the Tribunal’s statutory overarching objective, which includes:

- protecting, promoting and maintaining the health, safety and well-being of the public;
- promoting and maintaining public confidence in the medical profession; and
- promoting and maintaining proper professional standards and conduct for members of that profession.

The Tribunal’s Decision

XXX

52. XXX

53. XXX

54. XXX

55. XXX

56. XXX

Misconduct

57. The Tribunal next considered whether Dr Saripalli’s fitness to practise was impaired by reason of his misconduct.

58. The Tribunal noted that Dr Saripalli had between 7 December 2018 and 18 June 2019 been practicing in the Emergency Department of SRM Institutes for Medical Science in India. It noted the positive testimonial of Dr E, Senior Consultant, Emergency Medical Services, Vadapalani dated 2 July 2019 where he listed Dr Saripalli’s professional responsibilities and clinical experience acquired during his tenure at SRM Institutes for Medical Science. He stated that Dr Saripalli:
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‘Has a pleasant demeanor. He has been sincere and conscientious in performing his duties. His bedside etiquette to the patients have been excellent. He maintains a very cordial relationship with his colleagues. He has good communication skills. He will be an asset to the hospital where he chooses to work. I wish him all success in his present and future endeavors.’

59. The Tribunal also noted the testimonial from Mr F, Senior Manager – HR & Training, at SRM Institutes for Medical Science in an acceptance of resignation letter to Dr Saripalli dated 10 July 2019:

'We would like to take this opportunity to thank you most sincerely for the work you have done in a very professional and sincere manner in the capacity of Registrar – Emergency Medical Services.'

60. The Tribunal recognised that Dr Saripalli had passed the FCEM part 1 in December 2018 and was working towards part 2, and had provided certificates of attendance from various courses to demonstrate that he had kept his medical knowledge up to date whilst practicing in India.

61. The Tribunal noted that despite applying for a number of positions in the UK Dr Saripalli had not been successful in gaining a position and that he now no longer held a license to practice having relinquished it earlier this year.

62. The Tribunal determined that there is a link between XXX and the risk of a repetition of his past misconduct, and whilst Dr Saripalli has made considerable progress XXX.

63. It also determined that because XXX the risk of further misconduct also remained.

64. The Tribunal considered that Dr Saripalli needs XXX and a further period of time to develop his insight to fully demonstrate his understanding of the link between XXX and his misconduct.

65. In the light of this the Tribunal determined that Dr Saripalli’s fitness to practise remains impaired XXX by reason of misconduct.

Determination on Sanction - 27/09/2019

1. This determination will be read in private as it includes reference to XXX. However, as this case also relates to Dr Saripalli’s misconduct, a redacted version of this determination will be published following the conclusion of this hearing with those matters relating to XXX removed.
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2. Having determined that Dr Saripalli’s fitness to practise remains impaired by reason of misconduct XXX, the Tribunal has considered the submission made by Mr Blakey, Counsel on behalf of the General Medical Counsel (GMC), regarding the appropriate sanction if any, that should be imposed on Dr Saripalli’s registration.

3. Mr Blakey submitted that the appropriate sanction in this case was a further period of conditions, similar to those previously imposed.

The Tribunal’s Decision

4. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (February 2018).

5. Throughout its deliberations, the Tribunal considered its overarching objective which is to protect promote and maintain the health, safety and wellbeing of the public, to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct of members of the medical profession. It has borne in mind that although sanctions are not imposed to punish or discipline doctors, they may have a punitive effect. It has had regard to the principle of proportionality and has weighed the interests of the public with those of Dr Saripalli. The Tribunal accepted the legal advice.

No action

6. The Tribunal first considered whether it would be sufficient to conclude Dr Saripalli ‘s case with no action. It determined that taking no action on Dr Saripalli ‘s registration would be inappropriate as this would be insufficient to protect and meet the public interest. It also determined that there are no exceptional circumstances

Conditions

7. The Tribunal then considered whether it would be sufficient to impose conditions on Dr Saripalli ‘s registration. It has borne in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

8. The Tribunal has borne in mind the Sanctions Guidance (SG) and in particular paragraphs 81 and 82, which state when conditions may be appropriate:

'81 Conditions might be most appropriate in cases:
a involving the doctor’s health
b involving issues around the doctor’s performance
c where there is evidence of shortcomings in a specific area or areas of the doctor’s practice
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d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

82 Conditions are likely to be workable where:

a the doctor has insight
b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings
c the tribunal is satisfied the doctor will comply with them
d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.’

9. The Tribunal is satisfied that Dr Saripalli has insight into his misconduct XXX. It has received no evidence of a repeat of his misconduct XXX.

10. The Tribunal accepts XXX that Dr Saripalli is fit to practise with restrictions. It is satisfied that Dr Saripalli has engaged with the conditions that were imposed on his registration and therefore has reason to be confident of his continued compliance.

11. The Tribunal is satisfied that it is sufficient and proportionate weighing the interests of the public with Dr Saripalli’s interests to impose conditions on his registration for a period of 12 months.

12. The following conditions (in their updated April 2019 form) relate to Dr Saripalli’s employment and will be published:

1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a The details of his current post, including:

i his job title

ii his job location

iii his responsible officer (or their nominated deputy)

b the contact details of his employer and any contracting body, including his direct line manager

c any organisation where he has practising privileges and/or admitting rights
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d any training programmes he is in

e of the contact details of any locum agency or out of hours service he is registered with.

2 He must personally ensure the GMC is notified:

a of any post he accepts, before starting it

b that all relevant people have been notified of his conditions, in accordance with condition 6

c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of his posts, practising privileges, or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination

e if he applies for a post outside the UK.

3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.

4 a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).

b He must not work until:

i his responsible officer (or their nominated deputy) has appointed his workplace reporter

ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.

5 He must get the approval of the GMC before working in a non-NHS post or setting.

6 He must personally ensure the following persons are notified of the conditions listed at 1 to 5:

a his responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:
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i his place(s) of work, and any prospective place of work
(at the time of application)

ii all of his contracting bodies and any prospective
contracting body (prior to entering a contract)

iii any organisation where he has, or has applied for,
practising privileges and/or admitting rights (at the time of
application)

iv any locum agency or out of hours service he is registered
with

v if any of the organisations listed at (i to iv) does not have
a responsible officer, he must notify the person with
responsibility for overall clinical governance within that
organisation. If he is unable to identify that person, he must
contact the GMC for advice before working for that organisation.

c his immediate line manager and senior clinician (where there is
one) at his place of work, at least 24 hours before starting work (for
current and new posts, including locum posts).

XXX

13. The Tribunal further directs that shortly before the end of the period of
conditions, Dr Saripalli’s case will be reviewed by a Medical Practitioners’ Tribunal.

14. The Tribunal considers that it would assist the Tribunal reviewing this case for
Dr Saripalli to provide the following:

- XXX
- XXX
- XXX
- XXX
- XXX
- Evidence to show that he has kept his medical knowledge up to date
- A reflective statement to show that he has gained further insight into his
  impairment
- Certificates or other evidence showing that he has undertaken a
course/courses on working with colleagues
- Multi-source feedback from any clinical observations which he undertakes
- Testimonials which may be personal and/or professional
- Any other evidence that he feels will assist the Tribunal in reviewing his case
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15. This list is not exhaustive, Dr Saripalli may not be able to obtain all of the items listed but is encouraged to provide as much quality evidence as he is able.

16. The MPTS will write to Dr Saripalli notifying him of this decision, his right of appeal, and confirming the date on which the conditions become effective if he does not exercise his right of appeal.

17. That concludes this case.

Confirmed
Date 27 September 2019

Mrs Nicola Murphy, Chair
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ANNEX A – 27/09/2019

Service and Proceeding in Absence

Service

1. Dr Saripalli is neither present nor legally represented at this hearing.

2. Mr Blakey provided the Tribunal with a copy of the Medical Practitioners Tribunal Service (MPTS) notice of hearing letter, dated 15 August 2019, which was sent to Dr Saripalli’s registered address and by email.

3. In an email dated 21 August 2019 Dr Saripalli confirmed receipt of the hearing notification and bundle.

4. Mr Blakey stated that in an email dated 24 August 2019, Dr Saripalli confirmed receipt of the hearing notification and the GMC bundle and that he would not be attending the hearing nor did he have any legal representation.

5. Having considered the documentary evidence provided, the Tribunal was satisfied that notice of this hearing had been served on Dr Saripalli in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

6. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Saripalli’s absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

7. The Tribunal noted Dr Saripalli’s email to the GMC dated 21 August 2019, where he stated that he would not be attending the hearing.

8. Mr Blakey invited the Tribunal to proceed with the hearing in Dr Saripalli’s absence. He submitted that Dr Saripalli was clearly aware of the date of this hearing the opportunity to attend but has voluntarily decided not to. Mr Blakey submitted that there was no suggestion that an adjournment would secure Dr Saripalli’s attendance in the future.

Mr Blakey also submitted that it was in the public interest that cases are dealt with fairly and expeditiously. He invited the Tribunal to exercise its discretion and proceed with this case in Dr Saripalli’s absence.
9. In deciding whether to proceed with this hearing in Dr Saripalli’s absence, the Tribunal carefully considered all the information before it, which included Mr Blakey’s submissions and email correspondence from Dr Saripalli.

10. The Tribunal had regard to the emails from Dr Saripalli. The Tribunal was conscious that Dr Saripalli was aware that this hearing would be heard today has had adequate time to arrange to attend if he wished to do so, whether by telephone as he initially indicated or in person. The Tribunal could see no value in an adjournment as it could not be satisfied that this would result in Dr Saripalli’s attendance on a future hearing date. The Tribunal was of the view that there was no reason to suggest that this hearing should not proceed in Dr Saripalli’s absence.

11. In all the circumstances, the Tribunal determined to proceed in Dr Saripalli’s absence. It concluded that Dr Saripalli had voluntarily absented himself and it was fair, and in the public interest, to proceed in his absence.