Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 15/07/2019 - 19/07/2019
Medical Practitioner’s name: Dr Roop SHARMA

GMC reference number: 7538207
Primary medical qualification: MBBS 2008 Jiwaji University - Gajra Raja Medical College

Type of case
New - Misconduct
Outcome on impairment
Impaired

Summary of outcome
Suspension, 6 months.
Review hearing directed

Tribunal:

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<th>Role</th>
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<tr>
<td>Legally Qualified Chair</td>
<td>Miss Rachel Birks</td>
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<tr>
<td>Lay Tribunal Member:</td>
<td>Dr Bernard Herdan</td>
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<td>Medical Tribunal Member:</td>
<td>Dr Pranveer Singh</td>
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Tribunal Clerk: Mr Matt O’Reilly

Attendance and Representation:

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<tr>
<td>Medical Practitioner:</td>
<td>Not present and not represented</td>
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<td>GMC Representative:</td>
<td>Ms Katie Jones, Counsel</td>
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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 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 Facts - 17/07/2019

Background

1. Having practised as a doctor in the UK between approximately March 2016 and January 2018, Dr Sharma returned to India but was still registered with the GMC. It is alleged that on 3 May 2018 Dr Sharma submitted an application for voluntary erasure (‘the VE Application’) to the GMC which included a falsified Certificate of Good Standing (‘the Falsified CGS’), dated 30 April 2018, from the Delhi Medical Council (‘DMC’).

2. The Falsified CGS that Dr Sharma is alleged to have submitted was analysed by the GMC and found to be missing a ‘Validity of Certificate’ box, included an incorrect QR code and had a fraudulently inserted date. It is alleged that Dr Sharma submitted the CGS as genuine and verification of his good standing before the Delhi Medical Council. It is alleged that these acts were dishonest.

3. It is further alleged that Dr Sharma made a declaration on the VE Application which he knew to be untrue given he has submitted the Falsified CGS, namely he answered ‘No’ to the question, “Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the General Council for investigation or consideration of your fitness to practise?” It is alleged that this act was dishonest.

4. When considering the purpose of a Certificate of Good Standing (‘CGS’) in relation to an application for voluntary erasure, the Tribunal bore in mind the witness statement of Ms B Head of Licensing and Revalidation at the GMC, in which she stated:

“As part of an application to be voluntary erased from the medical register, the GMC requires that a doctor provide a Certificate of Good Standing (‘CGS’) from any other medical regulator with which they have held registration for the past five years, even if they have not been practising in that country. This is to ensure that a doctor holds good standing with all other regulators with which they have held registration...”
before the doctor’s VE application is granted by the GMC. The GMC requires a doctor to evidence their good standing with other regulators before a VE application is granted, as it must guard against the remote possibility that a doctor might try to leave the medical register to evade the GMC’s fitness to practise procedures.

6. A CGS is a document issued by a regulator which attests to the good standing of the medical professional it relates to with that regulator. The GMC only considers a CGS valid for three months from the date the CGS is signed.”

Chronology

12 February 2013 Dr Sharma registered with the DMC to work in India;
26 October 2015 Dr Sharma received a CGS from DMC in order to register with the GMC;
10 March 2016 Dr Sharma registered with GMC to work in the UK;
January 2018 Dr Sharma returned to India;
19 February 2018 Dr Sharma renewed his registration with DMC;
03 May 2018 Dr Sharma submitted his online application to the GMC for VE and attached the Falsified CGS;
09 May 2018 GMC emailed Dr Sharma requesting an original/scanned CGS;
09 May 2018 Dr Sharma replied the same day requesting an extension as the email gave a deadline of 6 May 2018 for response;
11 May 2018 GMC responded to Dr Sharma confirming the deadline was actually date 6 June 2018;
12 May 2018 Dr Sharma emailed the GMC advising DMC do not issue an original or scanned CGS, but provided a website link and offered log in and password details to the GMC;
12 – 15 May 2018 Dr Sharma applied for new CGS with DMC;
15 May 2018 The GMC’s Voluntary Erasure, Restoration and Licensing Team (VERL Team) checked with DMC that the CGS (issue date 30 April 2018) had been issued by them;
17 May 2018 DMC confirmed they had not issued the CGS (issue date 30 April 2018);
23 May 2018 DMC issued a new CGS;
23 May 2018 Dr Sharma is referred to the GMC Fitness to Practise Team by the VERL Team;
07 June 2018 DMC confirmed to the GMC that CGS issued 23 May 2018 is genuine.

The Outcome of Applications Made during the Facts Stage

5. At the outset of the hearing Ms Katie Jones, Counsel, on behalf of the GMC made an application in relation to service and proceeding in absence, pursuant to
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Rule 31 and 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’). She submitted that proper service had been effected in accordance with the rules and that it was in the public interest for the hearing to proceed. The Tribunal determined that service had been effected properly in accordance with the Rules. It also considered that Dr Sharma had confirmed he would not be in attendance, did not wish to postpone proceedings and would not travel from India for the hearing in any event. The Tribunal determined that it was in the public interest to proceed with the hearing in the absence of Dr Sharma. A full written determination can be found at Annex A.

6. On day 1 on the hearing, Ms Jones also made an application pursuant to Rule 34(13) of the Rules for Dr A’s evidence to be heard via telephone link as there were difficulties in securing a video link due to the Delhi Medical Council not having the necessary facilities in place. She submitted that Dr A is a professional witness, it is in the interest of justice, and that the same reasons as already agreed by the Case Manager in relation to the previously requested video link facility apply. The Tribunal granted the application as Dr A was not required in person or via video link for cross examination. He is a professional witness and it was in the interests of justice that his evidence be heard.

7. On day 1 and day 2 the MPTS were unable to make an adequate telephone contact with Dr A in India. The Tribunal had one question to ask Mr A and this was sent via email to him through the GMC Solicitor. No response was received to this email. Ms Jones submitted that Dr A written evidence is uncontentious, accepted by Dr Sharma and that he had no cross examination for him. She invited the Tribunal to accept his written evidence and then it would be for the Tribunal to determine the weight to give that evidence. The Tribunal determined that in the interest of proportionality and in the knowledge Dr Sharma agrees with the statement of Dr A and that the calling of him was to facilitate the Tribunal questions, it did not require any further steps to be taken to require Dr A to give oral evidence. It noted it will be for the Tribunal to determine what weight to apply to his statement, particularly in relation to areas it has not been able to ask questions.

The Allegation and the Doctor’s Response

8. The Allegation made against Dr Sharma is as follows:

1. On 3 May 2018, you submitted to the General Medical Council an online application for Voluntary Erasure from the Medical Register (‘the Application’). To be determined

2. In support of the Application, you submitted a falsified Certificate of Good Standing from the Delhi Medical Council (‘the Certificate’), in that the Certificate:

   a. was missing a ‘Validity of Certificate’ box; To be determined

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b. included an incorrect QR code; **To be determined**

c. included a fraudulently inserted date. **To be determined**

3. In submitting the Certificate, you represented to the GMC that the contents:

   a. were genuine; **To be determined**

   b. provided verification of your good standing before the Delhi Medical Council. **To be determined**

4. The Certificate contained information which:

   a. was falsified; **To be determined**

   b. you knew to be falsified. **To be determined**

5. Your actions as described at paragraphs 1, 2, 3 and 4 a were dishonest by reason of paragraph 4 b. **To be determined**

6. In submitting the Application you were asked to make a declaration as outlined in Schedule 1 (‘the Declaration’); **To be determined**

7. You answered ‘No’ to the Declaration. **To be determined**

8. You knew the answer, as referenced at paragraph 7 was untrue as you had submitted the Certificate. **To be determined**

9. Your action as described at paragraph 7 was dishonest by reason of paragraph 8. **To be determined**

**Factual Witness Evidence**

9. The Tribunal received witness statements from Dr A, Registrar for the Delhi Medical Council and Ms B, Head of Licensing and Revalidation at the GMC. Ms B also gave oral evidence.

10. Dr Sharma provided a witness statement, dated 10 June 2019.

**Documentary Evidence**

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

   - The VE Application dated 3 May 2018;
   - Email from Dr Sharma to GMC dated 09 June 2018;
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- Email from Dr Sharma to GMC dated 28 October 2018;
- The Falsified CGS, dated 30 April 2018, uploaded by Dr Sharma with the VE Application;
- Certificate of Good Standing for Dr Sharma received as part of initial registration with GMC dated 26 October 2015;
- A sample Certificate of Good Standing supplied to the GMC by the Delhi Medical Council;
- New Certificate of Good Standing submitted by Dr Sharma dated 23 May 2018.

The Tribunal’s Approach

12. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Sharma does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

The Tribunal’s Analysis of the Evidence and Findings

13. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

14. The Tribunal has determined the facts as follows:

Allegation 1

1. On 3 May 2018, you submitted to the General Medical Council an online application for Voluntary Erasure from the Medical Register (‘the Application’). Found proved

15. The Tribunal had regard to the VE application which Dr Sharma submitted. On the Application Overview it states:

Note: This is a print out of an application submitted via GMC Online by Dr Sharma on 03/05/2018 08:10:19. The details presented on this form have been extracted from the GMC’s Registration system (Siebel) and the data has been automatically rendered onto this form. The submitted application details cannot be amended by anyone once the application has been submitted.”

16. The Tribunal identified that Dr Sharma had received an email from the GMC informing him that it would only cost him £10 if he applied for VE rather than paying the annual fee of £425. Dr Sharma’s evidence was that he found out with limited time left that he could make an application for VE. He made the application for VE on 3 May 2018. Dr Sharma accepts he submitted the VE Application and the Tribunal therefore finds paragraph 1 of the Allegation proved.
Allegation 2

2. In support of the Application, you submitted a falsified Certificate of Good Standing from the Delhi Medical Council (‘the Certificate’), Found proved in that the Certificate:
   a. was missing a ‘Validity of Certificate’ box; Found proved
   b. included an incorrect QR code; Found proved
   c. included a fraudulently inserted date. Found proved

17. The evidence before the Tribunal relevant to this Allegation was given by Ms B where she provided a comparison of the CGS, dated 30 April 2018, submitted by Dr Sharma on 3 May 2018 with a CGS previously submitted by Dr Sharma, dated 26 October 2015 and an anonymised sample CGS, dated 24 January 2017 all from the Delhi Medical Council.

18. The Tribunal noted that on the Falsified CGS submitted by Dr Sharma on 3 May 2018, there was no ‘Validity of Certificate’ box. It compared this with alternative CGSs it had before it, both of which had the ‘Validity of Certificate’ box. It further noted that the ‘Validity of Certificate’ box appeared to have been blanked out where it would usually be present, as there is not a neat edge to the table on the right hand side of the certificate.

19. The Tribunal also noted that the Falsified CGS, dated 3 May 2018, had an incorrect QR code. It noted a QR code is a computer generated code which can be read by a QR reader. The scanned QR code in this particular CGS indicated the date of issue to be 26 October 2015 and the expiry date to be 25 April 2016. The Tribunal noted that these dates did not correlate with the date the CGS purported to have been issued, 30 April 2018. It also observed the dates reflected those of a genuine CGS previously issued to Dr Sharma by the DMC on 26 October 2015.

20. The Tribunal also noted the alleged fraudulent date shown on the Falsified CGS, dated 30 April 2018. The Tribunal took into account the differences identified by Ms B namely the font and font size which were different on the font and font size of the genuine samples. It noted that both the anonymised sample CGS and the genuine CGS, previously issued to Dr Sharma, had the dates set out with the ‘month’ in word form rather than numerical form. Specifically: ‘24th January 2017’, and ‘26th October 2015’ respectively. This contrasted with the date on the CGS submitted by Dr Sharma on 3 May 2018, which was represented as ‘30/04/2018’. The Tribunal also noted that this date did not match that represented by the QR code of 26 October 2015.

21. The Tribunal went on to consider Dr Sharma’s email, dated 9 June 2018, in which he stated:
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“...I can't explain why such fabricated file was saved in my computer but I can assure that it was not meant for sending to you...”

22. The Tribunal also considered Dr Sharma’s email, dated 28 October 2018, in which he stated:

“I would agree with the facts in ... that a "falsified certificate of good standing (CGS)" was submitted as part of online application form for voluntary erasure from medical register, but it was not intentional. As I have told you before, I was unaware that it was the wrong file with a similar name I was uploading as part of the form.”

23. Having considered Dr Sharma’s explanation, The Tribunal went on to consider the witness statement of Ms B, dated 14 March 2019, in which she stated:

“13. On 17 May 2018, the VERL team received an email from Dr A on behalf of the DMC which confirmed that the CGS was not issued by them on the 30 April 2018.”

24. The Tribunal considered the email sent from Dr A to the GMC, dated 17 May 2018, in which he stated:

“It is hereby informed that good standing certificate attached against Dr Roop Sharma was not issued from this office on 30th April, 2018 and is found to be fake and fabricated.”

25. The Tribunal accepted the analysis of Ms B as to why the certificate, 30 April 2018 had been falsified, and the email from Dr A that it had not been issued from the DMC. It determined Dr Sharma did submit a falsified CGS on the 3 May 2018 and therefore finds paragraph 2 of the Allegation proved.

Allegation 3

3. In submitting the Certificate, you represented to the GMC that the contents:

   a. were genuine; Found proved

   b. provided verification of your good standing before the Delhi Medical Council. Found proved

26. The Tribunal had regard to the VE online application under the section ‘Your registration and licensing history’ section:
“You will need to send us a certificate of good standing from each of the medical regulatory authorities you have entered.

Certificates of good standing are only valid for three months from the date they are issued…”

And further under the heading ‘Your supporting documentation’:

“We cannot make a decision on your application without all appropriate supporting documentation. We may need additional documentation to what is displayed below. We may need to see originals of some documentation...

A certificate of good standing (CGS) or a certificate of past good standing (CPGS) from a regulator outside the UK, dated within three months of the date this submission form is sent to the GMC…”

27. The Tribunal noted that the application clearly states that the CGS must be dated within three months. It considered what the purpose of the CGS is and what it is representing namely that there are no fitness to practise concerns which have arisen up to the date of the issue of the CGS. Dr Sharma submitted a CGS representing it to be genuine and issued on 30 April 2018 and confirming Dr Sharma’s good standing at the point of issue. The Tribunal considered that it is implicit in the nature of the CGS that by submitting it Dr Sharma was representing it to be a genuine supporting document issued by the DMC for his VE application.

28. The Tribunal considered the declaration on the application requires supporting documents to be accurate and true. It determined that Dr Sharma confirmed the representations within his supporting CGS to be accurate and true.

29. The Tribunal determined that Dr Sharma did knowingly represent to the GMC that the contents of the CGS were both genuine and provided verification of his good standing before the DMC. The Tribunal therefore found paragraph 3a and b of the Allegation proved.

Allegation 4

4. The Certificate contained information which:

   a. was falsified; **Found proved**

   b. you knew to be falsified. **Found proved**

30. The Tribunal determined that for the same reasons as already set out in relation to paragraph 2 of the Allegation, the Tribunal finds paragraph 4a of the Allegation proved.
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31. In relation to paragraph 4b of the Allegation, the Tribunal first considered Dr Sharma’s email to the GMC, dated 28 October 2018, in which he stated:

“...It was my ill fate that in haste I wrongly uploaded a file ... with a similar name, stored in my computer ( which was indeed a false document). Why such a falsified document was stored in my computer is an entirely different story, but I would like to assure you that it was not meant for sending to you and I was totally unaware that I was uploading the wrong file...”

32. The Tribunal bore in mind that whilst Dr Sharma accepted that there was a falsified CGS on his computer in his email of 28 October 2018 and stated that ‘that was another story’, he provided no further explanation as to how a false adaptation of a CGS relevant specifically to himself had come to be on his personal computer.

33. The Tribunal were satisfied, on the balance of probabilities, that not only did the CGS contain information that was falsified, Dr Sharma knew the CGS which he submitted contained information that was falsified. The Tribunal therefore finds paragraph 4a and b of the Allegation proved.

Allegation 5

5. Your actions as described at paragraphs 1, 2, 3 and 4 a were dishonest by reason of paragraph 4 b. Found proved

34. The Tribunal bore in mind the relevant legal principles where dishonesty is alleged and the test laid down by the Supreme Court in Ivey v Genting Casinos (UK) Ltd 2017 UKSC 67, namely that the Tribunal should first ascertain subjectively the actual state of Dr Sharma’s knowledge or belief as to the facts, before then determining whether his conduct was dishonest applying the objective standards of ordinary decent people.

35. The Tribunal considered what Dr Sharma’s considerations may have been when he submitted the Falsified CGS with his VE application. It noted that Dr Sharma has himself stated that he was under pressure when he realised he had three days in which to submit his VE Application. He knew his existing CGS was out of date and he would not get a new one issued within three days.

36. The Tribunal noted that Dr Sharma accepts that he did have the fabricated file on his computer, but gives no adequate explanation as to why he had a fabricated file relevant to himself on his computer. The Tribunal considered the submission of Ms Jones who said that if Dr Sharma knew he had a false CGS on his computer, he would take extra care not to submit the incorrect document, if he did not intend to submit it.

37. Dr Sharma, having conceded that the Falsified CGS was stored on his computer, provided no evidence to the Tribunal that would enable it to conclude that
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the Falsified CGS was stored for a purpose other than to be used for his VE Application.

38. The Tribunal also considered that if Dr Sharma had thought he had submitted the older genuine CGS, there is no explanation as to why he delayed a number of days after submitting his VE Application on 3 May 2018 before requesting a new CGS. The Tribunal concluded that on the balance of probabilities that Dr Sharma requested a new CGS when he realised that the GMC would require sight of the original. It noted he did not draw to the GMC’s attention in the notes section of the VE application the fact that his CGS was no longer valid and that he was therefore applying to the DMC for a new one.

39. The Tribunal were satisfied that Dr Sharma knew the CGS was falsified, that the submission of this document was not a spur of the moment decision but a deliberate and premeditated act.

40. The Tribunal concluded that Dr Sharma has failed to provide any honest rationale for having the falsified CGS on his computer, and that he had ample opportunity to provide an explanation in his various communications with the GMC. The Tribunal noted Dr Sharma’s submission that he would never have offered his DMC log in details to the GMC had he knowingly submitted a falsified document. It did not find this explanation convincing, not least because he had by then requested a new CGS.

41. The Tribunal therefore determined that Dr Sharma’s actions in this regard were intentional, he knew he was submitting a falsified CGS with his VE application, and that any ordinary decent person would find this conduct dishonest.

42. The Tribunal therefore finds paragraph 5 of the Allegation proved.

Allegation 6

6. In submitting the Application you were asked to make a declaration as outlined in Schedule 1 (‘the Declaration’); **Found proved**

43. The Tribunal had before it Dr Sharma’s VE application form in which it is stated:

   “Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the General Council for investigation or consideration of your fitness to practise?”

44. The Tribunal considered this to be a non-contentious factual paragraph of the Allegation. It therefore found paragraph 6 of the Allegation proved.
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Allegation 7

7. You answered ‘No’ to the Declaration. Found proved

45. Having seen the box on the VE application populated with ‘No’ the Tribunal considered this to be a non-contentious factual paragraph of the Allegation. It therefore found paragraph 7 of the Allegation proved.

Allegation 8

8. You knew the answer, as referenced at paragraph 7 was untrue as you had submitted the Certificate. Found Proved

46. The Tribunal during its deliberations requested from the GMC and was provided with the guidance notes referred to in the declaration of the VE application, which state:

"Questions

7. Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness to practise as a doctor in the UK?

Information you should provide in your supporting statement:

- Further information on the circumstances of the issue and how you believe it may raise a question about your fitness to practise. “

47. The Tribunal also took into account the declaration, which states:

"Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the General Council for investigation or consideration of your fitness to practise?“

48. The Tribunal has determined that Dr Sharma knew he submitted a falsified CGS in his VE application to the GMC purporting it to demonstrate his good standing with the DMC.

49. The Tribunal considered that Dr Sharma had the Falsified CGS on his computer, was under time pressure due to the short deadline to submit his VE Application, and that he has provided no credible reason to suggest this was accidental. In submitting the Falsified CGS, Dr Sharma knew he was doing wrong.

50. The Tribunal therefore determined that, on the balance of probabilities, Dr Sharma knew his declaration in answering ‘No’ was untrue as falsifying an official document could and indeed has rendered Dr Sharma liable for referral for
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investigation and consideration of his fitness to practise. It therefore finds paragraph 8 of the Allegation proved.

Allegation 9

9. Your action as described at paragraph 7 was dishonest by reason of paragraph 8. **Found proved**

51. The Tribunal observed that whilst Dr Sharma knowing submitted a falsified CGS with his VE application, he did not have any misconduct or fitness to practise concerns to cover up and a CGS was indeed issued upon his request.

52. It determined that these actions set out in the Allegation amount to one single act of dishonesty as each element of the dishonesty leads to the next. Nevertheless, the Tribunal accepted the submission of the GMC that Dr Sharma’s intention was to mislead regarding the dates set out on the Falsified CGS and his assertion that he did not know of any act which might render him liable for investigation or consideration of his fitness to practise. It determined that his decision to mislead was dishonest.

53. The Tribunal therefore determined, for these reasons and by virtue of the same rationale as set out in relation to paragraph 8 of the Allegation, and in applying the objective standards of the ordinary decent person, this was dishonest. It therefore finds paragraph 9 of the Allegation proved.

The Tribunal’s Overall Determination on the Facts

1. On 3 May 2018, you submitted to the General Medical Council an online application for Voluntary Erasure from the Medical Register (‘the Application’). **Found proved**

2. In support of the Application, you submitted a falsified Certificate of Good Standing from the Delhi Medical Council (‘the Certificate’), in that the Certificate: **Found proved**
   a. was missing a ‘Validity of Certificate’ box; **Found proved**
   b. included an incorrect QR code; **Found proved**
   c. included a fraudulently inserted date. **Found proved**

3. In submitting the Certificate, you represented to the GMC that the contents:
   a. were genuine; **Found proved**
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b. provided verification of your good standing before the Delhi Medical Council. **Found proved**

4. The Certificate contained information which:

   a. was falsified; **Found proved**

   b. you knew to be falsified. **Found proved**

5. Your actions as described at paragraphs 1, 2, 3 and 4 a were dishonest by reason of paragraph 4 b. **Found proved**

6. In submitting the Application you were asked to make a declaration as outlined in Schedule 1 (‘the Declaration’); **Found proved**

7. You answered ‘No’ to the Declaration. **Found proved**

8. You knew the answer, as referenced at paragraph 7 was untrue as you had submitted the Certificate. **Found proved**

9. Your action as described at paragraph 7 was dishonest by reason of paragraph 8. **Found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

**Determination on Impairment - 18/07/2019**

54. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Sharma’s fitness to practise is impaired by reason of misconduct.

**Submissions**

55. In summary Ms Jones submitted that Dr Sharma’s fitness to practise is impaired by reason of serious misconduct given the facts found proved at stage 1.

3. Ms Jones submitted that the Tribunal should identify whether there has been an act or omission falling short of what is proper in the circumstances.

4. Ms Jones referred the Tribunal to the relevant paragraphs of Good Medical Practice (2013) (‘GMP’).

56. Ms Jones referred the Tribunal to the relevant legal principles when considering impairment. She submitted that the Tribunal found Dr Sharma had deliberately attached a Falsified CGS on a VE application and the representation
made to the GMC in answering ‘No’ on the declaration was dishonest. She submitted that this is one act of conscious and deliberate dishonesty that must have had some planning. She submitted that such behaviour has brought the profession into disrepute and does amount to a breach of one of the fundamental tenets of the medical profession. She submitted that it is clear that Dr Sharma’s integrity must be called in to question by that act of dishonesty.

57. Ms Jones referred the Tribunal to the relevant legal principles as set out in the case of the GMC v Nwachuku [2017] EWHC 2085 (Admin). She invited the Tribunal to consider that any instance of dishonesty is likely to impair a professional person’s fitness to practise.

58. Ms Jones referred the Tribunal to its finding that Dr Sharma’s misconduct was deliberate and premeditated and not a spur of the moment act, that he had prepared the Falsified CGS and then submitted it representing it to be genuine. She submitted that there is no evidence of any insight in this case, rather a distinct lack of insight. She submitted that Dr Sharma did however accept he had the Falsified CGS on his computer.

59. Ms Jones submitted that Dr Sharma pointed out on various occasions that he did not mean to provide the Falsified CSG to the GMC. She submitted that Dr Sharma made no formal concessions or admissions and does not accept dishonesty. She submitted that although there is only one incident of dishonesty, it is serious and Dr Sharma demonstrated no insight.

60. Ms Jones submitted that a finding of current impairment is necessary to uphold public confidence in the medical profession and that proper professional standards and public confidence in the profession would be undermined if a finding of impairment was not found.

The Relevant Legal Principles

61. 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.

62. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct which was serious, and then secondly whether that could lead to a finding of impairment.

63. The Tribunal must determine whether Dr Sharma’s fitness to practise is impaired today, taking into account Dr Sharma’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
The Tribunal’s Determination on Impairment

Misconduct

64. The Tribunal reminded itself of the three strands of the 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.

65. The Tribunal first considered the relevant paragraphs of GMP detailing the duties of a doctor and particularly those relating to ‘Maintaining Trust’, which state:

- “Be honest and open and act with integrity.
  ...

- Never abuse your patients’ trust in you or the public’s trust in the profession.”

66. The Tribunal also considered paragraphs 65 and 71 of GMP, which state:

“65. You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.”

“71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

  a. You must take reasonable steps to check the information is correct.
  
  b. You must not deliberately leave out relevant information.”

67. The Tribunal reminded itself that the purpose of the CGS is to ensure that a doctor holds good standing with all other regulators with which they have held registration before the doctor’s VE application is granted by the GMC. It was satisfied for this reason and based on its findings at stage 1, these paragraphs of GMP had been breached.

168. The Tribunal bore in mind that the VE process guards against the possibility that a doctor might take VE to avoid regulatory action where there are fitness to practise concerns. The rationale for the CGS only being valid for 3 months is to ensure recent fitness to practise concerns are not overlooked when deciding whether to grant VE. Although, there was no evidence of concerns in relation to Dr Sharma’s practice in this case, the Tribunal considered this was misconduct which significantly
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undermined the GMC process by which VE is granted and the nature of the CGS itself.

69. The Tribunal observed that Dr Sharma did request and was issued a genuine CGS from DMC after his submission of the Falsified CGS and that he was not seeking to hide any issues about his practice. However, it did consider he was seeking to use a Falsified CGS to expedite his VE Application which, in the Tribunal’s view, was a deliberate and premeditated act of deception in an official process.

70. The Tribunal considered the relevant legal principles as set out in the case of Nwachuku namely paragraph 46, which states:


71. The Tribunal bore in mind that it is a fundamental tenet of the profession for a doctor to be honest and trustworthy in upholding the standards of the profession. It determined that Dr Sharma had breached a fundamental tenet of the profession and that this amounted to misconduct that was serious.

Impairment

72. The Tribunal then went on to consider if Dr Sharma’s misconduct amounted to impairment of fitness to practise. It applied the approach set out by Mrs Justice Cox in the case of CHRE v NMC & Paula Grant (2011) EWHC 927 (Admin), namely:

"Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. has in the past acted dishonestly and/or is liable to act dishonestly in the future."
73. The Tribunal concluded that Dr Sharma has in the past acted so as to bring the medical profession into disrepute, has in the past breached a fundamental tenet of the medical profession and has in the past acted dishonestly. In considering whether each of these elements were likely to be repeated in the future it took into account paragraph 65 of the Judgement from *Cohen v GMC [2008] EWHC 581 (Admin)*, namely:

“...It must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated...”

74. The Tribunal considered that Dr Sharma’s misconduct is not impossible to remediate, although it notes that it is difficult to demonstrate remediation of dishonesty. In order to remediate Dr Sharma would need to have full insight into his actions.

75. Whilst the Tribunal did not receive any oral evidence, reflection or testimonials from Dr Sharma, it did have his witness statement and emails from him to the GMC from which it could consider whether any remediation, remorse or insight was demonstrated. In his witness statement, dated 10 June 2019, Dr Sharma stated:

“I am highly apologetic for all the inconvenience caused due to a small misunderstanding on my part.”

76. The Tribunal has already concluded that Dr Sharma’s actions were not a misunderstanding, but a deliberate deception where he submitted a Falsified CGS.

77. The Tribunal went on to consider his email to the GMC dated, 9 June 2019, in which he stated:

“"It has been extremely stressful for me to learn about such mishap and the thought of its consequences. I am once again sincerely apologetic for the whole matter. I will fully cooperate with you in this matter in whatever way possible."

78. The Tribunal noted that whilst Dr Sharma has apologised for his actions, his thoughts are of personal consequences rather than a reflection of the damage to public confidence or to the reputation to the profession. It further noted that he refers to his dishonesty as a ‘mishap’ and a ‘small misunderstanding’ which the Tribunal considers demonstrates a lack of insight into his actions.

79. The Tribunal also considered Dr Sharma’s email to the GMC dated, 28 October 2018, in which he stated:
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“I sincerely apologise for the inconvenience caused to the GMC and assure that such conduct will never be repeated.”

80. The Tribunal noted that Dr Sharma again refers to his dishonesty as an ‘inconvenience’ and does not indicate that he recognises the seriousness of his actions. At no point has Dr Sharma provided a meaningful explanation as to why the Falsified CGS was stored on his computer, his failure to do so is a further demonstration of his lack of insight. It also considered that Dr Sharma has not recognised the loss of public trust and damage to the reputation of the medical profession, nor has he explained how he can give the assurance that his conduct will never again be repeated.

81. The Tribunal took into account that:

- Dr Sharma was of previous good character;
- Dr Sharma has not had any concerns raised by the DMC in the past;
- This was an isolated act of dishonesty;
- This did not involve a concealment of any fitness to practise issues;
- Dr Sharma was indeed granted a CGS by DMC both prior to and after the 3 May 2018 incident;
- Dr Sharma has engaged with the GMC during the investigation.

82. The Tribunal did not draw any adverse inferences from Dr Sharma’s non-attendance at these proceedings, but observed that when determining whether there was a risk of repetition or not, it has no evidence which it can rely upon that would enable it to conclude that there is no risk of repetition. It therefore has to conclude that there is a risk of repetition although it is not possible to fully assess the level of this risk without evidence of reflection, testimonials or information in relation to Dr Sharma’s current practice.

83. The Tribunal considered the relevant legal principle as set out at paragraphs 47, 48 and 50 in the case of Nwachuku, which state:

“47. A finding of impairment does not necessarily follow upon a finding of dishonesty. If misconduct is established, the tribunal must consider as a separate and discrete exercise whether the practitioner’s fitness to practise has been impaired: PSA v GMC and Uppal [2015] EWHC 1304 at paragraph [27].

48. However, it will be an unusual case where dishonesty is not found to impair fitness to practise: PSA v Health and Care Professions Council & Ghaffar [2014] EWHC 2723 per Carr J at paragraphs [45] and [46].

...
The overarching concern is the public interest in protecting the public and maintaining confidence in the practitioner and medical profession when considering whether the misconduct in question impairs fitness to practise: Yeong v GMC [2009] EWHC 1923 per Sales J at paragraphs [50] and [51].”

For all these reasons, the Tribunal determined that if Dr Sharma’s fitness to practise were not found to be impaired, public confidence in the profession would be undermined. It has therefore determined that a finding of current impairment by reason of misconduct is necessary to uphold public confidence in the medical profession and maintain proper professional standards.

**Determination on Sanction - 19/07/2019**

1. Having determined that Dr Sharma’s fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

**The Evidence**

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

3. The Tribunal received further evidence from Ms Jones which she submitted out of fairness to Dr Sharma, it being in the GMC’s possession. This was an email thread between the GMC and the Head of Medical HR at Kings College Hospitals NHS Foundation Trust, Dr Sharma’s former employer, dated 18 - 24 July 2018. This email thread related to notification by the GMC to Kings College Hospitals NHS Foundation Trust that it had opened an investigation into Dr Sharma.

**Submissions**

4. In summary, Ms Jones submitted on behalf of the GMC that the appropriate sanction is one of suspension. She referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (February 2018) (‘SG’). She then invited the Tribunal to consider the mitigating and aggravating features of this case. In mitigation, she submitted, that although Dr Sharma has not attended this hearing there had been some engagement in the GMC process. She also submitted that there has been a lapse of time since the incident on 3 May 2018.

5. Ms Jones submitted that in relation to the issue of references and testimonials, the email thread between the GMC and the Head of Medical HR at Kings College Hospitals NHS Foundation Trust, Dr Sharma’s former employer, dated 18 - 24 July 2018 could be considered a testimonial. She invited the Tribunal to
consider this email in mitigation on Dr Sharma’s behalf as the email referred to his competence, reliability, and interpersonal relations.

6. Ms Jones then went on to refer the Tribunal to the aggravating features in this case. She submitted that when considering Dr Sharma’s insight, the Tribunal noted in its determination at stage 2 that he has displayed very little. She submitted that although Dr Sharma had apologised and expressed some regret, it is by no means a full acceptance of wrongdoing. She submitted that there was no admission of or apology for the dishonesty.

7. Ms Jones submitted that conditions would not be appropriate in this case as the Tribunal’s finding of dishonesty was simply too serious. Ms Jones submitted suspension was therefore the appropriate sanction.

8. Ms Jones submitted that suspension has a deterrent effect and would send out a message to the profession that this conduct was not acceptable. She referred to the SG and invited the Tribunal to consider that suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. She reminded the Tribunal that a period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.

9. Ms Jones submitted that the Tribunal referred at stage 2 to Dr Sharma’s lack of engagement. She referred the Tribunal to its earlier findings that because of this it had no evidence which it can rely upon that would enable it to conclude that there is no risk of repetition.

10. Referring to paragraph 97a of the SG (the text of which is included at paragraph 27 of the determination) Ms Jones submitted that there had been a serious breach of GMP on 3 May 2018 but this is not fundamentally incompatible with continued registration with the GMC. She acknowledged that it was a single incident. In relation to paragraph 97e (the text of which is included at paragraph 27 of the determination) she submitted there is no evidence that there has been previous unsuccessful attempts at remediation but that the Tribunal is unlikely to be able to determine whether any future attempt would be successful.

11. In relation to paragraph 97g of the SG which refers to the Tribunal being satisfied that the doctor has insight and does not pose a significant risk of repeating his behaviour, Ms Jones reminded the Tribunal of its findings at stage 2, that in his emails Dr Sharma demonstrated a lack of insight by the language he used to describe his dishonesty as ‘misunderstanding’, although he had apologised. In relation to paragraph 97f (the text of which is included at paragraph 27 of the determination) Ms Jones submitted that there is no evidence of repetition since 3 May 2018 of the misconduct in this case.
12. Ms Jones referred the Tribunal to paragraph 128 of the SG in relation to dishonesty. She submitted that the guidance indicates that dishonesty, if persistent and/or covered up is likely to result in erasure. She submitted that this is not applicable in this case as whilst Dr Sharma’s dishonesty was deliberate and premeditated, it was not persistent or covered up.

Tribunal’s Approach

13. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

14. In reaching its decision, the Tribunal has referred to the SG. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although sanctions may have a punitive effect.

15. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Sharma’s interests with the public interest. It has taken account of the statutory overarching objective.

16. The Tribunal has already given a detailed determination on the facts and impairment and it has taken those matters into account during its deliberations on sanction.

Mitigating and Aggravating Features

17. Prior to considering what action, if any, to take in this case, the Tribunal considered the mitigating and aggravating features.

18. The Tribunal first considered the mitigating factors in this case. It considered that the lapse of time since the incident on 3 May 2018 was relevant, insofar as there have been no subsequent fitness to practise concerns since that the Tribunal is aware of. The Tribunal noted that Dr Sharma had made an apology and limited admissions in relation to being in possession of the Falsified CGS form on his computer. It also noted that Dr Sharma has engaged in the investigation process, and has no previous fitness to practise findings with the GMC.

19. The Tribunal also had regard to the email thread between the GMC and the Head of Medical HR at Kings College Hospitals NHS Foundation Trust, Dr Sharma’s former employer, dated 18 - 24 July 2018, which stated:

“He was one of the best performing PICU registrars - competence, reliability, interpersonal relations with Medical and nursing team, going over and above his duty to help the unit when we needed his help. This is not only my opinion
but all my colleagues regarded him highly as a clinician and valued his presence on the unit”

20. The Tribunal considered that those factors identified in its determination at stage 2 were relevant in mitigation, namely, that Dr Sharma was of previous good character; he has not had any concerns raised by the DMC in the past; This was an isolated act of dishonesty; This did not involve a concealment of any fitness to practise issues of which there were none; Dr Sharma was indeed granted a CGS by DMC both prior to and after the 3 May 2018 incident; and Dr Sharma has engaged with the GMC during the investigation.

21. The Tribunal went on to consider the aggravating factors relevant in this case. It considered these to be Dr Sharma’s lack of insight into his misconduct; and that Dr Sharma does not recognise the broader impact of his actions on public confidence and on the reputation of the medical profession. It also considered the Dr Sharma had made no apology or admission for his dishonesty.

22. The Tribunal also reminded itself of its findings at stage 2 that it had no evidence before it which it could rely upon that would enable it to conclude that there is a risk of repetition. It had concluded that there is a risk of repetition although it was not possible to fully assess the level of this risk without evidence of reflection, testimonials or information in relation to Dr Sharma’s current practice.

The Tribunal’s Determination on Sanction

23. In determining what sanction to impose, if any, the Tribunal has first taken into account the overarching objective and the principles of proportionality. It considered the relevant paragraphs of the SG.

No action

24. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal has already determined that Dr Sharma’s fitness to practise is impaired by reason of his misconduct. It determined that given its finding of dishonesty and in the absence of any exceptional circumstances, it would be inappropriate to conclude this case by taking no action.

Conditions

25. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Sharma’s registration. Any conditions imposed would need to be appropriate, proportionate, workable and measurable.

26. The Tribunal determined that conditions were neither appropriate nor sufficient in upholding professional standards and public confidence in the profession.
given its finding of dishonesty. It determined that workable conditions could not be formulated to address its findings of dishonesty.

**Suspension**

27. The Tribunal went on to consider whether suspension would be the appropriate sanction. The Tribunal noted in particular paragraph 97a, e and f of the SG, which state:

> “97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of *Good medical practice*, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain public confidence in doctors.

... 

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.”

28. The Tribunal considered that this paragraph of the SG was applicable in this case. It determined that there had been a serious breach of GMP given the gravity and seriousness of Dr Sharma’s dishonesty, but that this breach was not fundamentally incompatible with continued registration.

29. The Tribunal has already determined that this was a one off incident of dishonesty which has not been repeated. It considered that there were no attitudinal issues evidenced. Furthermore, it has already determined that the dishonesty did not involve any cover up or concealment of any fitness to practise concerns by Dr Sharma, and there was no evidence there had been any fitness to practise concerns with either the DMC or the GMC.

30. The Tribunal went on to consider the relevant paragraphs of the SG in relation to dishonesty. It considered in particular paragraphs 120 and 125e of the SG which state:
“120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession.”

“125 Examples of dishonesty in professional practice could include:

- failing to take reasonable steps to make sure that statements made in formal documents are accurate.”

31. The Tribunal considered these paragraphs of the SG to be relevant as it has already found Dr Sharma’s submission of the Falsified CGS in his VE Application was dishonest and he knew the CGS to be falsified when he submitted it, therefore calling in to question his honesty.

32. The Tribunal went on to consider paragraph 128 of the SG, which states:

“128 Dishonesty, if persistent and/or covered up, is likely to result in erasure...”

33. The Tribunal has already determined that whilst Dr Sharma’s dishonesty was deliberate and premeditated, it was not persistent or covered up. It therefore determined that this paragraph of the SG was not engaged. The Tribunal did not therefore consider that removal from the medical register was the proportionate response or in the public interest.

34. For these reasons the Tribunal determined that the appropriate and proportionate sanction is to impose a period of suspension on Dr Sharma’s registration. In order to determine the appropriate and proportionate duration for suspension, the Tribunal took full account of both the mitigating and aggravating circumstances of this case as set out in paragraphs 17-22 of this determination. It determined that a period of suspension for 6 months would be proportionate and would send a strong message to the public and wider profession that dishonesty is not acceptable and would maintain public confidence and standards in the medical profession.

35. The Tribunal also determined that 6 months suspension would allow Dr Sharma sufficient time to reflect and demonstrate he fully appreciates the gravity and impact that his actions have had on public confidence and the reputation of the profession.
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Review directed

36. The Tribunal directed that shortly before the end of the period of suspension Dr Sharma’s case will be reviewed by a Medical Practitioners Tribunal. At this next hearing, the Tribunal reviewing may be assisted by the following:

- Evidence of reflection in relation to the gravity and impact of his misconduct;
- Evidence that Dr Sharma has not reoffended;
- Testimonials (which can be from employers, patients, colleagues and personal acquaintances) which deal in particular with honesty and character;
- Evidence of what Dr Sharma has done to maintain his skills and knowledge;
- Any other information Dr Sharma feels may assist the Tribunal.

Determination on Immediate Order - 19/07/2019

121. Having determined to impose a period of suspension on Dr Sharma’s registration, the Tribunal has now considered whether to impose an immediate order of suspension on his registration.

Submissions

122. Ms Jones submitted that the GMC are not inviting the Tribunal to consider an immediate order.

The Tribunal’s Determination

123. The Tribunal noted that there are no patient safety concerns in this case. It considered imposing an immediate order would be for the purpose of maintaining the reputation of the medical profession and if it was otherwise in the public interest to do so. It was satisfied that the substantive sanction of suspension addressed these concerns.

124. The Tribunal therefore determined that an immediate order was not necessary in this case.

125. This means that Dr Sharma’s registration will be suspended 28 days from when notice of this decision is deemed to have been served upon him, unless he lodges an appeal. If Dr Sharma does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

126. That concludes the case.

Confirmed
Date 19 July 2019
Miss Rachel Birks, Chair
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ANNEX A – 17/07/2019
Service and proceeding in absence

1. Dr Sharma is neither present nor legally represented at this hearing. The Tribunal considered whether notice of this hearing had been properly served on him in accordance with Rule 15 and 40 of the General Medical Council (‘GMC’) (Fitness to Practise) Rules 2004, as amended (‘the Rules’).

2. Ms Jones provided the Tribunal with a bundle of documentary evidence, included in which was a copy of the Notice of Allegation, dated 3 June 2019, sent to Dr Sharma’s registered address and via his email address on 3 June 2019.

3. Ms Jones submitted that the Tribunal had before it the courier’s proof of delivery demonstrating that the Notice of Hearing had been delivered to Dr Sharma’s registered address. Ms Jones submitted that all reasonable efforts had been made to serve Dr Sharma and that service had been effected properly in accordance with the Rules.

4. Ms Jones provided the Tribunal with a response email from Dr Sharma to the GMC, dated 5 June 2019, in which he stated:

   “Thank you for all the documents attached in the email. I am writing this email in order to inform that I will not be able to attend the hearing due to personal reasons.”

5. Having considered the documentary evidence provided, the Tribunal was satisfied that notice of this hearing had been served on Dr Sharma in accordance with Rules 15 and 40 of the Rules.

Proceeding in Absence

6. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Sharma’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. In deciding whether to proceed with this hearing in Dr Sharma’s absence, the Tribunal carefully considered all the information before it, which included Ms Jones’ submissions and the communications Dr Sharma had with the GMC.

8. Ms Jones referred the Tribunal to an email response to the GMC from Dr Sharma, dated 5 June 2019, in which Dr Sharma stated he would not be able to attend the hearing due to personal reasons. Additionally, she referred the Tribunal to
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an email sent by the GMC Solicitor to Dr Sharma, dated 20 June 2019 in which she advises Dr Sharma that should he not be able to attend in person, he can make an application to give evidence by either video link or telephone link. She also referred the Tribunal to another email, dated 18 June 2019, which stated:

“I note that you have said that you cannot attend the hearing in person as you are living in India currently XXX and cannot travel to the UK. If you did wish to attend the hearing but at a later date, there is an option for you to apply to the MPTS to postpone the hearing...”

9. Ms Jones referred the Tribunal to an email from Dr Sharma in response to this email, dated 24 June 2019, in which he stated:

“...I can confirm that I do not want to postpone the hearing date as I am not planning to travel for the same.
I also do not have any objections with the evidence time table.”

10. Ms Jones submitted that Dr Sharma has indicated that he will not be attending and does not wish for there to be a postponement. She submitted that Dr Sharma made no reference to the option of giving evidence via video link or telephone. Ms Jones submitted that he has said he will not be travelling anyway and therefore there is no need to postpone the hearing.

11. Ms Jones submitted that Dr Sharma had voluntarily absented himself from this hearing, which has been demonstrated by the emails which the Tribunal has before it. She submitted that there was no indication that he would attend a reconvened hearing if this one were to adjourn and there would be no injustice in proceeding.

12. The Tribunal satisfied itself that Dr Sharma voluntarily absented himself from these proceedings; that there was no indication an adjournment would mean Dr Sharma would attend in the future; he had not asked for an adjournment or made an application to give evidence by video link or telephone link. He accepted the evidence of the GMC. Whilst he has previously, at the case management stage, cited XXX reasons for not attending, he has not mentioned XXX in his latest communications following service of the Notice of Hearing and therefore there is no evidence of what the XXX are and whether they are still relevant.

13. The Tribunal therefore determined that no purpose would be served by an adjournment and that it was in the public interest to hear this case without delay in the absence of Dr Sharma.
“Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the General Council for investigation or consideration of your fitness to practise?”