FITNESS TO PRACTISE PANEL
6-29 SEPTEMBER 2010
7th Floor, St James's Buildings, 79 Oxford Street, Manchester, M1 6FQ
Room 3

Name of Respondent Doctor:	Dr Krishan Chander Sadotra
Registered Qualifications:	MB BS 1968 Jammu and Kashmir Government Medical College
Area of Registered Address:	West Yorkshire
Reference Number:	1641871
Type of Case:	New case of impairment by reason of: misconduct; deficient professional performance
Panel Members:	Ms V Isaac, Chairman (Lay) Dr D Sinclair (Medical) Mr V Bruce (Lay)
Legal Assessor:	Mrs M Ramage
Secretary to the Panel:	Ms C Beard

Representation:
GMC: Mr G McBride, Counsel, instructed by Field Fisher Waterhouse Solicitors

Doctor: 6-17 September 2010 – Present but not represented
20-29 September 2010 – Not present and not represented

ALLEGATION

"That being registered under the Medical Act 1983:

1. At the material times you practised in partnership with Dr K as a general practitioner at Lord Street Surgery, Halifax; **Found proved**

Assessment of patients' condition

2. In relation to your assessment of your patients' condition

   a. You refused to undertake domiciliary visits, **Found proved**

   b. You refused to see patients who had previously been examined by Dr K, **Found proved**

c. You did not take appropriate histories from patients, **Found proved**

d. You did not make appropriate examinations of patients; **Found proved**

3. Patient 1 consulted you on 22 January 2008 and

a. She complained of painless haematuria, **Found proved**

b. You did not refer her urgently for urological opinion; **Found proved**

4. Patient 2 consulted you on ~~23~~ 16 April 2007 and **Amended following an application under Rule 17(3)**

a. She complained

i. of pain in the abdomen and on moving her back, **Found proved**

ii. that she went to the toilet a lot, **Found proved**

b. You did not

i. examine her back, **Found proved**

ii. further investigate her complaint that she went to the toilet a lot; **Found proved**

5. a. Patient 3 consulted you on 25 September 2007 and she complained of

i. swelling and pain in the rectum, and, **Found proved**

ii. passing blood, **Found proved**

b. You did not

i. examine her rectum, **Found proved**

ii. ask her whether her bowel habit had changed; **Found proved**

6. a. Patient 4 consulted you on 23 January 2008 and she complained of joint pains, **Found proved**

b. You measured her blood pressure, **Found proved**

c. You did not

i. otherwise examine her, **Found proved**

ii. devise or record a treatment plan for her condition; **Found proved**

7. a. Patient 7 consulted you on 6 July 2007 and she complained that

i. she did not feel like eating, and **Found proved**

ii. felt sick, **Found proved**

b. You did not

i. take a history from her, **Found proved**

ii. examine her; **Found proved**

Providing, arranging or making investigations

8. In relation to providing, arranging or making investigations

a. you referred patients without first undertaking an appropriate examination of the patient, **Found proved**

b. your referral letters were brief and uninformative, **Found not proved**

c. you did not undertake or arrange further investigations when the patient's history or your examination indicated that such was required, **Found not proved**

9. a. Patient 1 consulted you on 22 January 2008 and she complained of haematuria, **Found proved**

b. You did not undertake or commission urinalysis, **Found proved**

c. Patient 1 consulted you on 1 February 2008 and she complained of haematuria, **Found proved**

d. You did not undertake or commission urinalysis; **Found proved**

10. a. Patient 3 consulted you on 8 August 2008 and she complained of

i. pain in the right renal area, with **Found proved**

ii. increased frequency of micturition, **Found proved**

b. You found blood in her urine, **Found proved**

c. You did not examine her for tenderness in

i. the right renal angle, or **Found proved**

ii. the bladder, **Found proved**

d. You did not undertake or commission urinalysis to determine whether her haematuria was sterile or not; **Found proved**

11. In relation to Patient 4:

a. Patient 4 consulted you on ~~5~~ 6 May 2005, **Amended following an application under Rule 17(3). Found proved**

b. she complained of epigastric pain and pain in the joints, **Found proved**

c. you did not investigate the cause of her epigastric pain, **Found proved**

d. a full blood count dated 9 May 2005 indicated that Patient 4 was anaemic, **Found proved**

e. you prescribed iron to Patient 4 on 17 May 2005, **Found proved**

f. a full blood count dated ~~16~~ 15 June 2006 indicated that Patient 4 remained anaemic, **Amended following an application under Rule 17(3). Found proved**

g. you did not undertake further investigation into the reasons for Patient 4's anaemia; **Found proved**

Treatment of patients

12. In relation to your treatment of patients

a. the process by which you decided what treatment to apply was inadequate, **Found not proved**

~~b. you prescribed anti-inflammatory medication when such was contraindicated,~~ **Withdrawn following an application under Rule 17(3)**

c. you prescribed antibiotics and linctus inappropriately, **Found not proved**

13. In relation to Patient 4

a. Patient 4 consulted you on ~~5~~ 6 May 2005, **Amended following an application under Rule 17(3). Found proved**

b. she complained of epigastric pain and pain in the joints, **Found proved**

c. you prescribed ibuprofen to her on 7 October 2005, **Found proved**

d. you prescribed diclofenac sodium to her on 9 November 2005 and subsequently, **Found proved**

e. i. you concluded that patient 4 suffered from depression, **Found not proved**

ii. you did not record upon what basis you had reached your diagnosis, **Found not proved**

iii. you prescribed Paroxetine to her, **Found not proved**

f. You then prescribed Citalopram to her, **Found not proved**

g. You did not

i. record the reasons why you changed her medication from Paroxetine to Citalopram, **Found not proved**

ii. devise or record a treatment plan for her, **Found not proved**

iii. review or monitor

aa. her condition, **Found not proved**

bb. her treatment, or **Found not proved**

cc. her medication; **Found not proved**

Record keeping

14. In relation to record keeping

a. You did not make clear, accurate records reporting

i. the relevant clinical findings, **Found not proved**

ii. the decisions made, and **Found not proved**

iii. the information given to patients, **Found not proved**

b. Following a consultation, you recorded only the medication which you had prescribed, **Found not proved**

c. You did not make any record of your encounters with patients in the course of telephone conversations or domiciliary visits, **Found not proved**

d. Your notes did not contain accurate summaries of your patient's principal complaints; **Found not proved**

15. a. Patient 1 consulted you on 22 January 2008 and she complained of painless haematuria, **Found proved**

b. You did not record whether you had undertaken any investigation to confirm her complaint, **Found proved**

c. Patient 1 consulted you on 1 February 2008 and she complained of painless haematuria, **Found proved**

d. You did not record whether you had undertaken any investigation to confirm her complaint, **Found proved**

16. a. Patient 2 consulted you on ~~23~~ 16 April 2007 and she complained of pain in the abdomen and on moving her back, **Amended following an application under Rule 17(3). Found proved**

b. Your record keeping was inadequate in that you simply recorded your examination of Patient 2 as "Abdomen soft"; **Found proved**

17. a. Patient 3 consulted you on 23 January 2007 and she complained that she had been involved in a road traffic accident, **Found proved**

b. Your note did not

i. mention the details of the accident, **Found proved**

ii. state whether the patient had been x-rayed in the emergency department, **Found proved**

iii. record whether you had made any examination of the patient, and if so, what; **Found proved**

18. a. In relation to Patient 4's notes you have recorded that you undertook a medication review on 28 October 2004, **Found proved**

b. Your note does not record

i. whether you consulted the patient in relation to the alleged review, **Found proved**

ii. what medications were reviewed or with what result, **Found proved**

c. You have recorded that on ~~24~~ 23 November 2004 you measured Patient 4's blood pressure, **Amended following an application under Rule 17(3). Found proved**

d. There is no consultation recorded for ~~24~~ 23 November 2004 in relation to Patient 4, **Amended following an application under Rule 17(3). Found not proved**

e. You have recorded a full blood analysis on 9 May 2005, **Found proved**

f. The blood analysis demonstrates a microcytic anaemia, **Found proved**

g. Your notes do not record

i. that you took any history in relation to the analysis of 9 May 2005, **Found proved**

ii. that you undertook any examination in relation to the anaylsis of 9 May 2005, **Found proved**

h. You recorded on 16 September 2005 that you prescribed Erythromycin to Patient 4, **Found proved**

i. Your notes record no reason why you prescribed Erythromycin to Patient 4; **Found proved**

19. The summary of Patient 5's medical notes does not refer to her diagnoses of

a. Rheumatoid arthritis, **Found proved**

b. Adenocarcinoma of the lung **Found proved**

20. a. Patient 6 suffered from

i. Fallot's Tetralogy, **Found proved**

ii. numerous life-threatening complications of her condition, **Found proved**

~~b. Your notes do not record that Patient 6 suffered the following~~ **Withdrawn following an application under Rule 17(3)**

~~i. Fallot's Tetralogy,~~ **Withdrawn following an application under Rule 17(3)**

~~ii. corrective cardiac surgery at the age of 18 months,~~ **Withdrawn following an application under Rule 17(3)**

~~iii. Mitral valve replacement complicated by ventricular fibrillation,~~ **Withdrawn following an application under Rule 17(3)**

~~iv. a transient ischaemic attack in 2006,~~ **Withdrawn following an application under Rule 17(3)**

c. On numerous occasions you recorded that you had prescribed medicines to Patient 6 without recording

i. the nature of the patient's complaint, or **Found not proved**

ii. your examination (if any); **Found not proved**

21. In relation to Patient 13

a. Your medical records for Patient 13 contained a notification made in about 2004 that patient 13 had Hb E trait, **Found proved**

b. Your notes summary did not record that Patient 13 had Hb E trait, **Found proved**

c. Blood tests were reported on 13 June 2006 and 8 November 2006, **Found proved**

d. Your medical records for Patient 13 contain no indication of why blood tests were undertaken, **Found proved**

e. You prescribed oral iron for Patient 13 on 15 June 2006, **Found proved**

f. Your medical records for Patient 13 contain no indication of why you prescribed oral iron; **Found not proved**

Use of resources

22. In relation to your use of resources

a. You did not engage the practice nurse effectively as a member of the primary health care team, **Found not proved**

b. You used clinically ineffective preparations such as simple linctus and antibiotics when the use of such was not indicated, **Found not proved**

c. You used beta blockers as a first line treatment for hypertension, **Found not proved**

d. You referred patients unnecessarily; **Found not proved**

23. You referred Patient 3 to Mr Jones by letter dated 11 April 2005 and your referral letter

a. did not contain a past medical history, **Found proved**

b. did not explain what examination, if any, you had undertaken before referring the patient, **Found proved**

c. did not mention any

i. medication, or **Found proved**

ii. sensitivities, **Found proved**

d. You referred Patient 3 for physiotherapy on 23 January 2007 and your referral letter

i. did not contain a past medical history, **Found proved**

ii. did not mention that the patient had been involved in a road traffic accident, **Found not proved**

iii. what examination, if any, you had undertaken before referring the patient; **Found proved**

Education

24. In relation to education

a. you did not understand the appropriate use of blood sugar monitoring in non-insulin-dependent diabetic patients, **Found not proved**

b. your practise in the treatment of hypertension is not up to date with current medical practice; **Found not proved**

Legal issues

25. In relation to legal issues

a. you did not issue your staff with a written statement of the terms of their employment, **Found not proved**

b. on or about 20 April 2005, you threatened your receptionist that if she did not return early from her maternity leave, she might not be allowed to return to the same job; **Amended following an application under Rule 17(3). Found proved**

Emergencies

26. In relation to emergencies you cancelled an emergency appointment for a sick baby on 17 October 2008; **Found proved**

Respect for patients

27. In relation to respect for patients

a. you started your clinics late, **Found proved**

b. you directed your staff that new patients were not to be admitted to your list unless they were of Indian origin, **Found not proved**

c. you refused to see patients who had previously been examined by Dr K, **Found proved**

d. you refused to undertake home visits, **Found proved**

e. you were abusive to patients, **Found not proved**

f. you refused to examine infant patients who were crying; **Found not proved**

~~28. Mr A attended your clinic with his children on numerous occasions and~~

~~a. You refused to examine Mr A's children if they were crying,~~ **Withdrawn following an application under Rule 17(3)**

~~b. You told Mr A that he should teach his children not to cry,~~ **Withdrawn following an application under Rule 17(3)**

~~c. i. In about September 2008, Mr A attended your clinic with his child aged 3 years and Mr A told you that his child had been suffering with a fever,~~ **Withdrawn following an application under Rule 17(3)**

ii. You asked Mr A how he knew that the child had had a fever and A replied that he felt hot, **Withdrawn following an application under Rule 17(3)**

iii. You told Mr A, "Get a bloody thermometer and then come and see me" or words to that effect, **Withdrawn following an application under Rule 17(3)**

iv. Mr A asked you "isn't that why you are here?" or words to that effect, **Withdrawn following an application under Rule 17(3)**

v. You then told Mr A to
Withdrawn following an application under Rule 17(3)

aa. leave and
Withdrawn following an application under Rule 17(3)

bb. find another general practitioner;
Withdrawn following an application under Rule 17(3)

29. On 17 October 2007, Patient 13 attended your clinic and

a. he was 3 years of age at the time, **Found proved**

b. he was complaining of a chesty cough and a temperature, **Found proved**

c. you stated that he could not be examined properly because he was crying; **Found proved**

Teamwork

30. In relation to teamwork

a. you bullied your staff, **Found proved**

b. you did not co-operate with Dr K in the proper running of your practice, **Found not proved**

c. you engaged a practice manager without consulting Dr K, **Found proved**

d. you communicated with your staff by means of memoranda and correspondence rather than verbally, **Found proved**

e. you refused to see patients who had previously been examined by Dr K, **Found proved**

f. you refused to undertake home visits; **Found proved**

Performance assessment

31. You were invited to submit to an assessment of the standard of your professional performance pursuant to Schedule 1 to the General Medical Council (Fitness to Practice Rules) Order of Council 2004 as follows

a. by letter dated 10 February 2009, **Found proved**

b. by letter dated 9 March 2009, **Found proved**

c. by letter dated 30 March 2009, **Found proved**

d. by letter dated 8 April 2009; **Found proved**

32. You did not accept any of the invitations referred to in paragraph ~~0~~ 31 above; **Amended following an application under Rule 17(3). Found proved**

Use of patients' confidential information

33. On 12 February 2009 your registration was made subject to an interim order of suspension by the Interim Orders Panel of the General Medical Council for a period of 18 months; **Found proved**

34. Your name was removed from Calderdale PCT's performers list in or around September 2009; **Found proved**

35. On 2 March 2010 you inappropriately wrote a letter to a number of your former patients in your private capacity in which you

a. notified them

i. of an osteoporosis survey that had been carried out within the Lord Street surgery during 2008, **Found proved**

ii. that their records had been accessed without their knowledge of permission for the purposes of that survey; and **Found proved**

b. indicated that the privacy and confidentiality of their medical records had been compromised by the actions of someone other than yourself in the surgery, **Found proved**

c. invited them to contact you if they should wish to take the matter further; **Found proved**

36. On or around 8 March 2010 you inappropriately invited a number of your former patients to a meeting at your former surgery premises in Lord Street, Halifax; **Found not proved**

37. At the time of contacting your former patients, as detailed in paragraphs 35 and 36 above, your actions were inappropriate, in that you

a. did not have the right of access to confidential patient information because you

i. were not treated as being registered for the purposes of section 49 of the Medical Act 1983 as your registration was subject to the interim order of suspension imposed on 12 February 2009, **Found proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

ii. were not on a PCT performers list; and **Found proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

b. did not have the consent of the individual patients to use their confidential personal information, **Found proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

c. obtained or retained confidential personal information relating to your former patients, **Found proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

d. utilised confidential patient information which had been provided to you either

i. in your professional capacity as the patients' former general practitioner; or **Found not proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

ii. in connection with a Calderdale PCT investigation; and **Found not proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

e. used the patients' personal confidential information for your own private reasons; **Found proved in relation to paragraph 35 in its entirety. Fell in relation to paragraph 36 as paragraph 36 has been found not proved.**

And that by reason of the matters set out above your fitness to practise is impaired because of

a. your misconduct, **Found proved**

b. your deficient professional performance." **Found proved**

Determination on facts

Mr McBride: As you are aware, Dr Sadotra was present but unrepresented at the hearing for the first ten days. During this time, the Panel issued determinations on a number of preliminary legal issues. Dr Sadotra was also present during the evidence of Dr K and the first two days only of the evidence of Dr J. Dr Sadotra also submitted a number of defence documents to which the Panel has given D numbers.

On day 11 of the proceedings, Dr Sadotra informed the Panel that he no longer wished to be present during the hearing. You then made an application under Rule 31 of the General Medical Council (Fitness to Practise) Rules 2004, for the Panel to proceed in the doctor's absence. As the doctor had been present and questioned witnesses in line with his defence, the Panel was of the view that the risk of it reaching an unjust decision was extremely low. The Panel determined to allow your application although no written determination was issued.

At various stages during proceedings, the Panel determined to grant your applications, on behalf of the General Medical Council (GMC) to amend paragraphs: 4, 11(a), 11(f), 13(a), 16(a), 18(c), 18(d), 21(c), 25(b) and 32 of the allegation. It also allowed you to withdraw paragraphs: 12(b), 20(b), 28(a), 28(b) and 28(c). The allegation has been amended accordingly.

The Panel has given consideration to all the evidence adduced in this case. It has taken account of your submissions, on behalf of the GMC. The Panel also took account of the submissions made by Dr Sadotra prior to leaving the proceedings and the documentary evidence he produced for the Panel, where this was relevant to this stage of the proceedings.

The Panel has borne in mind that the burden of proof rests on the GMC and that the standard of proof to be applied is that applicable to civil proceedings, namely the balance of probabilities. The Panel has noted that it is entitled to draw reasonable inferences from the evidence presented and to give such weight to the evidence as it considers appropriate.

The evidence

The Panel has heard oral evidence from a number of witnesses as follows: Dr K, General Practitioner and Dr Sadotra's former partner at the Lord Street Surgery (the practice); Dr J, General Practitioner and the doctor instructed by Calderdale Primary Care Trust (PCT) to undertake an investigation regarding the practice; Dr A, General Practitioner and the GMC's expert witness; Mrs J, a practice nurse at the practice;

Mrs S, a former receptionist at the practice; and Mr A, a former patient. The witness statement of Ms A, former Investigation Officer at the GMC, was read into the record.

The Panel found each of these witnesses to be credible and reliable. Dr J highlighted that this was the first investigation he had undertaken of this type, and conceded that the report he produced had a number of weaknesses in that it lacked detail and substantiation. Although the Panel found Dr J to be a credible and reliable witness, the Panel agreed with his concession and, therefore, attached little weight to his report.

The Panel has also received documentary evidence from both the GMC and Dr Sadotra. This included, amongst other things, the medical records in relation to each of the patients specifically referred to in the allegation; the reports prepared by Dr J and Dr A; Dr Sadotra's observations regarding Dr A's report; and the Practice Partnership Agreement.

The allegation and the Panel's approach to it

The Panel was advised by you that the allegation has been drafted thematically. This was to identify issues that might have been raised at any Performance Assessment.

One of the effects of this, is that there is some duplication of paragraphs within the allegation. Where duplication occurred the Panel has considered that part of the allegation once. The Panel has not considered any replication to be an aggravation of that part of the allegation.

You reminded the Panel that where there is no date specified in any part of the allegation, the relevant period is during the partnership with Dr K, which commenced on 1 April 2008. You also informed the Panel that where any part of the allegation alleges plural actions, the Panel should interpret this as meaning more than one, but not necessarily all. The Panel has accepted this and proceeded on this basis.

The Panel has considered each paragraph of the allegation separately.

The Panel's findings on the facts

Paragraph 1:

> "1. At the material times you practised in partnership with Dr K as a general practitioner at Lord Street Surgery, Halifax;"

has been found proved.

The Panel has noted the Practice Partnership Agreement, signed by both Dr Sadotra and Dr K, and dated as commencing on 1 April 2008. It has also noted that the clinical partnership, in effect, ceased on 19 January 2009 when Dr Sadotra was formally suspended from practise by the PCT.

Assessment of patients' condition

Paragraph 2(a):

"2. In relation to your assessment of your patients' condition

a. You refused to undertake domiciliary visits,"

has been found proved.

The Panel accepted the evidence of Mrs J. She told the Panel that Dr Sadotra did some home visits, but was not keen to do them. She told the Panel that she was aware of occasions where Dr Sadotra did not go on home visits and of one occasion where she went herself and reported back to him. The Panel has also noted the example of Dr Sadotra refusing to undertake a domiciliary visit within exhibit D9.

Paragraph 2(b):

"b. You refused to see patients who had previously been examined by Dr K,"

has been found proved.

The Panel has interpreted "see" as meaning "consult with". The Panel heard the evidence of Dr K in relation to this matter. He said that there had been occasions where Dr Sadotra had seen patients previously seen by him, as detailed in D8. However, he also told the Panel that in September 2008 Dr Sadotra refused to see approximately 12 patients who had previously been seen by him. The Panel found this evidence both credible and reliable. The Panel has also noted the evidence produced by Dr Sadotra in exhibit D8 which indicated that he had seen patients following them being seen by Dr K.

Paragraph 2(c):

"c. You did not take appropriate histories from patients,"

has been found proved.

The Panel has accepted the evidence of Dr A. In his report he noted that "The history… is usually scant and does not contain sufficient information relating to the diagnosis and management plan decided upon." It also accepted the evidence of Dr K that the medical records were difficult to follow. The Panel has the evidence of the history taken in relation to patient 1 on 7 May 2008.

Paragraph 2(d):

"d. You did not make appropriate examinations of patients;"

has been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted that "There is usually little if any evidence of an effective and appropriate examination having been undertaken…". The Panel has noted the two examples of Dr Sadotra not having made appropriate examinations of patients in exhibit D10.

Paragraph 3(a):

"3. Patient 1 consulted you on 22 January 2008 and

a. She complained of painless haematuria,"

has been found proved.

The Panel has noted Patient 1's contemporaneous medical records where Dr Sadotra recorded this complaint.

Paragraph 3(b):

"b. You did not refer her urgently for urological opinion;"

has been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted that the patient should have been referred in accordance with NICE guidelines. The Panel noted that there was a referral but that there was no record of this patient being urgently referred.

Paragraphs 4(a)(i) and 4(a)(ii) (as amended):

"4. Patient 2 consulted you on 16 April 2007 and

a. She complained

i. of pain in the abdomen and on moving her back,

ii. that she went to the toilet a lot,

have been found proved.

The Panel has noted Patient 2's contemporaneous medical records where Dr Sadotra recorded these complaints.

Paragraphs 4(b)(i) and 4(b)(ii):

b. You did not

i. examine her back,

ii. further investigate her complaint that she went to the toilet a lot;"

have been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted the examination and investigations that he would have expected to have been carried out. The Panel has the evidence of the patient's medical record and that there is no note of these being undertaken. The Panel has also noted that the patient was seen by a nurse a week later and that she did not carry out any investigations, such as, urinalysis.

Paragraphs 5(a)(i) and 5(a)(ii):

"5. a. Patient 3 consulted you on 25 September 2007 and she complained of

i. swelling and pain in the rectum, and,

ii. passing blood,"

have been found proved.

The Panel has noted Patient 3's contemporaneous medical records where Dr Sadotra recorded these complaints.

Paragraphs 5(b)(i) and 5(b)(ii):

"b. You did not

i. examine her rectum,

ii. ask her whether her bowel habit had changed;"

have been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted the examination and enquiries he would have expected to have been undertaken. The Panel has the evidence of the patient's medical record and that there is no note of these being undertaken. The Panel accepted that the absence of a note did not necessarily mean there had been no examination, but having regard to all of the evidence in this case, the Panel was satisfied that it was more likely than not that there had been no examination.

Paragraphs 6(a) and 6(b):

"6. a. Patient 4 consulted you on 23 January 2008 and she complained of joint pains,

b. You measured her blood pressure,"

have been found proved.

The Panel has noted Patient 4's contemporaneous medical records where Dr Sadotra recorded these two facts.

Paragraphs 6(c)(i) and 6(c)(ii):

"c. You did not

i. otherwise examine her,

ii. devise or record a treatment plan for her condition;"

have been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted the examination he would have expected to have been undertaken and that a management plan should have been recorded. The Panel has the evidence of the patient's medical record and that there is no note in relation to either of these matters. It is satisfied, having regard to all of the evidence, that it is more likely than not that no examination occurred.

Paragraphs 7(a)(i) and 7(a)(ii):

"7. a. Patient 7 consulted you on 6 July 2007 and she complained that

i. she did not feel like eating, and

ii. felt sick,

have been found proved.

The Panel has noted Patient 7's contemporaneous medical records where Dr Sadotra recorded these complaints.

Paragraphs 7(b)(i) and 7(b)(ii):

"b. You did not

i. take a history from her,

ii. examine her;"

have been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted the examination he would have expected to have been undertaken and that a history should have been recorded. The Panel has the evidence of the patient's medical record and that there is no note in relation to either of these matters. It is satisfied, having regard to all of the evidence, that it is more likely than not that no examination occurred.

Providing, arranging or making investigations

Paragraph 8(a):

"8. In relation to providing, arranging or making investigations

a. you referred patients without first undertaking an appropriate examination of the patient,"

has been found proved.

This is a duplicate of paragraph 2(d). The Panel draws no adverse inference in relation to this finding of fact.

Paragraph 8(b):

"b. your referral letters were brief and uninformative,"

has been found not proved.

The Panel was not persuaded by the strength and quality of the evidence presented to it to make these findings.

Paragraph 8(c):

"c. you did not undertake or arrange further investigations when the patient's history or your examination indicated that such was required,"

has been found not proved.

The Panel was not satisfied on the evidence before it that this paragraph of the allegation was proved.

Paragraph 9(a):

"9. a. Patient 1 consulted you on 22 January 2008 and she complained of haematuria,

has been found proved.

This is a duplicate of paragraph 3(a). The Panel draws no adverse inference in relation to this finding of fact.

Paragraphs 9(b), 9(c) and 9(d):

> "b. You did not undertake or commission urinalysis,
>
> c. Patient 1 consulted you on 1 February 2008 and she complained of haematuria,
>
> d. You did not undertake or commission urinalysis;"

have been found proved.

The Panel has the evidence of the patient's medical record and that there is no note in relation to urinalysis being undertaken or commissioned following either consultation.

Paragraphs 10(a)(i), 10(a)(ii) and 10(b):

> "10. a. Patient 3 consulted you on 8 August 2008 and she complained of
>
> i. pain in the right renal area, with
>
> ii. increased frequency of micturition,
>
> b. You found blood in her urine,"

have been found proved.

The Panel has noted Patient 3's contemporaneous medical records where Dr Sadotra recorded these complaints and his finding.

Paragraphs 10(c)(i), 10(c)(ii) and 10(d):

> "c. You did not examine her for tenderness in
>
> i. the right renal angle, or
>
> ii. the bladder,
>
> d. You did not undertake or commission urinalysis to determine whether her haematuria was sterile or not;"

have been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted the examination and investigations he would have expected to have been undertaken. The Panel has the evidence of the patient's medical record and that there is no note

in relation to either of these matters. It is satisfied, having regard to all of the evidence, that it is more likely than not that no examination occurred.

Paragraphs 11(a) and 11(b):

"11. In relation to Patient 4:

a. Patient 4 consulted you on 6 May 2005,

b. she complained of epigastric pain and pain in the joints,"

have been found proved.

The Panel has noted Patient 4's contemporaneous medical records where Dr Sadotra recorded these complaints.

Paragraphs 11(c), 11(d), 11(e), 11(f) and 11(g):

"c. you did not investigate the cause of her epigastric pain,

d. a full blood count dated 9 May 2005 indicated that Patient 4 was anaemic,

e. you prescribed iron to Patient 4 on 17 May 2005,

f. a full blood count dated 15 June 2006 indicated that Patient 4 remained anaemic,

g. you did not undertake further investigation into the reasons for Patient 4's anaemia;"

have been found proved.

The Panel has the evidence of the patient's medical record together with the evidence of Dr A. In his report, he noted the investigation he would have expected to have been undertaken and that the patient was anaemic. He also noted that despite the abnormal results of the blood count there was no action taken and no review undertaken.

Treatment of patients

Paragraphs 12(a) and 12(c):

"12. In relation to your treatment of patients

a. the process by which you decided what treatment to apply was inadequate,

…

c. you prescribed antibiotics and linctus inappropriately,"

have been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraphs 13(a) and 13(b):

"13. In relation to Patient 4

a. Patient 4 consulted you on 6 May 2005,

b. she complained of epigastric pain and pain in the joints,"

have been found proved.

The Panel has noted that these are duplicates of paragraphs 11(a) and 11(b), respectively. No adverse inference is drawn by the Panel in relation to this duplication.

Paragraphs 13(c) and 13(d):

"c. you prescribed ibuprofen to her on 7 October 2005,

d. you prescribed diclofenac sodium to her on 9 November 2005 and subsequently,"

have been found proved.

The Panel has noted Patient 4's contemporaneous medical records where Dr Sadotra recorded these prescriptions.

Paragraph 13(e)(i):

"e. i. you concluded that patient 4 suffered from depression,"

has been found not proved.

No evidence has been presented to support the fact that Dr Sadotra concluded subsequent to 9 November 2005 that the patient suffered from depression. The Panel has noted that this diagnosis was first recorded prior to this date on 29 March 2004. After 9 November 2005 there were a number of visits by the patient and the diagnosis of depression was next recorded on 20 February 2007. The Panel was not satisfied that such a diagnosis "followed on" from the prescription of diclofenac sodium given to her on 9 November 2005.

Paragraph 13(e)(ii):

> "ii. you did not record upon what basis you had reached your diagnosis,"

has been found not proved.

In the light of the Panel's finding at paragraph 13(e)(i) this paragraph has been found not proved.

Paragraph 13(e)(iii):

> "iii. you prescribed Paroxetine to her,"

has been found not proved.

Given the Panel's finding at paragraph 13(e)(i) this paragraph has been found not proved.

Paragraph 13(f):

> "f. You then prescribed Citalopram to her,"

has been found not proved.

There was no evidence that Dr Sadotra prescribed Citalopram subsequent to 9 November 2005.

Paragraphs 13(g)(i), 13(g)(ii) and 13(g)(iii):

> "g. You did not
>
> i. record the reasons why you changed her medication from Paroxetine to Citalopram,
>
> ii. devise or record a treatment plan for her,
>
> iii. review or monitor
>
> aa. her condition,
>
> bb. her treatment, or
>
> cc. her medication;"

have been found not proved.

Given the Panel's finding at paragraph 13(f) these paragraphs have been found not proved.

Record keeping

Paragraphs 14(a)(i), 14(a)(ii) and 14(a)(iii):

"14. In relation to record keeping

a. You did not make clear, accurate records reporting

i. the relevant clinical findings,

ii. the decisions made, and

iii. the information given to patients,"

have been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraph 14(b):

"b. Following a consultation, you recorded only the medication which you had prescribed,"

has been found not proved.

There was no evidence before the Panel to support this paragraph.

Paragraphs 14(c) and 14(d):

c. You did not make any record of your encounters with patients in the course of telephone conversations or domiciliary visits,

d. Your notes did not contain accurate summaries of your patient's principle complaints;"

have been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraph 15(a):

"15. a. Patient 1 consulted you on 22 January 2008 and she

complained of painless haematuria,

has been found proved.

This is a duplicate of paragraph 3(a). The Panel has drawn no adverse inference from this duplication.

Paragraphs 15(b), 15(c) and 15(d):

> "b. You did not record whether you had undertaken any investigation to confirm her complaint,
>
> c. Patient 1 consulted you on 1 February 2008 and she complained of painless haematuria,
>
> d. You did not record whether you had undertaken any investigation to confirm her complaint,"

have been found proved.

The Panel has noted the patient's medical record and that there is no record in relation to whether any investigation had been undertaken.

Paragraph 16(a):

> "16. a. Patient 2 consulted you on 16 April 2007 and she complained of pain in the abdomen and on moving her back,"

has been found proved.

This is a duplicate of paragraph 4(a). The Panel has drawn no adverse inference from this duplication.

Paragraph 16(b):

> b. Your record keeping was inadequate in that you simply recorded your examination of Patient 2 as "Abdomen soft";"

has been found proved.

The Panel has accepted the evidence of Dr A. In his report, he noted the matters he would have expected to have been recorded. This would have included more detail in relation to the matters the patient had complained of.

Paragraph 17(a):

> "17. a. Patient 3 consulted you on 23 January 2007 and she complained that she had been involved in a road traffic accident,

has been found proved.

The Panel has noted the patient's medical record.

Paragraphs 17(b)(i), 17(b)(ii) and 17(b)(iii):

> "b. Your note did not
>
> i. mention the details of the accident,
>
> ii. state whether the patient had been x-rayed in the emergency department,
>
> iii. record whether you had made any examination of the patient, and if so, what;"

have been found proved.

The Panel has noted that Dr Sadotra did record "RTA" (road traffic accident) and gave the date it occurred, however, it gives no further detailed information. The Panel has accepted the evidence of Dr A in relation to the detail he would have expected to have been recorded where a patient had been involved in a road traffic accident.

Paragraphs 18(a), 18(b)(i), 18(b)(ii) and 18(c):

> "18. a. In relation to Patient 4's notes you have recorded that you undertook a medication review on 28 October 2004,
>
> b. Your note does not record
>
> i. whether you consulted the patient in relation to the alleged review,
>
> ii. what medications were reviewed or with what result,
>
> c. You have recorded that on 23 November 2004 you measured Patient 4's blood pressure,

have been found proved.

The Panel has noted these details in the patient's medical records.

Paragraph 18(d):

> "d. There is no consultation recorded for 23 November 2004 in relation to Patient 4,"

has been found not proved.

The Panel has noted that contrary to the allegation, the consultation is recorded in the patient's Lloyd George notes.

Paragraphs 18(e), 18(f), 18(g):

> "e. You have recorded a full blood analysis on 9 May 2005,
>
> f. The blood analysis demonstrates a microcytic anaemia,
>
> g. Your notes do not record
>
> i. that you took any history in relation to the analysis of 9 May 2005,
>
> ii. that you undertook any examination in relation to the analysis of 9 May 2005,
>
> h. You recorded on 16 September 2005 that you prescribed Erythromycin to Patient 4,
>
> i. Your notes record no reason why you prescribed Erythromycin to Patient 4;"

have been found proved.

The Panel has noted the patient's medical record. The Panel has accepted the evidence of Dr A. In his report he noted the matters he would have expected to have been recorded and that the patient had microcytic anaemia.

Paragraph 19 in its entirety:

> "19. The summary of Patient 5's medical notes does not refer to her diagnoses of
>
> a. Rheumatoid arthritis,
>
> b. Adenocarcinoma of the lung"

has been found proved.

The Panel has noted the patient's medical records where these details are not recorded.

Paragraphs 20(a)(i) and 20(a)(ii):

> "20. a. Patient 6 suffered from
>
> i. Fallot's Tetralogy,

ii. numerous life-threatening complications of her condition,"

have been found proved.

The Panel has noted the patient's medical records which record these matters.

Paragraph 20(c):

"c. On numerous occasions you recorded that you had prescribed medicines to Patient 6 without recording

i. the nature of the patient's complaint, or

ii. your examination (if any);"

has been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraph 21(a):

"21. In relation to Patient 13

a. Your medical records for Patient 13 contained a notification made in about 2004 that patient 13 had Hb E trait,"

has been found proved.

The Panel has noted the letter in the patient's medical record which details this.

Paragraphs 21(b), 21(c), 21(d) and 21(e):

"b. Your notes summary did not record that Patient 13 had Hb E trait,

c. Blood tests were reported on 13 June 2006 and 3 November 2006,

d. Your medical records for Patient 13 contain no indication of why blood tests were undertaken,

e. You prescribed oral iron for Patient 13 on 15 June 2006,"

have been found proved.

The Panel has noted the patient's medical records which refer to these matters.

Paragraph 21(f):

> "f. Your medical records for Patient 13 contain no indication of why you prescribed oral iron;"

has been found not proved.

The Panel considered the blood test results recorded in the patient's medical records to be an indication for why iron was prescribed. Accordingly, it was not satisfied on the evidence that this matter has been proved.

Use of resources

Paragraph 22(a):

> "22. In relation to your use of resources
>
> a. You did not engage the practice nurse effectively as a member of the primary health care team,"

has been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraph 22(b):

> "b. You used clinically ineffective preparations such as simple linctus and antibiotics when the use of such was not indicated,"

has been found not proved.

This is a duplicate of paragraph 12(c). The Panel draws no adverse inference from this duplication.

Paragraph 22(c):

> "c. You used beta blockers as a first line treatment for hypertension,"

has been found not proved.

There was evidence that beta blockers were prescribed but no reliable evidence that this was as a first line treatment for hypertension.

Paragraph 22(d):

"d. You referred patients unnecessarily;"

has been found not proved.

There is no evidence the Panel could rely on that would allow it to conclude this paragraph was proved.

Paragraph 23(a):

"23. You referred Patient 3 to Mr Jones by letter dated 11 April 2005 and your referral letter

a. did not contain a past medical history,"

has been found proved.

The Panel has accepted the evidence of Dr A. In his report, he commented on this referral. He noted that there was no medical history recorded, for instance, the history of sterilisation would have been important to note in this case.

Paragraphs 23(b), 23(c)(i), 23(c)(ii), 23(d)(i) and 23(d)(iii):

"b. did not explain what examination, if any, you had undertaken before referring the patient,

c. did not mention any

i. medication, or

ii. sensitivities,

d. You referred Patient 3 for physiotherapy on 23 January 2007 and your referral letter

i. did not contain a past medical history,

…

iii. what examination, if any, you had undertaken before referring the patient;"

have been found proved.

The Panel has noted the patient's medical record. The Panel has accepted the evidence of Dr A. In his report, he noted the examination he would have expected to have been undertaken and the matters he would have expected to be recorded both in the notes and the referral letter. The Panel was satisfied, having regard to all the evidence, that no examination occurred in relation to paragraph 23(d)(iii).

Paragraph 23(d)(ii):

> "ii. did not mention that the patient had been involved in a road traffic accident,

has been found not proved.

The Panel has noted the acronym "RTA" was mentioned in the referral to the physiotherapist.

Education

Paragraph 24 in its entirety:

> "24. In relation to education
>
> a. you did not understand the appropriate use of blood sugar monitoring in non-insulin-dependent diabetic patients,
>
> b. your practise in the treatment of hypertension is not up to date with current medical practice;"

has been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Legal issues

Paragraph 25(a):

> "25. In relation to legal issues
>
> a. you did not issue your staff with a written statement of the terms of their employment,"

has been found not proved.

The Panel heard no direct evidence to support this paragraph. The only direct evidence it had was from Mrs S who did have a contract.

Paragraph 25(b):

> "b. on or about 20 April 2005, you threatened your receptionist that if she did not return early from her maternity leave, she might not be allowed to return to the same job;"

has been found proved.

The Panel noted the sequence of correspondence between Dr Sadotra and Mrs S. The Panel accepted Mrs S's oral evidence that she believed that she "must go back to work otherwise there may not be a guaranteed position" for her.

Emergencies

Paragraph 26:

> "26. In relation to emergencies you cancelled an emergency appointment for a sick baby on 17 October 2008;"

has been found proved.

Mrs S told the Panel that Dr Sadotra told her to cancel the appointment. The Panel has noted that this is supported in the documentary evidence contained in exhibit D8.

Respect for patients

Paragraph 27(a):

> "27. In relation to respect for patients
>
> a. you started your clinics late,"

has been found proved.

The Panel has noted the oral evidence of Dr K, Mrs J and Mrs S in relation to this paragraph. This evidence is supported by the audits in relation to clinic start times produced by Dr J and Mrs S.

Paragraph 27(b):

> "b. you directed your staff that new patients were not to be admitted to your list unless they were of Indian origin,"

has been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraphs 27(c) and 27(d):

> "c. you refused to see patients who had previously been examined by Dr K,
>
> d. you refused to undertake home visits,"

have been found proved.

These are duplicates of paragraph 2(b) and 2(a), respectively. The Panel has not drawn any adverse inference from this duplication.

Paragraph 27(e):

> "e. you were abusive to patients,"

has been found not proved.

The Panel has heard no direct evidence to support this paragraph.

Paragraph 27(f):

> "f. you refused to examine infant patients who were crying;"

has been found not proved.

The relevant period for this part of the allegation was from 1 April 2008. In all the circumstances, the Panel was not persuaded by the strength and quality of the evidence presented to find these matters proved.

Paragraph 29 in its entirety:

> "29. On 17 October 2007, Patient 13 attended your clinic and
>
> a. he was 3 years of age at the time,
>
> b. he was complaining of a chesty cough and a temperature,
>
> c. you stated that he could not be examined properly because he was crying;"

has been found proved.

The Panel has noted Patient 13's contemporaneous medical records where these details are recorded.

<u>Teamwork</u>

Paragraph 30(a):

> "30. In relation to teamwork
>
> a. you bullied your staff,"

has been found proved.

The Panel has accepted the oral evidence of Mrs J and Mrs S. They told the Panel that Dr Sadotra did at times speak about matters relating to patients, but that other matters were communicated by letter and memoranda. Mrs J described these as "threatening". In relation to the meetings, she stated that she felt "intimidated", "belittled" and felt like leaving nursing. Mrs S stated that Dr Sadotra was always aggressive when he spoke to her and that she could not communicate with him.

Paragraph 30(b):

> "b. you did not co-operate with Dr K in the proper running of your practice,

has been found not proved.

There was no evidence before the Panel for it to conclude that this event more than likely or not occured.

Paragraph 30(c):

> "c. you engaged a practice manager without consulting Dr K,"

has been found proved.

The Panel accepted the oral evidence of Dr K. He told the Panel that he was only informed of the engagement of a practice manager following his return from holiday. It has noted that this evidence was supported by the documentation presented to it by Dr Sadotra.

Paragraph 30(d):

> "d. you communicated with your staff by means of memoranda and correspondence rather than verbally,"

has been found proved.

The Panel has noted the reasons given in relation to paragraph 30(a). In addition, the Panel noted that this evidence was supported by the oral evidence of Dr K.

Paragraphs 30(e) and 30(f):

> "e. you refused to see patients who had previously been examined by Dr K,
>
> f. you refused to undertake home visits;"

have been found proved.

These are duplicates of paragraph 2(b) and 2(a), respectively. The Panel has drawn no adverse inference in relation to this duplication.

Performance assessment

Paragraph 31 in its entirety:

> "31. You were invited to submit to an assessment of the standard of your professional performance pursuant to Schedule 1 to the General Medical Council (Fitness to Practice Rules) Order of Council 2004 as follows
>
> a. by letter dated 10 February 2009,
>
> b. by letter dated 9 March 2009,
>
> c. by letter dated 30 March 2009,
>
> d. by letter dated 8 April 2009;"

has been found proved.

Paragraph 32 (as amended):

> "32. You did not accept any of the invitations referred to in paragraph 31 above;"

has been found proved.

The Panel has not been provided with a copy of any performance assessment report. The Panel has noted the statement of Ms A in relation to invitations for a performance assessment being sent to Dr Sadotra. Having regard to all of the evidence, the Panel has drawn the reasonable inference that no performance assessment invitation was accepted by Dr Sadotra.

Use of patients' confidential information

Paragraph 33 in its entirety:

> "33. On 12 February 2009 your registration was made subject to an interim order of suspension by the Interim Orders Panel of the General Medical Council for a period of 18 months;"

has been found proved.

The Panel has noted the statement of Ms A and the determination of the Interim Orders Panel dated 12 February 2009.

Paragraph 34 in its entirety:

"34. Your name was removed from Calderdale PCT's performers list in or around September 2009;"

has been found proved.

The Panel has noted the letter from the PCT to Dr Sadotra, dated 25 September 2009.

Paragraph 35 in its entirety:

"35. On 2 March 2010 you inappropriately wrote a letter to a number of your former patients in your private capacity in which you

a. notified them

i. of an osteoporosis survey that had been carried out within the Lord Street surgery during 2008,

ii. that their records had been accessed without their knowledge of permission for the purposes of that survey; and

b. indicated that the privacy and confidentiality of their medical records had been compromised by the actions of someone other than yourself in the surgery,

c. invited them to contact you if they should wish to take the matter further;"

has been found proved.

The Panel has had regard to the terms of the letter from Dr Sadotra to a number of former patients. The Panel has also found proved paragraphs 33 and 34. The Panel accepted that it was inappropriate for Dr Sadotra to write to his former patients in those circumstances. In addition, the Panel has noted that in the letter Dr Sadotra made numerous assumptions and included factually incorrect statements.

Paragraph 36 in its entirety:

"36. On or around 8 March 2010 you inappropriately invited a number of your former patients to a meeting at your former surgery premises in Lord Street, Halifax;"

has been found not proved.

No direct evidence has been presented to support this paragraph.

Paragraph 37 in its entirety:

"37. At the time of contacting your former patients, as detailed in paragraphs 35 and 36 above, your actions were inappropriate, in that you

a. did not have the right of access to confidential patient information because you

i. were not treated as being registered for the purposes of section 49 of the Medical Act 1983 as your registration was subject to the interim order of suspension imposed on 12 February 2009,

ii. were not on a PCT performers list; and

b. did not have the consent of the individual patients to use their confidential personal information,

c. obtained or retained confidential personal information relating to your former patients,

d. utilised confidential patient information which had been provided to you either

i. in your professional capacity as the patients' former general practitioner; or

ii. in connection with a Calderdale PCT investigation; and

e. used the patients' personal confidential information for your own private reasons;"

Paragraphs 37(a)(i) and 37(a)(ii) have been found proved in relation to paragraph 35 in its entirety.

In the light of the Panel's findings in relation to paragraphs 33 and 34, the Panel found it was inappropriate for Dr Sadotra to contact his former patients.

Paragraph 37(b) has been found proved in relation to paragraph 35 in its entirety.

The Panel did not receive direct evidence to support this paragraph. In finding this paragraph proved, the Panel noted its findings in relation to paragraphs 35(a)(i) and 35(a)(ii) and it drew a reasonable inference from the oral evidence of Mrs S that a number of patients returned the letter sent by Dr Sadotra to the surgery.

Paragraph 37(c) has been found proved in relation to paragraph 35 in its entirety.

The Panel did not receive direct evidence to support this paragraph. In finding this paragraph proved, the Panel noted its findings in relation to paragraphs 35(a)(i),

35(a)(ii) and 35(b) and it drew a reasonable inference from these that Dr Sadotra obtained or retained this information.

Paragraphs 37(d)(i) and 37(d)(ii) have been found not proved in relation to paragraph 35 in its entirety.

The Panel did not have sufficient evidence to satisfy itself regarding the source of the information.

Paragraph 37(e) has been found proved in relation to paragraph 35 in its entirety.

The Panel has noted that Dr Sadotra wrote in the letter that he found it "[his] moral and legal duty to inform [his former patients] of what has happened in the surgery without [their] knowledge or permission.

Paragraph 37 in its entirety falls in relation to paragraph 36 as paragraph 36 has been found not proved.

Having reached its findings on the facts, the Panel invites you to adduce any further evidence and make any further submissions as to whether, on the basis of the facts found proved, Dr Sadotra's fitness to practise is impaired by reason of his misconduct and/or his deficient professional performance.

Determination on impaired fitness to practise

Mr McBride: At this stage of the proceedings, the Panel must decide, under Rule 17(2)(k) of the General Medical Council's (Fitness to Practise) Rules 2004, whether, on the basis of the facts found proved, Dr Sadotra's fitness to practise is impaired by reason of his misconduct and/or his deficient professional performance.

The Panel has given consideration to all the evidence adduced in this case. It has taken account of your submissions, on behalf of the General Medical Council (GMC). The Panel also took into account all of the submissions Dr Sadotra made prior to leaving the proceedings and the documentary evidence he produced for the Panel, where this was relevant to this stage of the proceedings.

You invited the Panel to find Dr Sadotra's fitness to practise to be impaired by reason of his misconduct and his deficient professional performance. You submitted that the facts proved in Dr Sadotra's case are of a substantial number and fall into a number of thematic areas.

The Legal Assessor advised the Panel that the question of impairment was a matter for its own judgement, and it is a matter for the Panel what weight it decides to attach to any piece of evidence before it. The Panel was required to consider misconduct and deficient professional performance separately. In considering each, the Panel should apply a two-step process. First the Panel should consider whether the facts found proved amounted to misconduct, and then, whether that misconduct amounted

to impairment. The same approach by the Panel should be adopted when considering the question of deficient professional performance.

The Panel was advised that impairment did not automatically follow a finding of misconduct and it should have regard to the case of Cheatle v GMC [2009] EWHC 645, where at paragraph 22, Cranston J. stated:

> "In my judgment this means that the context of the doctor's behaviour must be examined. In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a Panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct."

In determining whether Dr Sadotra's conduct amounted to misconduct, the Legal Assessor referred the Panel to the case of Meadow v GMC [2006] EWCA Civ 1390 where it was made clear that any misconduct had to be serious before a finding of impairment of fitness to practise could be made. In the Meadow case, the test used was whether the conduct could be regarded as "deplorable".

The Legal Assessor also advised the Panel that it should have regard to the case of Cohen v GMC [2007] EWHC 581 (Admin) which states that:

> "It must be highly relevant in determining if a doctor's fitness to practice 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."

Throughout its deliberations, the Panel has borne in mind its responsibility to protect the public interest. The public interest includes not only the protection of patients but also the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

The Panel has already given a detailed determination in relation to the facts of Dr Sadotra's case and it has taken those matters into account during its deliberations on impairment.

Throughout its deliberations, the Panel has borne in mind the duties and responsibilities of all doctors registered with the GMC as set out in Good Medical Practice (2006 edition, the principles of which are echoed in earlier editions). This states in relation to "The duties of a doctor registered with the General Medical Council" that:

> "Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:
>
> - Make the care of your patient your first concern"

At paragraph 1, under the heading of "Good Doctors" it states that:

> "Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity."

Under the heading of "Providing good clinical care" at paragraphs 2 and 3 that:

> "Good clinical care must include:
>
> (a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient
> (b) providing or arranging advice, investigations or treatment where necessary
> (c) referring a patient to another practitioner, when this is in the patient's best interests.
>
> …
>
> In providing care you must:
>
> (a) recognise and work within the limits of your competence
> (b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
> (c) provide effective treatments based on the best available evidence
> …
> (f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment
> …
> (h) be readily accessible when you are on duty

At paragraph 37, under the heading of "Confidentiality", Good Medical Practice states that:

> "Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential…"

Under the heading of "Working in teams", at paragraph 41, it states that:

> "Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:
>
> …
> (b) communicate effectively with colleagues within and outside the team"

At paragraph 46, under the heading of "Respect for colleagues", Good Medical Practice states that:

> "You must treat your colleagues fairly and with respect. You must not bully or harass them…"

Misconduct

The Panel first considered whether the facts of Dr Sadotra's case amounted to misconduct.

In summary, the findings of the Panel which relate to Dr Sadotra's conduct are as follows, and can be categorised under the following main headings:

- Legal issues
  His threatening his receptionist that if she did not return early from her maternity leave, she might not be allowed to return to the same job.
- Emergencies
  His cancelling an emergency appointment for a sick baby.
- Respect for patients
  His routinely starting clinics late; refusing to see patients who had previously been examined by Dr K; refusing to undertake home visits; and stating that an infant could not be examined properly because he was crying.
- Teamwork
  His bullying staff; engaging a practice manager without consulting Dr K; communicating with staff by means of memoranda and correspondence rather than verbally; refusing to see patients who had previously been examined by Dr K; and refusing to undertake home visits.
- Performance assessment
  His not accepting four invitations to submit to an assessment of the standard of his professional performance.
- Use of patients' confidential information
  His inappropriately writing a letter to a number of his former patients in his private capacity, and his making numerous assumptions and including factually incorrect statements in the letter.

Dr Sadotra's acts and omissions represent clear and repeated breaches of the GMC's guidance set out previously, in relation to standards of conduct and behaviour, which occurred over a number of years. The Panel was in no doubt that Dr Sadotra's behaviour fell seriously short of the standards of conduct that the public

and patients are entitled to expect from all registered medical practitioners. The Panel was of the view that such behaviour would be regarded as deplorable by the public, patients and fellow practitioners.

In all the circumstances, the Panel has determined that there has been misconduct in Dr Sadotra's case.

The Panel went on to consider whether Dr Sadotra's fitness to practise is impaired by reason of his misconduct.

The Panel has borne in mind all of the testimonials submitted by Dr Sadotra, the majority of which are undated and rarely indicate a timeframe in relation to the comments. It has noted that the authors do not make reference to their being aware of this hearing and what matters have been alleged. The Panel has given the testimonials such weight as it considered appropriate.

The Panel has acknowledged that there is some evidence that Dr Sadotra can, and has, behaved in accordance with the relevant professional standards in the past. However, the Panel remained concerned that the facts found proved in Dr Sadotra's case demonstrate a whole range of issues in relation to his attitude towards his patients, staff, practice partner and professional body. This behaviour occurred over a number of years with the most recent being in March 2010.

The Panel has not received any evidence that Dr Sadotra has taken any steps to remedy his misconduct, if indeed it is remediable. Furthermore, the Panel has borne in mind that Dr Sadotra has not, at any time, acknowledged his shortcomings. The Panel considers that Dr Sadotra has demonstrated a lack of insight into the matters which have brought him before it.

The Panel could not be satisfied, in the light of the lack of evidence as to Dr Sadotra remediation and insight, that Sadotra's misconduct would not be repeated in the future.

In all the circumstances, the Panel has determined that Dr Sadotra's fitness to practise is impaired by reason of his misconduct.

Deficient professional performance

The Panel next considered whether the facts of Dr Sadotra's case amounted to deficient professional performance.

In summary, the findings of the Panel which relate to Dr Sadotra's deficient professional performance are as follows, and can be categorised under the following main headings:

- Assessment of patients' conditions
  His not taking appropriate histories from patients; not making appropriate examinations of patients; and specific actions and/or omissions in relation to 4 patients.

- Providing, arranging or making investigations
  His referring patients without first undertaking an appropriate examination of the patient; and specific actions and/or omissions in relation to 3 patients.
- Treatment of patients
  His specific actions and/or omissions in relation to 1 patient.
- Record keeping
  His specific actions and/or omissions in relation to 6 patients.
- Use of resources
  His specific actions and/or omissions in relation to 2 patients.

It is clear to the Panel that over a number of years Dr Sadotra's professional performance seriously and persistently fell below the principles and values on which Good Medical Practice is founded. In many respects, Dr Sadotra departed from the basic principles of the doctor-patient relationship and a doctor's duty to make the care of their patient his first concern.

In all the circumstances, the Panel has determined that there has been deficient professional performance in Dr Sadotra's case.

The Panel went on to consider whether Dr Sadotra's fitness to practise is impaired by reason of his deficient professional performance.

The Panel has noted that Dr Sadotra has not provided it with any evidence to suggest that he has remedied any of the deficiencies which have been highlighted in his performance, or provided any evidence of his continuing professional development. The Panel, therefore, cannot be confident that there will not be a repetition of similar deficient professional performance in the future.

The Panel has not been provided with evidence that Dr Sadotra has directly harmed patients. Nevertheless, it remains concerned that the multiple deficiencies identified in his performance are so basic and wide-ranging that, together with his lack of insight, he presents a risk to patients.

In all the circumstances, the Panel has determined that Dr Sadotra's fitness to practise is impaired by reason of his deficient professional performance.

Having found that Dr Sadotra's fitness to practise is impaired by reason of his misconduct and his deficient professional performance, the Panel now invites you to adduce any further evidence and make any further submissions as to the appropriate sanction, if any, to be imposed on Dr Sadotra's registration. Submissions on sanction should include reference to the Indicative Sanctions Guidance (dated April 2009 and updated in August 2009), using the criteria set out in the guidance to draw attention to the issues which appear relevant in this case.

Determination on sanction

Mr McBride: Having determined that Dr Sadotra's fitness to practise is impaired by reason of his misconduct and his deficient professional performance, the Panel has now considered what sanction, if any, should be imposed upon his registration.

The Panel has given consideration to all the evidence adduced in this case. It has taken account of your submissions, on behalf of the General Medical Council (GMC). The Panel also took into account all of the submissions Dr Sadotra made prior to leaving the proceedings and the documentary evidence he produced for the Panel, where this was relevant to this stage of the proceedings.

You reminded the Panel of the background to the case. You also reminded the Panel of its findings as given in its determination on impairment. You drew the Panel's attention to parts of the Indicative Sanctions Guidance. You submitted that the appropriate, and only, sanction in this case is that of erasure.

The Panel has exercised its own judgment in considering the appropriate sanction to impose, if any, in Dr Sadotra's case.

In reaching its decision, the Panel has taken account of the GMC's Indicative Sanctions Guidance (April 2009). It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the public interest, although it may have a punitive effect. Throughout its deliberations, it has applied the principle of proportionality, balancing Dr Sadotra's interests with the public interest. The public interest includes not only the protection of patients but also the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

The Panel has already given detailed determinations in relation to the facts of Dr Sadotra's case and in relation to impairment, and it has taken those matters into account during its deliberations on sanction.

The Panel first considered whether to conclude the case by taking no action. It has determined that, in view of the serious nature of the Panel's findings in respect of impairment by reason of misconduct and deficient professional performance, it would not be sufficient, proportionate, nor in the public interest to conclude this case by taking no action.

The Panel next considered whether it would be sufficient to impose conditions on Dr Sadotra's registration. Any conditions imposed would need to be appropriate, proportionate, workable and measurable.

In the light of Dr Sadotra's lack of insight and engagement with the GMC, the Panel was of the opinion that conditions would not be appropriate or workable in this case. Further, in the Panel's view, a period of conditional registration would not adequately reflect the serious nature of the Panel's findings in respect of impairment by reason of misconduct and deficient professional performance.

The Panel has, therefore, determined that it would not be sufficient, proportionate nor in the public interest to impose conditions on Dr Sadotra's registration.

The Panel next considered whether it would be sufficient to suspend Dr Sadotra's registration. In so doing, the Panel has noted paragraphs 69 and 70 of the Indicative Sanctions Guidance, which state that:

> "Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered medical practitioner. Suspension from the register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the period of suspension. Suspension will be an appropriate response to misconduct which is sufficiently serious that action is required in order to protect patients and maintain public confidence in the profession. However, a period of suspension will be appropriate for conduct that falls short of being fundamentally incompatible with continued registration and for which erasure is more likely to be the appropriate response (namely conduct so serious that the Panel considers that the doctor should not practise again either for public safety reasons or in order to protect the reputation of the profession). This may be the case, for example, where there may have been acknowledgement of fault and where the Panel is satisfied that the behaviour or incident is unlikely to be repeated. The Panel may wish to see evidence that the doctor has taken steps to mitigate his/her actions
>
> …
>
> Suspension is also likely to be appropriate in a case of deficient performance in which the doctor currently poses a risk of harm to patients but where there is evidence that he/she has gained insight into the deficiencies and has the potential to be rehabilitated if prepared to undergo a rehabilitation programme."

It has also taken into account the relevant factors, as far as suspension is concerned, set out in the Indicative Sanctions Guidance paragraph 75.

In addition, the Panel has taken into account paragraph 113 of the Indicative Sanctions Guidance, which refers to cases involving a failure to provide an acceptable level of treatment/care and states that:

> "A particularly important consideration in such cases is whether or not a doctor has, or has the potential to develop, insight into these failures. Where this is not evident, it is likely that conditions on registration or suspension may not be appropriate or sufficient."

Of the facts proved in relation to Dr Sadotra's misconduct, the Panel found the following to be of particular concern:

- His threatening and bullying staff;
- His cancelling an emergency appointment for a sick baby;
- His refusing to undertake home visits, including a patient who was suffering from cancer as detailed in exhibit D9;

- His not accepting four invitations from his Regulatory Body to submit to an assessment of the standard of his professional performance;
- His routine lateness for surgery demonstrating a lack of respect for his patients; and
- His use of patients' confidential information and his inappropriately writing a letter to a number of his former patients in his private capacity, and his making numerous assumptions and including factually incorrect statements in the letter, which the Panel has noted was sent following Dr Sadotra being referred to the GMC.

This behaviour occurred over a number of years with the most recent being in March 2010.

The Panel has found that Dr Sadotra's misconduct represents clear and repeated breaches of the GMC's guidance, Good Medical Practice. In the Panel's view these demonstrate a whole range of issues in relation to Dr Sadotra's attitude towards his patients, staff, practice partner and professional body. The Panel was of the view that such behaviour would be regarded as deplorable by the public, patients and fellow practitioners.

The Panel was equally concerned by its findings in relation Dr Sadotra's deficient professional performance. The Panel found there to be multiple, wide-ranging and basic deficiencies in Dr Sadotra's clinical practice and it considered the following issues to be of particular concern:

- His assessment of patients' conditions;
- His providing, arranging or making investigations;
- His treatment of patients;
- His record keeping; and
- His use of resources.

In many respects, Dr Sadotra departed from the basic principles of the doctor-patient relationship and a doctor's duty to make the care of their patient their first concern. It was the Panel's view that these deficiencies in his performance represented a serious risk to patients.

The Panel has not received any evidence that Dr Sadotra has taken any steps to remedy his misconduct, if indeed it is remediable, and/or his deficient professional performance. Dr Sadotra has not, at any time, acknowledged any of his shortcomings.

The Panel considered that Dr Sadotra has demonstrated a lack of engagement with the GMC and a complete lack of insight into the seriousness of his actions or their consequences.

The Panel could not be satisfied, in the absence of the lack of evidence as to Dr Sadotra's remediation and insight, that his misconduct and deficient professional performance would not be repeated in the future.

In reaching its decision on sanction, the Panel has borne in mind the evidence put forward in mitigation. It has noted all of the testimonials submitted by Dr Sadotra and it has given them such weight as it considered appropriate. It has also borne in mind the length of Dr Sadotra's medical career.

The Panel has concluded that the aggravating factors in Dr Sadotra's case, which include, but are not limited to, the seriousness of his misconduct and deficient professional performance, his persistent lack of engagement with the GMC and his complete lack of insight into the seriousness of his actions or their consequences, far outweigh that advanced in mitigation, namely the testimonials advanced on his behalf.

In all the circumstances, the Panel has determined that a period of suspension would not be sufficient, proportionate nor in the public interest.

The Panel has noted paragraph 82 of the Indicative Sanctions Guidance, which states that:

> "Erasure may well be appropriate when the behaviour involves **any** of the following factors (this list is not exhaustive):
>
> - Particularly serious departure from the principles set out in *Good Medical Practice* i.e. behaviour fundamentally incompatible with being a doctor.
>
> - A reckless disregard for the principles set out in *Good Medical Practice* and/or patient safety.
>
> …
>
> - Abuse of position/trust (see *Good Medical Practice* paragraph 57 "you must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession").
>
> …
>
> - Putting own interests before those of patients (see Good Medical Practice – "Make the care of your patient your first concern"…
>
> - Persistent lack of insight into seriousness of actions or consequences."

In the light of all the evidence presented to it, the Panel has concluded that each of the factors set out above is present in Dr Sadotra's case.

In all the circumstances, the Panel has concluded that Dr Sadotra's misconduct and deficient professional performance are fundamentally incompatible with him continuing to be a registered medical practitioner.

Accordingly, the Panel has determined to erase Dr Sadotra's name from the Medical Register. It considers that this is the only sanction that will protect patients, maintain

public confidence in the profession and uphold and declare proper standards of conduct and behaviour. In reaching its decision, the Panel has had regard to the principle of proportionality and concluded, for the reasons outlined above, that in all the circumstances, erasure is the proportionate sanction.

The effect of this direction is that, unless Dr Sadotra exercises his right of appeal, his name will be erased from the Medical Register 28 days from when written notice of this determination has been served upon him. A note explaining his right of appeal will be sent to him.

Having determined that Dr Sadotra's name be erased from the Medical Register, the Panel now invites you to make submissions on the issue of an immediate order.

Determination on immediate sanction

Mr McBride: Having determined that Dr Sadotra's name should be erased from the Register, the Panel has considered, in accordance with Section 38 (1) of the Medical Act 1983 as amended, whether to impose an order for immediate suspension.

The Panel has given consideration to all the evidence adduced in this case. It has taken account of your submissions, on behalf of the General Medical Council (GMC). The Panel also took into account all of the submissions Dr Sadotra made prior to leaving the proceedings and the documentary evidence he produced for the Panel, where this was relevant to this stage of the proceedings.

In reaching its decision, the Panel has taken account of the GMC's Indicative Sanctions Guidance (dated April 2009 and updated in August 2009).

The Panel has borne in mind the seriousness of Dr Sadotra's misconduct and deficient professional performance, which in the Panel's view pose a serious risk to patient safety. The Panel has determined that it is necessary for the protection of members of the public and in the public interest to make an order immediately suspending Dr Sadotra's registration.

The effect of this direction is that Dr Sadotra's registration will be suspended from the date upon which written notice of this determination is deemed to have been served upon him. Unless he exercises his right of appeal, the direction for erasure will take effect 28 days after notice of the outcome of this hearing is deemed to have been served upon him. The immediate order for suspension will remain in place until the substantive order takes effect.

The interim order of suspension currently imposed on Dr Sadotra's registration will be revoked when notice is deemed to have been served.

That concludes the case.

29 September 2010 Chair