

**HEARING HEARD IN PUBLIC**

**PATEL, Kaminev Narendra**

**Registration No: 79722**

**PROFESSIONAL CONDUCT COMMITTEE**

**MAY 2013 - JUNE 2015**

**Most recent outcome: Suspended indefinitely\*\***

\*\* See page 10 for the latest determination.

Kaminev Narendra PATE, BDS Lond 2001, was summoned to appear before the Professional Conduct Committee on 28 May 2013 for an inquiry into the following charge:

**Charge**

“That being registered under The Dentists Act 1984:

1. At the material times you were in practice at the Fauchard Dental Practice 53 North Hill, Plymouth [“the Practice”];
2. On 20 July 2004 Patient A consulted you regarding reported pain attributed by her to her top right front incisor;
3. On either 23 July 2004 or 17 August 2004, during the course of root canal treatment you carried out on Patient A’s UR1, part of an instrument broke and was left in Patient A’s root canal, as regards which you:
  - a) failed to inform Patient A accordingly:
    - i) at the time;
    - ii) thereafter, despite her attendance on you reporting pain in that area;
  - b) failed to note the retained fractured instrument in Patient A’s records;
  - c) failed to address any ongoing management and / or clinical resolution to any meaningful degree or at all on 17 August 2004 and thereafter;
4. By letter dated 1 March 2007 to the Practice, Patient A complained about your treatment of her (“the Complaint”), as regards which you failed to engage with the Complaint meaningfully or at all beyond an acknowledgement by letter dated 19 March 2007 and a later, second communication denying liability;
5. By letter dated 5 July 2012 the General Dental Council notified you of allegations against you concerning your treatment of Patient A and requested details of your indemnity provider;
  - a) you thereafter failed to provide details of your indemnity provider, and have failed to do so to date;

- b) you thereafter failed to engage meaningfully or at all with the General Dental Council's investigation, and have failed to do so to date.

AND, by reason of the facts stated, your fitness to practise as a Dentist is impaired by reason of your Misconduct."

As Mr PATEL did not attend and was not represented at the hearing, the Chairman made the following statement regarding proof of service. He addressed this to the Counsel for the GDC.

"Mr Grey

Mr Patel is neither present nor represented today. On behalf of the General Dental Council (GDC), you made an application to proceed with the hearing in his absence, pursuant to Rule 54 of the GDC (Fitness to Practise) Rules 2006 (the Rules).

In reaching its decision, the Committee took into account your submissions and the supporting documentation you provided. It accepted the advice of the Legal Adviser.

The Committee first considered whether notification of this hearing was duly sent to Mr Patel in accordance with Rules 13 and 65 of the Rules. It had regard to the Notice of Hearing, dated 24 April 2013 and the Royal Mail Track and Trace receipt confirming that the Notice was delivered to Mr Patel's registered address and was signed for. The Committee noted that a copy of the Notice was also sent to Mr Patel's email address. On the basis of this information the Committee was satisfied that service had been effected in accordance with the Rules and that all reasonable efforts had been made to notify Mr Patel of this hearing.

The Committee next considered whether to proceed with the hearing in Mr Patel's absence. It approached this issue with the utmost care and caution. In accordance with the legal advice received, it had regard to the criteria approved by the House of Lords in R v Jones [2003] 1 AC 1 HL. The Committee took into account its duty to safeguard the public interest by ensuring the expeditious disposal of this case, as well as the need to be fair to Mr Patel.

The Committee noted that the GDC has had no contact with Mr Patel about today's hearing. It had regard to the correspondence between the GDC and Mr Patel regarding this case and noted that the GDC had sent him all the evidence upon which it seeks to rely.

The Committee also saw a statement from Mr Chowdhury from Blake Laphorn Solicitors instructed by the GDC, to Mr Patel, which set out details of various enquiries to contact Mr Patel abroad in India. The statement confirmed that Mr Chowdhury contacted the Dental Council of India via telephone on three separate occasions and was unable to get through. Mr Chowdhury also contacted the Indian Dental Association. There had been no contact from Mr Patel about his case either by telephone or email.

The Committee was satisfied that Mr Patel is aware of today's hearing and the allegations against him. There is no evidence before the Committee to indicate that Mr Patel's absence is anything other than voluntary. He has not asked for an adjournment and the Committee was not satisfied that if it did adjourn the case he would attend any subsequent hearing. The Committee was of the view that there was no reasonable likelihood of Mr Patel attending if the matter was adjourned. Mr Patel has waived his right to attend and be represented at this hearing.

In all the circumstances, balancing the public interest in the expeditious disposal of this case with Mr Patel’s own interests, the Committee determined that it was fair and proportionate to proceed in his absence.”

On 29 May 2013 the Chairman made the following statement regarding the finding of facts:

“Mr Grey

The Committee has taken into account all the evidence presented to it. It has accepted the advice of the Legal Adviser. In accordance with that advice it has considered each head of charge separately.

The Committee reminded itself that the burden of proof rests with the General Dental Council (GDC) and that the standard of proof is the civil standard, namely the balance of probabilities. Further, it considered each head of charge separately.

The Committee heard evidence from Patient A and expert evidence from Mr Lynn. The Committee found these witnesses to be credible and reliable.

I will now announce the Committee’s findings in relation to each head of charge:

1.	Proved.
2.	Proved.
3.(a)(i)	Proved. The Committee found no record in Patient A’s notes stating that Mr Patel had informed her. The Committee found the evidence of Patient A to be credible and reliable in that she was not informed at the time.
3.(a)(ii)	Not proved. The Committee is not satisfied that there was adequate evidence to support this charge. The Committee found there was no reliable evidence demonstrating that Patient A returned to see Mr Patel between August 2004 and until his subsequent departure on 23 June 2005.
3.(b)	Proved.
3.(c)	Proved.
4.	Proved. The Committee found the evidence of Patient A to be credible and reliable in support of this charge to the extent that there was no meaningful engagement.
5.(a)	Proved.
5.(b)	Proved. The Committee found that Mr Patel demonstrated a consistent failure to notify the GDC of his indemnity provider and to demonstrate any meaningful engagement with the GDC.

We move to Stage Two.”

On 29 May 2013 the Chairman announced the determination as follows:

“Mr Grey

The Committee has heard your submissions on behalf of the General Dental Council (GDC). The Committee has accepted the advice of the Legal Adviser.

The facts that the Committee found proved relate to:

- clinical failings;
- dealing with patient complaints appropriately;
- failing to engage with GDC proceedings;
- failing to provide evidence of indemnity cover.

Mr Patel’s clinical failings relate to his treatment of a single patient, Patient A, who was under his care during the period between July and August 2004. The Committee found that he:

- On either 23 July 2004 or 17 August 2004, during the course of root canal treatment carried out on Patient A’s UR1, broke part of an instrument which was left in Patient A’s root canal;
- failed to inform Patient A at the time accordingly;
- failed to note the retained fractured instrument in Patient A’s records;
- failed to address any on-going management and / or clinical resolution to any meaningful degree or at all on 17 August 2004 and thereafter;

Patient A discovered on 28 February 2007 that an instrument had been left in her tooth after having been so advised by a subsequent treating dentist. Patient A notified Mr Patel of her concerns by letter dated 1 March 2007 to the Practice. The Committee notes that Mr Patel acknowledged the complaint in his letter of 19 March 2007, in which he stated “on making further investigation into the matter, I shall contact you soon”. There was no further communication for many years until Mr Patel sent a letter to Patient A denying liability. Mr Patel also failed to cooperate with the GDC’s investigation into the complaint regarding his fitness to practise.

In relation to the indemnity issue, Mr Patel failed to notify the GDC of his indemnity provider despite being requested to do so on various occasions. Following specific disclosure it was found that Mr Patel was in fact a dental member of Medical Protection Service (MPS) for the period between 22 July 2004 to 11 September 2012, which confirmed that there was indemnity in place.

Mr Patel’s treatment of Patient A was contrary to the following *Standards for Dental: Professionals*, unless otherwise denoted by \* or \*\* below.

Principles of Complaint Handling - \*

Principles of Raising Concerns - \*\*

Clinical findings

- 1.1 Put patients’ interests before your own or those of any colleague, organisation or business.

- 1.3 Work within your knowledge, professional competence and physical abilities. Refer patients for a second opinion and for further advice when it is necessary, or if the patient asks. Refer patients for further treatment when it is necessary to do so.
- 1.4 Make and keep accurate and complete patient records, including a medical history at the time you treat them. Make sure that patients have easy access to their records.
- 2.4 Listen to patients and give them the information they need, in a way they can use, so that they can make decisions. This will include:
  - communicating effectively with patients;
  - explaining options (including risks and benefits); and
  - giving full information on proposed treatment and possible costs.

#### Complaints handling

- 1.1 \*It is part of your responsibility as a dental professional to deal properly and professionally with complaints.
- 1.2 Aim to sort out the complaint as quickly, effectively and smoothly as possible.
- 1.5 Give patients who make a complaint about the care or treatment they have received a helpful response at the appropriate time. Respect the patient's right to complain. Make sure that there is an effective complaints procedure where you work and follow it at all times. Co-operate with any formal inquiry into the treatment of a patient.
- 4.1 \*Give your patient a copy of your complaints procedure when you acknowledge their complaint.
- 4.2 \* Let your dental defence organisation know, if appropriate, when you receive a complaint so that they can help you to sort it out effectively.
- 4.3 \* Make sure the information you give to patients about your procedures for handling complaints includes a description of the timescales and stages involved.
- 4.4 \* You should normally respond to a complaint in writing or by phone as soon as you receive it, if possible. If you cannot sort the complaint out immediately, you should normally send an acknowledgement within 3 working days of receiving the complaint and respond to the complaint no later than 10 working days after receiving it. However, this may be different if there are exceptional circumstances or if you have agreed a different timescale with the patient.
- 4.5 \* If you need time to investigate a complaint, tell your patient in your acknowledgement when they will hear from you.
- 4.6 \* If there are exceptional circumstances, regularly update your patient with the progress.
- 5.2 \* Continuously review your knowledge, skills and professional performance. Reflect on them, and identify and understand your limits as well as your strengths.
- 5.3 \* Find out about current best practice in the fields in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance.
- 5.4 \* If the patient's complaint is justified, offer a fair solution, which may include offering to put things right at your own expense if you have made a mistake.
- 5.5 \* At the end of your investigation, send your patient a letter explaining:
  - what you have decided; and
  - any practical solutions you are prepared to offer.

#### GDC Process

- 1.3 \*\* This responsibility includes making sure that you:

- co-operate fully with any procedure for investigating concerns which applies to your work.

- 1.5** Give patients who make a complaint about the care or treatment they have received a helpful re-sponse at the appropriate time. Respect the patient's right to complain. Make sure that there is an effective complaints procedure where you work and follow it at all times. Co-operate with any formal inquiry into the treatment of a patient.

The Committee noted the evidence given by the GDC expert witness, Mr Lynn, who stated that Mr Patel's failures fell far below the standards expected of a competent dentist.

The Committee is satisfied that in relation to his clinical failings, and his failure to give full information to Patient A, meant that Patient A could not make an informed decision. He further jeopardised her future care, and he did nothing to assist Patient A with the problems arising from his clinical failing. Furthermore, he failed to provide proof of professional indemnity, and failed to engage with the GDC process. Taking all this into account the Committee are satisfied that this clearly amounts to misconduct.

The Committee next considered whether Mr Patel's fitness to practise is currently impaired by reason of his misconduct. The Committee is aware of the decision in *Meadow v GMC* [2007] QB 462 where it was held that:

"In short the purpose of FTP proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FTP first looks forward not back. However, in order to form a view as to the fitness of the person to practice today, it is evident that it will have to take into account the way in which the person concerned has acted or failed to act in the past".

The Committee considered whether the need to protect patients and to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment was not made in circumstances where a dentist had failed to identify and inform a patient when part of a dental instrument had broken off into the patient's root canal during treatment. Mr Patel failed to put Patient A's interests first by not ensuring appropriate advice was given in order to ensure Patient A had the opportunity to make an informed decision. The Committee also determined that engaging with his regulatory body to provide appropriate indemnity cover is important in demonstrating public confidence in dental professionals. Mr Patel failed to engage with his regulatory body in seeking to resolve these issues.

In relation to Mr Patel's clinical failings, although the Committee found these to be remediable the Committee has not been provided with any evidence from Mr Patel to demonstrate that any steps have been taken at this stage to fully address his shortcomings. Mr Patel had numerous opportunities over a substantial period of time to address key concerns made by Patient A, but failed to do so. The Committee has not seen any evidence demonstrating insight, apology or remediation. For these reasons, the Committee is of the view that Mr Patel's fitness to practise is currently impaired.

The Committee next considered what sanction to impose and in doing so, applied the principle of proportionality, balancing Mr Patel's own interests against public protection and confidence in the profession. The Committee has considered all the sanctions available starting with the least serious.

The Committee has determined that to conclude his case with or without a reprimand would be insufficient to address the concerns raised by his impairment.

The Committee next considered whether to impose conditions in this case. Whilst it took the view that conditions might be capable of being devised in addressing the clinical issues and complaints handling, it noted the unwillingness demonstrated by Mr Patel to engage with the GDC. Mr Patel has failed to attend this hearing and the Committee is unaware of his present whereabouts.

The Committee then considered whether a period of suspension on Mr Patel's registration would be the appropriate sanction. The Committee had regard to paragraph 42 of the GDC's Guidance to the Professional Conduct Committee dated November 2009. The Committee notes that the GDC has submitted that a suspension order would be the minimum sanction needed to protect the public. The Committee concur with this submission. In all the circumstances, and having regard to the seriousness of his failings and the lack of engagement by Mr Patel, the Committee has decided that suspension is proportionate and sufficient to protect the public and maintain public confidence in the profession. The Committee determined that the maximum period of suspension of 12 months is required in order to protect the public and to uphold the confidence of the public in the dental profession.

The Committee are satisfied that a period of suspension would afford Mr Patel the opportunity to reflect on his misconduct and current impairment, to the extent that he should gain insight and an understanding as to the professional standards that need to be demonstrated in upholding the confidence of the public in the dental profession and protecting the public.

There will be a review shortly before the end of the 12 month period. At the review hearing, the Committee would be assisted by seeing evidence of steps taken by Mr Patel to address the failings identified at this hearing.

The Committee is minded to consider imposing an order for immediate suspension of Mr Patel's registration, but first invites representations from you on the matter.

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Having heard the submission made by you, the Committee has decided that it is in the public interest to impose an order for immediate suspension of Mr Patel's registration. The interim order is hereby revoked.

The effect of the foregoing direction and order is that the name of Kaminev Narendra Patel is suspended from the Dentists' Register forthwith and if he does not exercise his right of appeal, his name will be suspended for twelve months in 28 days time. Should he exercise his right of appeal this immediate order for suspension will remain in place until the final resolution of his appeal.

That concludes today's hearing."

On 10 June 2014, at the review hearing, the Chairman announced the determination as follows:

"Ms Price,

Mr Patel is neither present nor represented today. At the outset, on behalf of the General Dental Council (GDC), you made an application to proceed with the hearing in his absence, pursuant to Rule 54 of the GDC (Fitness to Practise) Rules 2006 (the Rules). The

Committee took into account your submissions and the documentation provided. It accepted the advice of the Legal Adviser.

The Committee first considered whether notification of this hearing was sent to Mr Patel in accordance with Rules 28 and 65. It saw the Notification of Hearing (NOH), dated 2 May 2014, which was sent by First Class post and Special Delivery to Mr Patel's registered address. It was returned to the GDC on 27 May 2014, as it was not collected from the Royal Mail delivery office. However, the Committee noted that the requirement within the Rules is to send notification to the registrant. On the basis of the information before it, the Committee was satisfied that service had been effected in accordance with the Rules. It was also satisfied that all reasonable efforts had been made to notify Mr Patel of this hearing. In reaching its decision, the Committee took into account the erroneous reference to current conditional registration in the NOH. It decided however, that this did not invalidate the NOH. Mr Patel was correctly notified of his suspension following the substantive hearing in May 2013 and this Committee noted that the NOH does make reference to the possibility of his registration being further suspended at this hearing.

The Committee next considered whether to exercise its discretion to proceed with the hearing in Mr Patel's absence. It approached this issue with great care. In accordance with the legal advice received, it had regard to the criteria approved by the House of Lords in R v Jones [2003] 1 AC 1 HL. The Committee took into account the issue of fairness to both parties, with fairness to Mr Patel being of prime importance. It also took into account its duty to safeguard the public interest by ensuring the expeditious review of this case. The Committee particularly considered whether it would be fair to consider proceeding given the error in the NOH. It concluded that given Mr Patel's complete lack of engagement and the fact that the NOH did contain sufficient information about the powers of this Committee, it was fair to go on to consider this issue.

The Committee noted the correspondence sent by the GDC's Case Review Team to Mr Patel about this resumed hearing today, to which there has been no response. There was no evidence before the Committee to indicate that Mr Patel's absence is anything other than voluntary. The Committee noted that this is an ongoing case before the GDC and that there has been no request from Mr Patel for an adjournment. It had regard to the fact that he did not attend or participate in the substantive hearing of his case in May 2013.

In view of his lack of engagement, the Committee decided that an adjournment was highly unlikely to secure Mr Patel's attendance on a future date. It was therefore satisfied that he had waived his right to attend and be represented at this hearing.

In all the circumstances, balancing the public interest with Mr Patel's own interests, the Committee determined that it was fair and proportionate to proceed in his absence.

This is a resumed hearing under Section 27C(1) of the Dentists Act 1984 (as amended) (the Act).

Mr Patel's case was first considered by a Professional Conduct Committee at a substantive hearing in May 2013, at which he was neither present nor represented. That Committee considered allegations relating to his treatment of one patient, Patient A, between July and August 2004.

That Committee found that, during the course of root canal treatment carried out on Patient A's UR1, part of an instrument broke and was left in the patient's root canal. Mr Patel:

- failed to inform Patient A at the time;
- failed to note the retained fractured instrument in Patient A's records;
- failed to address any on-going management and/or clinical resolution to any meaningful degree, or at all, on 17 August 2004 or thereafter.

Patient A discovered on 28 February 2007 that an instrument had been left in her tooth after having been so advised by a subsequent treating dentist. Mr Patel was notified of the patient's concerns in a letter dated 1 March 2007. He acknowledged the complaint in a letter dated 19 March 2007, in which he stated "on making further investigation into the matter, I shall contact you soon". There was no further communication for many years until Mr Patel sent a second letter to Patient A denying liability. The previous Committee found that Mr Patel failed to engage meaningfully with the patient's complaint.

It also found that he failed to cooperate with the GDC's investigation into the complaint regarding his fitness to practise and that he failed to notify the GDC of his indemnity provider despite being requested to do so on various occasions.

The Committee in May 2013 determined that Mr Patel's failings amounted to misconduct and that his fitness to practise was impaired by reason of that misconduct. It directed the suspension of his registration for a period of 12 months in order to protect the public and to uphold public confidence in the dental profession. That Committee was satisfied that a period of suspension would afford Mr Patel the opportunity to reflect on his misconduct and impairment, to the extent that he should gain insight and an understanding as to the professional standards that need to be demonstrated. It requested a review of his case shortly before the end of the 12-month period.

This Committee has reviewed Mr Patel's case. In doing so, it has considered all the evidence before it. It has taken account of your submissions on behalf of the GDC and it has accepted the advice of the Legal Adviser. The Committee has had regard to its power under Section 27C(1) of the Act, which sets out the directions it may make in respect of Mr Patel's registration.

In reaching its decision, the Committee first considered whether Mr Patel's fitness to practise remains impaired. It has borne in mind that its duty is to protect the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

The Committee has drawn no adverse inference from Mr Patel's non-attendance. However, it is clear from the information before it, that he has not engaged with this regulatory process. There is no evidence to demonstrate his current level of insight, nor is there any evidence of any remediation or at the very least evidence of an apology to Patient A. This Committee has therefore concluded that there has been no change in the circumstances that led to the finding of impairment in May 2013. The clinical failings in Mr Patel's practice appear to remain unaddressed, which raises ongoing concerns about patient safety.

In all the circumstances, the Committee has determined that Mr Patel's fitness to practise remains impaired. It decided that a finding of impairment was not only necessary for the protection of patients, but also to maintain public confidence in the dental profession.

Given Mr Patel's lack of engagement, the Committee decided that it could not formulate workable conditions to protect the public adequately or to uphold the public interest. Further,

it has received no evidence to suggest that Mr Patel would even comply with conditional registration.

Therefore, in the light of Mr Patel's continued failure to engage with his regulatory body to provide evidence of remediation, the Committee has determined to direct the suspension of his registration for a further period of 12 months. This further period should be sufficient to afford Mr Patel the opportunity to reflect on the clinical failings that brought him before the GDC and to take appropriate action to address them.

A Committee will review Mr Patel's case at a resumed hearing to be held shortly before the end of the period of suspension. That Committee will consider what action it should take in relation to his registration. Mr Patel will be informed of the date and time of that resumed hearing. The Committee reviewing his case may find it helpful to receive evidence of the steps he has taken to address the concerns raised at this hearing and the hearing in May 2013, as well as evidence of his insight into the professional standards expected of a registered dental professional.

The effect of the foregoing direction is that, unless Mr Patel exercises his right of appeal, the suspension of his registration will be extended for a period of 12 months, beginning with the date on which the previous period of suspension would otherwise expire.

He will have 28 days from the date when written notification of this decision is deemed to have been served upon him, to appeal against this Committee's direction. In the event that he does appeal, the period of suspension previously imposed on his registration will continue to remain in force until the appeal has been decided.

That concludes this case today."

On 12 June 2015, at the review hearing, the Chairman announced the determination as follows:

"Ms Hart,

Mr Patel is neither present nor represented today.

This is a resumed hearing under Section 27C(1) of the Dentists Act 1984 (as amended) (the Act). The Professional Conduct Committee (PCC) in May 2013 found that Mr Patel's fitness to practise was impaired and imposed a 12-months suspension on his registration. At a review hearing on 10 June 2014, the PCC found that Mr Patel's fitness to practise remained impaired, and extended the period of suspension for a further 12-months, to be reviewed before the expiry of that period of suspension. Mr Patel was neither present nor represented, at either of these earlier hearings.

At the outset of this hearing, on behalf of the General Dental Council (GDC), you addressed the Committee on the issue of service of the notice of hearing in accordance with Rules 28 and 65 of the General Dental Council (GDC) (Fitness to Practise) Rules 2006 (the Rules). The Committee had sight of the notice of hearing dated 27 April 2015, sent by recorded delivery to Mr Patel's registered address. The Committee had regard to the Royal Mail Track and Trace proof of delivery document, signed for by someone other than Mr Patel, and to the GDC's attempts to contact that person. The Committee considered your submission that under Rule 65(2), receipt of the notice is not required to establish service. Rather the Rules provide that confirmation of posting is sufficient to prove service. Taking account of all the

documentary evidence provided, the Committee was satisfied that service had been properly affected in accordance with the Rules.

You then made an application under Rule 54 that this hearing should proceed in Mr Patel's absence. The Committee accepted the advice of the Legal Adviser. The Committee bore in mind that its discretion to proceed with a hearing in the absence of the registrant, must be exercised with the utmost care and caution.

The Committee considered the documentary evidence of the numerous attempts by the GDC to notify Mr Patel of this hearing, including sending the notice of hearing and bundles of papers by email and recorded delivery to Mr Patel's registered address, and leaving five voicemail messages. The Committee took account of the PCC's findings against Mr Patel in May 2013, that after the GDC's letter of 5 July 2012 which notified him of allegations concerning his treatment of Patient A, he thereafter failed to engage meaningfully or at all with the GDC's investigation. Further the Committee considered the evidence that for the period of approximately 3 years, from 5 July 2012 to 12 June 2015, Mr Patel has not engaged with the GDC or the regulatory process. Accordingly the Committee considered it very unlikely that, should this hearing be adjourned, Mr Patel would attend on a future date.

The Committee was satisfied that all reasonable efforts had been made to notify Mr Patel of this hearing in accordance with the Rules and that he had voluntarily absented himself from these proceedings. In all the circumstances, balancing the public interest with Mr Patel's own interests, the Committee determined that it was fair, proportionate and in the public interest to proceed with this hearing notwithstanding Mr Patel's absence.

The PCC in May 2013, found that during the course of root canal treatment carried out on Patient A's UR1, part of an instrument broke and was left in the patient's tooth. It found that Mr Patel failed to inform Patient A at the time, failed to note the retained fractured instrument in Patient A's records and failed to address any on-going management and/or clinical resolution, to any meaningful degree, or at all, on 17 August 2004 or thereafter. The previous Committee also found that Mr Patel failed to engage meaningfully with the patient's complaint, failed to cooperate with the GDC's investigation into the complaint and failed to notify the GDC of his indemnity provider.

This Committee has carried out a comprehensive review of Mr Patel's case. In doing so, it has considered all the evidence before it and has considered the previous PCC determinations from May 2013 and 10 June 2014. It has taken account of your submissions on behalf of the GDC, that Mr Patel's fitness to practice remains impaired and that, in the interests of patient protection and the wider public interest, this Committee should direct that Mr Patel's registration be suspended indefinitely. The Committee has accepted the advice of the Legal Adviser.

The Committee has reminded itself that its duty is to protect the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour. It has reminded itself of Section 27C(1) of the Act, which sets out the directions it may make in respect of Mr Patel's registration.

This Committee first considered whether Mr Patel's fitness to practise remains impaired.

The Committee has drawn no adverse inference from Mr Patel's non-attendance. This Committee is in the same position as the previous PCCs, in that it has no evidence before it to demonstrate any remediation of the misconduct found, any apology to the patient or any

insight into the seriousness of the findings against him, which involved serious concerns regarding patient harm. There is nothing before this Committee to establish any positive change in the circumstances that led to the finding of impairment in May 2013. Rather, there is further evidence of continued lack of engagement with the GDC and the regulatory process. Accordingly the Committee has determined that Mr Patel's fitness to practise remains impaired. In the Committee's judgement, the finding of impairment is necessary for the protection of patients in light of the harm suffered by Patient A. Further the Committee considered that public confidence would be undermined if Mr Patel was found to be fit to practise, after not having engaged with the regulatory process or shown evidence of remediation.

The Committee considered whether to impose conditions on Mr Patel's registration. It considered that, in these circumstances of continued non-engagement, there was no evidence to suggest Mr Patel would comply with any conditions imposed. Further it was satisfied that it was not possible to construct workable conditions that would sufficiently protect the public and uphold public confidence in the profession.

The Committee then considered whether to extend the current period of suspension of Mr Patel's registration for a further specified period. The Committee considered that on two separate occasions the PCC has suspended Mr Patel's registration for a period of 12 months and made recommendations that future PCCs reviewing his suspension would be assisted by evidence of remediation undertaken by Mr Patel and of insight shown by Mr Patel into the seriousness of his misconduct. Mr Patel has continued to fail to engage with his regulator. There is no evidence of remediation undertaken or of any insight into the misconduct found or the importance of the regulatory process. This Committee has determined that it is not proportionate or appropriate to issue a further 12-months period of suspension. To do so would serve no useful purpose.

The Committee directs, in accordance with Section 27 C (1)(d) of the Act, that Mr Patel's registration be suspended indefinitely.

In reaching its decision, the Committee balanced Mr Patel's interests with that of the public and the GDC, taking into account the cost of a further review hearing. The Committee considered that public confidence in the regulatory process would be undermined if Mr Patel was not indefinitely suspended, in light of his lack of insight or remediation, and the lack of engagement with, or respect for the regulatory process. The Committee was satisfied that this was proportionate and appropriate in the circumstances of this case.

Mr Patel will have 28 days from the date when written notification of this decision is deemed to have been served upon him, to appeal against this Committee's direction.

That concludes this case today."