



British Association of Physicians of Indian Origin

10th March 2020

Mr. Charlie Massey,
Chief Executive Officer,
General Medical Council,
Regent's Place,
350 Euston Road,
London, NW1 3JN

Dear Charlie,

Suicide of Consultant Anaesthetist Dr Sridharan Suresh – call for action

We are certain that you will join us in expressing our deepest sympathy to the widow and his family at the loss of Dr Sridharan Suresh, whose tragic suicide has reminded us once more of the consequences of 'system failures' within the healthcare services. As you are aware, BAPIO executive have been working tirelessly in our efforts to bring about appropriate meaningful changes in the way that allegations are investigated, referrals made to the police and the General Medical Council (GMC), and resulting in a just outcome for doctors as well as those making the allegations in the first place. BAPIO is committed to the principles of 'patient care and safety' and expects high standards from doctors discharging their duty of care, while ensuring that patients have confidence in the system. Equally, we expect that regulators will promote a system which does not disadvantage one part of the medical community over any other. We recognise too, the risk that bullying, harassment and discrimination pose to patient safety, and in this regard the role of the regulators and employers is key in ensuring doctors are treated fairly and compassionately in such cases. The perception, certainly in the BME medical community, is that lessons have not been learnt and that there is no accountability for mistakes made by those in positions of governance and responsibility.

It is unnecessary to provide any details in the case of the Dr Sridharan, as you will be very familiar with these as well as the outcome of the recent coroner's inquest. BAPIO is an interested party because of our close contact with his widow, and because we have had a long standing interest in the mental health of doctors, and in particular the suicide of doctors, which is marked as an 'Imran Yousaf Memorial award' at our annual conferences, in memory of a young trainee who took his own life under tragic circumstances.

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In principle, we concur with your stated aim that urgent action is needed to bring about much needed changes to the current regulations and legislation that govern the workings of the GMC. We would suggest that it would be very timely to publish a detailed consultation on these reforms.

We welcome the GMC aspirations to conduct a thorough review of their processes and practices following the inquest in the case of the late Dr Sridharan Suresh, so as to prevent potential for further loss of lives, as we believe that this was an entirely preventable suicide.

In doing so, we have the following observations and recommendations:

- a. The GMC must understand that any doctor who is under investigation or is to be informed that they are to appear before the Interim Orders Panel, is to be considered 'vulnerable'. This means that the doctor is likely to experience mild to more severe forms of mental distress or mental illness.
- b. The general principle of presumed innocence rather than guilty must apply to doctors under such investigations. All too often, and certainly in the case of Dr Sridharan, the opposite seemed to apply.
- c. The GMC must ensure that its employment liaison advisers (ELAs) have the experience of dealing with potentially sensitive cases, showing compassion where doctors are undergoing investigations and appear to be under some strain. ELAs must be trained in picking up early signs of depression or any other form of mental illness that impacts on the person under investigation, and in our view they should be trained to do a risk assessment of the accused or have easy access to mental health specialists who would assist in this regard.
- d. In the case of Dr Sridharan, we were alarmed to learn that the GMC has no guidance to its officials on 'how to break bad news' as reported by your own legal counsel during the coroner's inquest. The GMC has been at the forefront of ensuring that doctors are taught and understand their full responsibility in being compassionate in giving bad news to patients, and so it is somewhat concerning that it has itself been negligent in ensuring that staff who are at the forefront of dealing with doctors in difficulty, have not been trained in how they would approach doctors to inform them of impending disciplinary procedures. It is especially concerning that Dr Sridharan first learnt of the GMC's intentions when he received an email inviting him to an Interim Orders Panel. As we are all aware now, he killed himself within two hours of reading that email, and while we do not suggest a 'cause and effect', it is impossible not to conclude that this had a significant impact on his mental state.

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- e. BAPIO is also concerned that the GMC needs to provide robust guidelines for accepting referrals from the police authorities that have a set standard and level of proof, before any referrals are made. These guidelines must also include training requirements for police handling such cases where serious allegations of a criminal nature are made, if necessary with a helpline which the police could easily access. The GMC might consider specialised ELAs whose remit would be liaising solely with the police.
- f. The role of the employing authorities is one that comes under frequent scrutiny, and in this case it is clear that there were a number of failures which resulted in Dr Sridharan being isolated, being subjected to safeguarding against his own child and others, and effectively being treated as a criminal in his eyes as well as those of his family, particularly his wife. Whilst the GMC has no direct responsibility over the Trust, it does nevertheless retain responsibility for those doctors who are in influential management positions. And therefore we would like to see a more robust procedure of professional accountability to these doctors' license to practice as managers. This is a matter that has been of major concern to us. You will recall that in the case of the paediatric trainee Dr Hadiza Bawa-Garba there were a number of systemic failures at the Trust, and yet no consultant was held accountable.

Finally, we would all agree that this was a preventable death and therefore it is of the utmost importance that the GMC and others act swiftly to ensure that other tragedies do not happen. You would also acknowledge that BAPIO has played an important role in ensuring that we work with the GMC to improve the lives of working doctors while protecting the safety of patients, and we hope to continue in our endeavours to strengthen support mechanisms for doctors while ensuring that disciplinary procedures are fairer and equitable.

Best wishes,

Yours sincerely,

Ramesh Mehta
President

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