

THE PRIMARY HEALTH LISTS TRIBUNAL

CASE NUMBER 15320

DR V PEDDI

Appellant

and

BIRMINGHAM EAST & NORTH PRIMARY CARE TRUST

Respondent

REASONS

1. On 16.11.09 the Birmingham East and North Primary Care Trust PCT (the PCT) imposed conditions on Dr Peddi's continued inclusion on the PCT's medical performers list. On 1.10.10 the PCT reviewed the contingent removal and decided that as Dr Peddi was unwilling or unable to comply with conditions he should be removed from their performers list. He appealed against that decision and that appeal was heard by a panel of the Primary Health Lists Tribunal (PHLT) on 26.7.11.
2. As can be expected in a case involving allegations of poor clinical care Dr Peddi had been subject to a variety of assessments. In April 2007 following concerns about aspects of Dr Peddi's clinical care his performance was reviewed by Dr Ng appointed by the PCT. In 2009 he was assessed by a team from NCAS (National Clinical Assessment Service) and later that year by a GMC assessment team.
3. In parallel with the PCT's regulatory proceedings the GMC were considering his case. On 4.2.11 the GMC made determinations which are relevant to the current proceedings. Their decision referred to Dr Peddi's counsel (who also represented him in the PHLT proceedings) stating that his client accepted there was a need for training and accepted 'in full' the GMC Panel's 'findings of fact which included a

finding of deficient professional performance.’ As these findings were not in dispute the panel accepted and adopt those findings.

4. Volumes of paperwork, and, in the view of the panel, probable antipathy between the parties, disguised the fact that the actual areas of dispute in the appeal were narrow. Dr Peddi accepted the findings of the GMC and it was clear that if his appeal to the PHLT succeeded he was resigned to being subject to stringent conditions. Although the PCT opposed his appeal they conceded that if Dr Peddi was able to pass a course run by the London Deanery and obtain an offer of a placement with a training practice approved by the local deanery then they would agree to his inclusion on their performer’s list subject to conditions.
5. The basis of the PCT’s case was presented by David Stenson (associate director of clinical governance). He told the panel that the logic of the PCT opposing the appeal, and at the same time conceding that Dr Peddi would return to their medical performers list if he attended a course and found a placement in a training practice, was to allow Dr Peddi to be able to demonstrate commitment to, and ‘ownership’ of, the process of returning to safe clinical practice.
6. This did not seem plausible to the panel as the conditions that Dr Peddi indicated that he would agree to tied him to a tight timetable which required commitment to an expensive and testing process of assessment and evaluation with an uncertain outcome.
7. Dr Peddi had delayed and prevaricated about his engagement with any evaluative process to the extent that he only agreed to a workable set of conditions on 25.7.11. (David Stenson had not seen these conditions contained in Dr Peddi’s legal representative’s written submissions until he started to give evidence.) Dr Peddi’s agreement to participating in a rigorous assessment process was in reality prompted by the collapse of his preferred option of participating in a re-training process over which he was likely to be able to exercise some control. He had proposed to the PCT that Dr Kommalapati would supervise his retraining by merging his practice with hers. In

the event this proposal came to nothing because shortly before the July hearing the PCT were notified that the merged practice had not been approved as a training practice.

8. Dr Peddi was therefore left with no alternative but to offer to comply with a series of stringent conditions which, as the PCT acidly pointed out, were in large part imposed in 2009.
9. This was clearly most frustrating to the PCT and in the event this appeared to cloud their judgement. If the PCT had chosen to oppose Dr Peddi's appeal by accepting that his actions since 2009 continued to demonstrate his unwillingness to comply with necessary conditions then that would have formed a plausible basis for opposing his appeal. As it was the PCT whilst fiercely arguing that Dr Peddi had no real insight into his clinical deficiencies, or the magnitude of the re-training tasks that faced him, had already conceded that he should be given a further chance to prove himself.
10. This was an efficiency case. In deciding to allow Dr Peddi's appeal the panel concluded that the public were protected by the detailed conditions imposed on Dr Peddi's registration by the GMC and also the conditions imposed by the panel – see below. In making this decision the panel also took the following factors into account.
 - a. Much time has been wasted in the process of Dr Peddi commencing retraining and the panel considered that the approach suggested by the PCT is likely to result in further delay, with the pre-conditions to his re-entry to the list having to be evaluated and possibly negotiated.
 - b. The panel attached importance to a letter written by Dr Wilkinson (Director of Postgraduate GP Education) dated 20.7.11 where he suggested that Dr Peddi's removal from the list would introduce further uncertainty to his securing a place in a training practice. The panel took into account Dr Ng's evidence where he disagreed with Dr Wilkinson however the panel

preferred the view of Dr Wilkinson on the basis of his greater experience in GP (remedial) education.

- c. The panel also considered that given the poor relationship that exists between Dr Peddi and the PCT there was some merit in an external body imposing conditions, thus putting some distance between the PCT and Dr Peddi.
 - d. Dr Peddi will be funding all training and assessment elements of the conditions to which he has agreed.
11. The panel therefore allow Dr Peddi's appeal. To protect patients without removing Dr Peddi from the list the following conditions are imposed:
- a. Dr Peddi must comply with conditions imposed by the GMC on 4.1.11 and any future conditions that may be imposed by the GMC.
 - b. Dr Peddi must apply to be included on the London Deanery Induction and Refresher Scheme forthwith.
 - c. Dr Peddi must undertake the London Deanery Induction and Refresher Scheme MCQ assessment, and simulated surgery, by no later than 14.2.12.
 - d. Subject to successful completion of c. above Dr Peddi must obtain a placement in a training practice approved by the relevant Deanery, and the PCT, and commence retraining by 15.8.12.

For the avoidance of doubt the PCT is entitled to review these conditions when they consider it would be appropriate to do so.

A Harbour Tribunal Judge
P Garcha Professional Member
S Last Member
Dated 26 July 2011