

Professor M Mildred - Chairman  
Dr P Garcha - Professional Member  
Mrs M Frankel - Member

BETWEEN

DR PREM PAUL SOOD  
(Registration Number 1739325)  
Appellant

and

NEWHAM PRIMARY CARE TRUST  
Respondent

#### DECISION WITH REASONS

1. By a decision dated 13 March 2008 in case 14075 we dismissed Dr Sood's appeal against his removal from the PCT's Performers' List on the ground of efficiency. By a letter dated 25 March 2008 the PCT asked us to make an order for National Disqualification on the ground that there were wide ranging and long standing concerns about Dr Sood's performance. No further documents were relied upon and the PCT invited us to deal with the application on the papers.

2. Dr Sood initially resisted the application and filed documents in support upon which he "based his defence". These documents comprised a summary and 14 appendices. We have considered them and find that they are either documents that we had received and read on his appeal in March or were related to events before that hearing. In the main they related to disagreements between Dr Sood and the PCT going back as far as 2005: there is no new evidence relating to events after March 2008 or showing that Dr Sood has taken the MCQ examination required before he could be allowed to practice as a GP.

3. On 29 July 2008 Dr Sood informed the Authority that there was no point in the hearing going ahead since he had voluntarily removed his name from the Medical Register. The GMC website (accessed on 30 July 2008) confirmed this to be the case. That is not, however, an end of the matter. Although Dr Sood clearly could not be admitted to a Performers List whilst removed from the Register it is theoretically possible for him to be restored in the future. This is vanishingly unlikely in reality in view of Dr Sood's age and present professional status but illustrates the difference in functions performed respectively by the GMC and the Authority. Accordingly we dealt with the application on the papers alone on 4 August 2008.

4. The power to make a national disqualification is contained in Section 159 of the National Health Service Act 2006. The exercise of our discretion is not specifically constrained or guided by any statutory provision. It is available whether the ground for removal is mandatory or discretionary; and if discretionary, whether on the grounds of suitability, fraud or efficiency. In August 2004 the Department of Health provided guidance on national disqualifications and delivering quality primary care: PCT Management of Primary Care Practitioners Lists.

5. The guidance contains two propositions: "where the facts of the case are serious it would be wrong to allow the doctor to offer his services to every (PCT) in turn in the hope that he will find

one willing to accept him". Further, "unless the grounds for their decision were essentially local it would be normal to give serious consideration ... to an application for national disqualification".

6. In this case we were well satisfied that (quoting from our March decision) "24. ...Dr Sood's practice in February 2006 fell short of the standards laid down in the GMC's Good Medical Practice. No doubt some of this was due to the condition of the practice premises but this was something for which Dr Sood himself was personally responsible. We accept the conclusions of the independent SHA report of March 2005 and note that the shortcomings reported (and to some extent accepted by Dr Sood) go far wider than mere criticisms of the premises."

"25. Although Dr Sood resisted the wide-ranging criticisms of his practice there was no attempt systematically to rebut it. There was no evidential foundation for saying that the PCT had persuaded patients to complain about him; nor do we accept that the PCT had failed to support him after 2005. On the contrary the PCT was at pains to try to get Dr Sood back into practice. We accept the criticisms made both by the PCT and by the SHA."

"26. We were surprised that Dr Sood should have made so little effort in relation to these proceedings whose outcome was critical to his professional practice. He clearly neglected contact with both the PCT and Deanery and failed to attend the PCT and GMC hearings and the first hearing before us. We think it must be that he arranged the MCQ for 19 September 2007 after receiving the notice of the PCT hearing on that date; the notice was delivered on 17 August and on 21 August the Deanery had not heard from Dr Sood since before June: the inference is irresistible."

"27. The medical evidence establishes that Dr Sood has a back problem but not such as to prevent him studying for the MCQ or co-operating with the Deanery or the PCT. His evidence regarding the MCQ was ambivalent: it was inappropriate to send such an experienced doctor back to school but it was also a task involving "massive reading" and preparation beyond his resources at a time of stress. We do not accept either version."

"28. We find that the reality of this case is that mentioned by Mr Sokhey in closing: Dr Sood regrets not taking the opportunity to retire in 2004 and not subsequently being able to hand the practice on to his partner, work a few sessions and retire slowly and gracefully."

7. It is clear from this quotation that Dr Sood's failings were serious and not "essentially local". There have been no attempts in the interim to remedy them: Dr Sood seems, on the other hand, to have accepted that he should no longer be holding himself out as someone able to provide good primary medical care.

8. Our order, therefore, is that pursuant to Section 159 of the National Health Service Act 2006, the Respondent Dr Prem Paul Sood (GMC registration number 1739325) be disqualified from inclusion in all Medical Performers Lists prepared by all Primary Care Trusts and all lists deemed to succeed or replace such lists by virtue of Regulations made thereunder. In coming to this conclusion we have weighed the effects of this Order upon Dr Sood against the risk to patients and prejudice to efficiency, if a national disqualification is not made.

9. We direct that a copy of this decision be sent to the bodies referred to in Regulation 47 of the Family Health Services Appeal Authority (Procedure) Rules 2001. Finally, either party to this appeal may exercise a right of appeal against this decision by virtue of section 11 of the Tribunal and Inquiries Act 1992, by lodging an appeal with the Royal Courts of Justice, The Strand, London, WC2A 2LL, within 28 days of receipt of this decision.

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Mark Mildred, Panel Chair  
4 August 2008