

Public document

Minutes of the Investigation Committee

Oral hearing on 28 and 29 October 2025

This hearing was conducted in accordance with the [General Medical Council \(Fitness to Practise\) Rules 2004](#) (*'The Rules'*).

Name of Doctor	Mr Soundrapandian Sivakumar Pandian
Doctor's UID	4471415

Outcome	Warning given
Hearing location:	Held virtually via MS Teams

Committee Members	Mr John Anderson (Chair – Lay)
	Dr Zahir Mohammed (Medical)
	Dr Richard Khoo (Lay)

Legal Assessor	Mr David Urpeth
Panel Secretary	Romy Salt and Rebecca Jordan

GMC Representative	Ms Isobel Thomas, Counsel
Doctor's attendance	Mr Pandian attended
Doctor's representative	Mr Scott Ivill, Counsel

- 1 The Committee appreciates Mr Pandian's attendance and participation today.

Background

- 2 Mr Pandian is a consultant urologist and, at the time of the relevant events, was employed by an NHS Trust.
- 3 On 26 July 2024 the GMC were informed by the Trust that they had conducted an investigation ('the local investigation') under the NHS *Maintaining High Professional Standards* criteria into a complaint made against Mr Pandian by Miss A. Miss A had been a specialist trainee and Mr Pandian was her supervising consultant.
- 4 Miss A alleged that she experienced harassment, beginning in December 2021, by way of Mr Pandian's persistent unwanted attention. The Trust's investigation report detailed allegations that he repeatedly overstepped professional boundaries and pursued a personal relationship outside of the work environment contacting Miss A using her work and personal email, Facebook, WhatsApp messages and calls.
- 5 The Committee have seen copies of the messages and call logs. The accuracy and completeness of this record has not been contested by the parties. Only those messages that are of particular relevance to the Committee's consideration have been referenced.
- 6 During the period when Mr Pandian was supervising Miss A, there was a significant amount of work-related out-of-hours communication. There were also personal messages, including some discussing Miss A's health in which Mr Pandian said, *'sorry if I am crossing my limits as a trainer once again'*; and also an invitation to attend his nephew's wedding in India (along with a third person). On several occasions, Miss A indicated that she would not be responding, and she also said that she tries not to develop personal friendships with consultants.
- 7 In January 2022, Miss A reported her concerns to the Urology Clinical Lead. In a statement given to the Trust, the Clinical Lead said that they told Mr Pandian that they thought some of his messages were inappropriate, being too personal and intimate, and he was warned to keep his communications strictly professional.
- 8 On 5 June 2022, during a WhatsApp exchange, Miss A said, *'I am disappointed after our conversation last Wednesday, whereby I asked you to stop contacting me outside work, to receive a Facebook friend request and receive WhatsApp messages from you on Saturday night and again today. This needs to stop'*. Mr Pandian agreed to stop all contact with her and acknowledged that she had 'unfriended' him on Facebook.
- 9 On 6 June 2022, Miss A again reported unwanted contacts to the Urology Clinical Lead. Following a further discussion between the Clinical Lead and Mr Pandian, it was agreed that he would only contact Miss A for work-related purposes and the rota would be arranged so that he was not directly supervising her work.
- 10 When Miss A left the Trust Mr Pandian continued to message, and when she did not reply, he started to email her. She blocked him on WhatsApp on 21 October 2022.

- 11 In January 2023, Mr Pandian invited Miss A to attend a conference with him in Milan and offered to pay her expenses. Miss A replied saying that this was inappropriate, it was harassment, and that she was prepared to escalate his behaviour to HR and the Deanery. Contact continued and in April 2023 the matter was escalated to HR.
- 12 During the Trust investigation Mr Pandian contended that it was Miss A who had sought to commence a relationship with him in 2021. He stated that he had received non-verbal cues from her, his 'friendly' messages had been misconstrued and at no time had decency been breached.
- 13 On 29 August 2024 the GMC informed Mr Pandian that an investigation of his fitness to practise would be undertaken.
- 14 On 1 April 2025, once their investigation was complete, the GMC wrote to Mr Pandian under rule 7 and 11 of *The Rules*. Their letter stated that the GMC case examiners had advised that his case could be concluded by issuing a warning.
- 15 Mr Pandian declined to accept the proposed warning and, consequently, the matter was referred to the Investigation Committee to determine whether a warning should be issued. Notice of this hearing was served on 15 September 2025. This included the allegations that were referred for consideration by the Committee, which were that:
 1. On 5 June 2022 Mr Pandian exchanged WhatsApp messages with Miss A, his trainee, in which she told him that he needed to stop contacting her when she was not at work, unless it was a work related emergency, or words to that effect.
 2. From 20 October 2022 Mr Pandian behaved inappropriately with Miss A, who was at that time his former trainee, in that:
 - a. he sent two messages (on 20 and 21 October 2022) to Miss A via WhatsApp despite Miss A having previously told him not to contact her;
 - b. upon Miss A blocking Mr Pandian on WhatsApp on 21 October 2022 he sent four emails to her. These were sent on 29 and 31 October 2022, and then two on 9 January 2023;
 - c. despite Miss A having told Mr Pandian on 16 January 2023 that it was harassment and that she did not wish to keep in contact with him 'unless absolutely essential for clinical work', or words to that effect, Mr Pandian:
 - i. rang Miss A on her mobile number on 24 March 2023 three times
 - ii. sent two emails to Miss A's personal email address on Saturday 8 April 2023;
 - d. Mr Pandian continued to email Miss A on her personal email address, despite Miss A having told him on 8 April 2023 not to contact her again.

3. This conduct amounted to harassment as defined in the *Protection from Harassment Act 1997*, when Mr Pandian knew, or ought to have known that his conduct amounted to harassment.

16 The content of Mr Pandian's emails referred to in allegation 2d is set out. What he wrote included:

9 April 2023: *'I honestly can't remember how I got your personal email address?!...Why are you torturing me like this? One minute you are nice to me and the next minute you break my heart?! Please say in your own words that you don't like me and that I have no place in your heart in any shape or form and that you hate me and I will stop contacting you ever again.'*

28 May 2023: *'I was disappointed not to see you in the recent UCLH academic meeting... I am desperate to meet you soon and talk to you. Kindly let me know the best time and place please?... Love you and miss you sorely.'*

5 June 2023: *'How are you keeping?... Longing to see you and talk to you... Please reply. Love Shiv'*

25 June 2025: *'How are you keeping? I feel very let down not being able to talk to you. You looked very stressed when I last got a glimpse of you... I am desperate to see you and talk to you and look after you. Please don't shut me off like this. Kindly reply please. Love Shiv'*

Evidence adduced

17 The Committee has carefully considered the documentary evidence provided by the parties which included, but was not limited to:

- Online referral from the Trust, enclosing a redacted copy of the local investigation Report and Outcome letter
- Appendices to the local investigation, heavily redacted in parts, including transcripts of the investigation meeting and the interviews undertaken
- Mr Pandian's written submissions to the Trust
- A record of the communication between Mr Pandian and Miss A
- Transcript of a Trust disciplinary hearing
- Mr Pandian's responses, provided by his legal representative, to the GMC allegations, dated 20 May and 15 July 2025
- Evidence of Mr Pandian's reflection and good standing in the form CPD certificates, testimonials, 360 feedback results and his most recent appraisal summary.

- 18 Although Miss A provided a statement for the purpose of the Trust investigation she declined to provide a witness statement to the GMC.
- 19 No oral evidence has been heard.
- 20 No relevant fitness to practise history has been adduced.

GMC Submissions

- 21 Ms Thomas, on behalf of the GMC, submitted that Mr Pandian's behaviour amounted to harassment as particularised in Allegation 3. The legal definition of harassment is set out in the *Protection from Harassment Act 1997* ('the Act') and specifies that, for behaviour to constitute harassment, the actions in question must amount to a course of conduct which the perpetrator knew, or ought to have known, amounted to harassment, or that any reasonable person in possession of the same information would think amounted to harassment. She submitted that there was a clear course of unwanted conduct over some time, and which occurred via message, email and phone, and Miss A clearly asked Mr Pandian to stop contacting her on a number of occasions. He continued to contact her despite her clear requests. When she escalated the matter to the Clinical Lead and blocked his number showing a clear intention to cease communication, Mr Pandian changed his method of contact and proceeded to include declarations of affection and love.
- 22 Ms Thomas submitted that the messages and emails are clearly highly inappropriate and unwanted in the context of Mr Pandian's professional relationship with Miss A. She said unwanted attention was having a significant impact on her wellbeing, and that *'I believe the persistent and repeated unwanted attention I've received from Doctor Pandian constitutes harassment.'* Ms Thomas submitted that Mr Pandian's actions caused Miss A alarm and distress.
- 23 As to whether Mr Pandian knew or ought to have known that this course of conduct amounts to harassment, Ms Thomas referred to the nature of the conduct and the length of time that it continued for.
- 24 In January 2023, Miss A specifically set out that she considered that Mr Pandian's continued communication with her amounted to harassment. Ms Thomas submitted that he, or a reasonable person in possession of the same information, would have known, or ought to have known, that the communication was harassment. This should have been further evident by the involvement of the Clinical Lead.
- 25 It was submitted that Mr Pandian's response to Miss A's allegations has been somewhat concerning in that he sought to suggest that, in fact, she had wanted to pursue a personal relationship with him. This is contrary to the evidence, including the record of the communication provided by Mr Pandian and Miss A, and the accounts from Miss A and the Clinical Lead.

- 26 Ms Thomas invited the Committee to agree that Allegation 3 is capable of proof to the required standard and that harassment, as defined in Act, should be included in the words of the warning.
- 27 She submitted that Mr Pandian's conduct represented a significant departure from the requirements of *Good medical practice (2024)* and from the GMCs *Guidance on maintaining personal and professional boundaries (2024)*, and that his behaviour does not meet the standards required of a doctor and must not be repeated. She submitted that a warning is a proportionate and appropriate response to maintain public confidence in the profession and uphold proper standards and conduct for members of the profession, sending a clear message to Mr Pandian, and the profession as a whole, that these actions were inappropriate and must not be repeated.
- 28 Ms Thomas referred to Mr Pandian's unblemished fitness to practise history and accepted that his actions occurred in circumstances specifically related to Miss A. However, she said he had continually denied what is potentially the most serious aspect of the case; that his conduct amounted to harassment.
- 29 Mr Pandian has now reflected that his conduct was inappropriate and, in essence, that his interpretation of Miss A's feelings towards him was incorrect. He has caveated this by saying that he thought he was in love with her and, despite her clearly asking him to stop contacting her, he thought that she might have feelings for him too.
- 30 Ms Thomas submitted that Mr Pandian has not given adequate consideration as to how his actions impacted Miss A or properly acknowledged the power imbalance while he was her trainer, making his conduct inappropriate and a breach of professional boundaries.
- 31 Finally, it is Ms Thomas' submission that Mr Pandian's behaviour represents a significant departure from the professional standards required of a doctor and a warning is the appropriate and proportionate response.

Defence Submissions

- 32 Mr Pandian's counsel, Mr Ivill, submitted that Mr Pandian accepts the allegations, with the exception of Allegation 3. He submitted that the full record of the communication between Mr Pandian and Miss A, as seen by the Committee, shows that none of it was threatening, indecent or sexually explicit.
- 33 In Miss A's complaint to the Clinical Lead she said that from December of 2021 she had experienced persistent unwanted attention from Mr Pandian. However, there are examples of messages sent by Miss A after this point, outside of working hours, which do not concern work, for example, about holidays and parking tickets.
- 34 Mr Ivill referenced the fact that, in October 2022, Miss A bought Mr Pandian a gift accompanied by a card with a message thanking him for supporting her training. He submitted that this demonstrates that Miss A thought of Mr Pandian as a positive influence.

- 35 He submitted that Mr Pandian now realises that he made a mistake and caused Miss A distress, taking full responsibility for his actions and expressing sincere regret. He has shown insight and now understands the professional boundaries he should have maintained with a trainee. When asked about how he would set boundaries with a trainee in future, Mr Ivill relayed that Mr Pandian would do this at the very start and that he understood the importance of early communication and expectation setting.
- 36 Mr Pandian has not contacted Miss A since June 2023 and has no intention of doing so. Mr Ivill said that this provides assurance that his behaviour will not be repeated.
- 37 He said that Mr Pandian is deeply sorry and very embarrassed for making Miss A feel so uncomfortable and for persisting with unwanted texts, emails and calls. He thought he was in love with her and that it was reciprocated. This mistake has come with a professional and personal cost, with disciplinary procedures marking an unblemished 37-year medical career.
- 38 Mr Ivill referred to colleague and trainee feedback which was overwhelmingly positive in nature, and made reference to his instigation of a development and restoration plan to continue to improve and avoid committing the same mistake again.
- 39 Regarding the allegation of harassment, Mr Ivill objected to the inclusion of the reference to harassment as defined in the *Protection from Harassment Act 1997*, submitting that this wording connoted a criminal offence, which Mr Pandian has never been formally accused of. Mr Ivill submitted that Mr Pandian's conduct is more aptly described a lack of professional boundaries. He noted that all seven positive factors in the *GMC Guidance on warnings* were engaged – insight, remorse, previous good history, the incident was isolated, rehabilitative steps have been taken and there are positive testimonials and feedback. Therefore, a warning is neither appropriate nor proportionate.
- 40 If the Committee disagree and a warning is to be imposed, then the wording should be amended to reflect that this amounts to a breach of professional boundaries and it should exclude the reference to the *Protection from Harassment Act 1997* for the reasons submitted above.

Committee Determination

- 41 The Committee accepted the advice of Mr Urpeth, the legal assessor.

Determination on the facts

- 42 Mr Pandian has accepted Allegations 1 and 2, in full, as they were particularised in the Notice of Hearing, both in his response to the GMC case examiners and at this hearing. As such, these allegations are admitted.
- 43 Allegation 3, that Mr Pandian's conduct constitutes harassment as defined in the *Protection from Harassment Act 1997* is contested. Therefore, before turning to the matter of whether a

warning is appropriate and proportionate, the Committee is first required to determine this allegation.

44 Although the Act deals with both criminal and civil issues, and this is not a Court of Law, the Committee is aware that it is open to it to find that, on the balance of probabilities, Mr Pandian's conduct amounted to harassment as defined by the Act. The key tenets of that definition being that it was a course of unwanted conduct that caused alarm or distress, and which the perpetrator knew, or ought to have known, amounted to harassment.

45 While there is clear evidence of a course of unwanted conduct, Mr Pandian's communications were not aggressive, otherwise threatening or sexual in nature. The Committee finds that his conduct is more appropriately characterised, in this context, as a breach of professional boundaries as well as a clear departure from expected professional standards. Therefore, it finds that the allegation that you engaged in harassment of Miss A, as defined by the Act, not proven.

The Committee's approach to considering a warning

46 The Committee is aware that the GMC has a legal duty to protect the public. The Medical Act 1983 splits this duty into three distinct parts and requires the GMC to act in a way that:

- protects, promotes and maintains the health, safety and wellbeing of the public ('patient safety')
- promotes and maintains public confidence in the profession
- promotes and maintains proper professional standards and conduct for members of the profession.

47 In addition to the part warnings play in maintaining public confidence and upholding standards for the profession, they also serve to formally indicate to a doctor the behaviour or performance that has significantly departed from the professional standards expected and should not be repeated. The GMC *Guidance on warnings* states that they should be viewed as a deterrent. They are intended to remind the doctor that repetition of the given conduct is likely to result in a finding of impaired fitness to practise, which may lead to restrictions being placed on their registration.

48 The Committee considered whether Mr Pandian's conduct amounted to a significant departure from the required standards in *Good medical practice* and *Maintaining personal and professional boundaries*. Further, whether this was sufficiently serious to warrant a formal response, in the form of a warning, in the interests of upholding the second and third limbs of the GMC's legal duty. In determining this, and in line with the GMC *Guidance on warnings*, the Committee considered whether:

- a) there has been a clear and specific breach of the professional standards
- b) Mr Pandian's conduct, behaviour or performance approached, but just fell short of, that which would pose a risk to public protection

- c) a repetition of the given conduct is likely to elevate the seriousness to a degree where Mr Pandian would pose a risk to public protection and restrictive action by the GMC would be necessary.

49 The Committee's role is not to review the case examiners' decision on whether a warning is appropriate, but to consider the matter afresh.

Committee's decision on a warning

50 The Committee finds that Mr Pandian's conduct in continuing to send personal communications to Miss A, despite repeated requests to cease his behaviour, constitutes a significant departure from the standards expected of a doctor, particularly given his position of seniority. There has been a clear and specific breach of the standards required by *Good medical practice* (2013), the guidance in force at the time, most notably paragraphs:

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

51 Miss A was a junior colleague under Mr Pandian's supervision when he began his inappropriate communication. He contacted this trainee out of working hours, in an increasingly personal manner using emotive terms which overstepped professional boundaries and had the potential to impact her wellbeing. The emails cited in allegation 2d are particularly inappropriate because, while he may have contacted Miss A infrequently during this period, the language used is intense and intended to invoke a response and reaction from Miss A. Mr Pandian's conduct cannot be considered as a discrete incident; it spanned a period of nearly two years.

52 The Committee finds that Mr Pandian has developed insight into the serious nature of his actions, but he failed to demonstrate this insight until formal proceedings began. Mr Pandian failed to recognise the power imbalance that will have existed, the impact on Miss A's wellbeing and the professional boundaries that it was incumbent on him to maintain. This is demonstrated by Mr Pandian's assertion that he behaved as he did because his senior colleague had suggested he pursue a relationship with Miss A and that she had instigated a romantic relationship. Further, as Miss A became firmer in her requests for Mr Pandian to cease contacting her, including blocking his number and his social media account, Mr Pandian's behaviour and emotive language escalated.

53 The Committee finds that although Mr Pandian's conduct is serious, it falls just short of that which would be considered sufficiently serious to pose a risk to public protection. It considers that, if there were to be a repetition, the threshold for restrictive action on Mr Pandian's registration would likely be met. In reaching its decision on seriousness the Committee considered the potential impact on public confidence in that this behaviour undermines, or is

capable of undermining, the trust that a fully informed and reasonable member of the public, or a colleague, places in the profession.

- 54 The Committee was mindful that it must apply the principle of proportionality and balance the interests of the public with Mr Pandian's interests. The Committee therefore also considered whether there were mitigating factors weighing against the seriousness and which indicated that a warning may not be a proportionate response. It was noted that Mr Pandian has no fitness to practise history with the GMC and an unblemished record over 30 years of working in the NHS, and the Committee had regard to positive references and testimonials from other trainees at the Trust. There is evidence of remediation in the form of courses Mr Pandian has attended, and this has led to him developing insight into the concerns and expressing regret for his actions. The Committee considers that he is unlikely to repeat such conduct in the future.
- 55 However, the Committee finds that it is proportionate to mark Mr Pandian's conduct with the following warning and appropriate to do so in the interests of maintaining public confidence in the profession and upholding proper standards of conduct for members of the profession.

On 5 June 2022 Mr Pandian exchanged WhatsApp messages with Miss A, his trainee, in which she told him to stop contacting her when she was not at work, unless it was a work related emergency. However, from 20 October 2022 until June 2023, Mr Pandian continued to behave inappropriately towards Miss A, when she was no longer his trainee. He sent messages to her via WhatsApp, emails to her personal email address and rang her on her mobile number. This was despite Miss A having told Mr Pandian on 16 January 2023 that it was harassment and that she did not wish to keep in contact with him 'unless absolutely essential for clinical work', and despite Miss A having told him on 8 April 2023 not to contact her again. Mr Pandian's conduct in this matter amounted to a breach of professional boundaries.

This conduct does not meet the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good medical practice and associated guidance.

In particular, Good medical practice states:

48 *You must treat colleagues with kindness, courtesy and respect.*

52 *You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.*

53 *You should be aware of how your behaviour may influence others within and outside the team.*

81 *You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.*

The GMC guidance Maintaining personal and professional boundaries is also relevant, in particular:

3 Appropriate personal and professional boundaries are essential between medical professionals and their patients, and between medical professionals and their colleagues.

5 Professional and respectful working relationships between colleagues are central to positive working cultures. It is essential that individuals feel safe and respected in their workplaces, that they feel able to speak up when they experience or witness negative behaviours, and that they are supported to do so.

Whilst this failing in itself is not so serious as to require any restriction on Mr Pandian's registration, it is necessary in response to issue this formal warning. This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

That concludes the determination of the Investigation Committee in this case.

John Anderson
Investigation Committee Chair