PUBLIC RECORD

Dates: 15/01/2024 - 08/02/2024

Medical Practitioner's name:	Dr Iuliu STAN
GMC reference number:	7127529
Primary medical qualification:	Doctor - Medic 2007 Universitatea de Medicina si Farmacie ''Iuliu Hatieganu''

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Damian Cooper
Lay Tribunal Member:	Ms Karen Naya
Medical Tribunal Member:	Mr Mike Hayward

Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Christopher Rose, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 06/02/2024

Background

1. Dr Stan qualified in Romania in 2007. Prior to the events which are the subject of the hearing Dr Stan had previously worked in the UK for two years as a Senior House Officer (SHO) before returning to Romania to complete his training in General Trauma Orthopaedics. Dr Stan returned to the UK in 2015 and accepted a role as a locum senior house officer in Trauma and Orthopaedics for the Royal Cornwall Hospitals NHS Trust (the Trust). This is the role Dr Stan was undertaking at the time of the events in the Allegation.

2. The Allegation that has led to this hearing concerns alleged misconduct which has arisen from Dr Stan's treatment of 36 patients where it is alleged that Dr Stan inappropriately prescribed and/or administered per rectum (PR) medication. In addition, it has been alleged that Dr Stan failed to obtain informed consent, to offer a chaperone or to provide alternative options to PR analgesia and/or laxatives. The GMC has alleged that Dr Stan was advised formally by Mr A, Trauma Clinical Director at the Trust, both in person and in writing in 2020, that he should familiarise himself with the Trust's chaperone policy and seek assistance with administration of analgesia from the nursing team, and that he failed to do this. The GMC has also alleged that Dr Stan's actions in relation to the patients were sexually motivated in that they were in pursuit of sexual gratification.

3. The initial concerns were raised with the GMC on 12 March 2021 by Dr B, the Medical Director of Treliske Hospital, part of the Trust.

4. The referral to the GMC was further to a local investigation conducted by the Trust which arose from concerns raised after Dr Stan gave rectal voltarol to a child shortly after the child had been given oral medication. In addition, the child's father was concerned

about the length of time it had taken to give the suppository. Dr Stan was subsequently given a letter and had a face-to-face conversation with Mr A in which it is alleged he was told to familiarise himself with the Trust chaperone policy and that he should seek the support of nursing staff in the routine administration of analgesia or other medication to adults and children.

5. In August 2020, further concerns were raised as Dr Stan had again prescribed and administered personally, rectal medication to children. This led to an investigation by the Trust which was given evidence that Dr Stan, over the previous 5 years, had prescribed and adminsistered rectal medication personally on over 200 occasions and sometimes multiple times to the same patient. It was noted that he only administered this medication to male patients and was failing to follow the chaperone policy.

6. The investigation also established that Dr Stan administered PR medication to 3 children in 2020 and that he did not read the letter from Mr A nor did he read the chaperone policy. The report also found that Dr Stan administered further PR medication after he was given the letter from Mr A, that there was a clear pattern of prescribing and administering PR medication to males under the age of 40 and that Dr Stan had not been working in line with the Trust's chaperone policy.

The Outcome of Applications Made during the Facts Stage

7. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the hearing should proceed in Dr Stan's absence. The Tribunal's full decision on the application is included at Annex A.

8. The Tribunal granted the GMC's application, made pursuant to Rule 34 of the Rules to admit additional evidence. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Stan is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 26 July 2020 you attended upon Patient 1, a XXX year old male and you:

    a. inappropriately:

        i. prescribed per rectum ('PR') voltarol when it was not clinically indicated because oral or intravenous ('IV') analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

        i. obtain informed consent; **To be determined**

        ii. offer Patient 1 a chaperone; **To be determined**

        iii. provide alternative options to PR analgesia. **To be determined**

2. On 9 July 2020 you attended upon Patient 2, a XXX year old male and you:

    a. inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

        i. obtain informed consent; **To be determined**

        ii. offer Patient 2 a chaperone; **To be determined**

        iii. provide alternative options to PR analgesia. **To be determined**

3. On 6 September 2020 you attended upon Patient 3, a XXX year old male and you:

    a. inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 3 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

4. On 4 August 2020 you attended upon Patient 4, a XXX year old male and you:

a. inappropriately prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 4 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

5. On 17 August 2020 you attended upon Patient 5, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 5 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

6. On 18 July 2020 you attended upon Patient 6, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 6 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

7. On 28 August 2020 you attended upon Patient 7, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 7 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

8. On 29 August 2020 you attended upon Patient 8, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 8 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

9. On 15 August 2020 you attended upon Patient 9, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 9 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

10. Between 30 March 2019 and 12 April 2019, you attended upon Patient 10, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on 7 April 2019 administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 10 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

11. Between 18 and 22 March 2019, you attended upon Patient 11, a XXX year old male and you:

a. on one or more occasion as set out in Schedule 2, inappropriately administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 11 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

12. On 6 September 2020 you attended upon Patient 12, a XXX year old male and you:

    a. inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

        i. obtain informed consent; **To be determined**

        ii. offer Patient 12 a chaperone; **To be determined**

        iii. provide alternative options to PR analgesia. **To be determined**

13. Between 2 and 4 March 2020, you attended upon Patient 13, a XXX year old male and you:

    a. on one or more occasion as set out in Schedule 1, inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

        i. obtain informed consent; **To be determined**

        ii. offer Patient 13 a chaperone; **To be determined**

        iii. provide alternative options to PR analgesia. **To be determined**

14. Between 9 and 15 August 2020 you attended upon Patient 14, a XXX year old male and you:

    a. on one or more occasion as set out in Schedule 1, inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 14 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

15. Between 9 and 12 March 2020 you attended upon Patient 15, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on 12 March 2020, administered PR laxatives; **To be determined**

iii. on or around 9 March 2020 catheterised the patient when this was not clinically indicated; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 15 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

16. On 16 April 2019 you attended upon Patient 16, a XXX year old male and you:

a. inappropriately:

i. conducted a PR examination when it was not clinically indicated; **To be determined**

ii. prescribed PR voltarol when it was not clinically indicated because IV analgesia was more suitable; **To be determined**

iii. administered PR voltarol; **To be determined**

iv. on one or more occasion as set out in Schedule 2:

1. prescribed PR laxatives when it was not clinically indicated because Patient 16 had a possible diagnosis of gastroenteritis; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 16 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

17. Between 31 July and 8 August 2019, you attended upon Patient 17, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on one or more occasion as set out in Schedule 2, administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 17 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

18. Between 3 and 13 August 2019 you attended upon Patient 18, a XXX year old male and you:

    a. on one or more occasion as set out in Schedule 1, inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

        i. obtain informed consent; **To be determined**

        ii. offer Patient 18 a chaperone; **To be determined**

        iii. provide alternative options to PR analgesia. **To be determined**

19. On 18 August 2020 you attended upon Patient 19, a XXX year old male and you:

    a. inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

        ii. administered PR voltarol; **To be determined**

    b. failed to:

        i. obtain informed consent; **To be determined**

        ii. offer Patient 19 a chaperone; **To be determined**

        iii. provide alternative options to PR analgesia. **To be determined**

20. Between 12 and 21 April 2019, you attended upon Patient 20, a XXX year old male and you:

    a. inappropriately:

        i. on one or more occasion as set out in Schedule 1:

            1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

            2. administered PR voltarol; **To be determined**

ii. on 12 April 2019:

1. prescribed PR laxatives when it was not clinically indicated; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 20 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

21. On 8 August 2020 you attended upon Patient 21, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 21 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

22. Between 19 and 21 August 2019 you attended upon Patient 22, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on 21 August 2019:

1. prescribed PR laxatives when it was not clinically indicated as you had prescribed and administered an oral laxative a few hours earlier; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 22 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

23. Between 29 and 30 August 2020 you attended upon Patient 23, a XXX year old male on 2 separate occasions and you:

a. on one or more occasion as set out in Schedule 1, inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 23 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

24. On 2 August 2020 you attended upon Patient 24, an XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

ii. administered PR voltarol; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 24 a chaperone; **To be determined**

iii. provide alternative options to PR analgesia. **To be determined**

25. Between 17 and 23 January 2020 you attended upon Patient 25, a XXX year old male and you:

a. inappropriately:

i. conducted a PR examination when it was not clinically indicated; **To be determined**

ii. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

iii. on 21 January 2020:

1. prescribed PR laxatives when it was not clinically indicated; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 25 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

26. On 1 August 2019 you attended upon Patient 26, a XXX year old male and you:

a. inappropriately:

i. conducted a PR examination when it was not clinically indicated; **To be determined**

ii. prescribed PR laxatives when it was not clinically indicated because Patient 26 had long-standing chronic constipation; **To be determined**

iii. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 26 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

27. On 7 August 2019 you attended upon Patient 27, a XXX year old male and you:

a. inappropriately:

i. prescribed PR laxatives when it was not clinically indicated; **To be determined**

ii. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 27 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

28. On 24 August 2019 you attended upon Patient 28, an XXX year old male and you:

a. inappropriately administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 28 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

29. On 9 November 2019 you attended upon Patient 29, a XXX year old male and you:

a. inappropriately:

i. prescribed PR laxatives when it was not clinically indicated; **To be determined**

ii. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 29 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

30. On 7 October 2019 you attended upon Patient 30, a XXX year old male and you:

a. inappropriately:

i. prescribed PR laxatives when it was not clinically indicated; **To be determined**

ii. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 30 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

31. On 2 February 2020 you attended upon Patient 31, a XXX year old male and you:

a. inappropriately administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 31 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

32. Between 30 July and 8 August 2019, you attended upon Patient 32, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on one or more occasion as set out in Schedule 2:

1. prescribed PR laxatives when it was not clinically indicated; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 32 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

33. Between 28 December 2018 and 1 January 2019, you attended upon Patient 33, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol on when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on 1 January 2019:

1. prescribed PR laxatives when it was not clinically indicated; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 33 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

34. Between 24 February and 1 March 2019 you attended upon Patient 34, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on 28 February 2019, administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 34 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

35. Between 27 and 28 March 2019 you attended upon Patient 36, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **To be determined**

2. administered PR voltarol; **To be determined**

ii. on 28 March 2019:

1. prescribed PR laxatives when it was not clinically indicated; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 36 a chaperone; **To be determined**

iii. provide alternative options to:

1. PR analgesia; **To be determined**

2. PR laxatives. **To be determined**

36. Between 4 and 5 March 2019 you attended upon Patient 37, an XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 2:

1. prescribed PR laxatives when it was not clinically indicated; **To be determined**

2. administered PR laxatives; **To be determined**

b. failed to:

i. obtain informed consent; **To be determined**

ii. offer Patient 37 a chaperone; **To be determined**

iii. provide alternative options to PR laxatives. **To be determined**

37. On 27 May 2020, Mr A advised you formally:

a. in person that you should:

i. familiarise yourself with and abide by your employing Trust's ('the Trust') chaperone policy; **To be determined**

ii. seek assistance with administration of analgesia or other medication from the Trust nursing team. **To be determined**

b. in writing that you should:

i. familiarise yourself with and abide by the Trust chaperone policy; **To be determined**

ii. seek assistance with administration of analgesia or other medication from the Trust nursing team. **To be determined**

38. Following the actions set out at paragraph 37, you prescribed and/or administered PR analgesia to one or more patients and you failed to:

a. follow the Trust chaperone policy; **To be determined**

b. seek assistance from the Trust nursing team in administering PR analgesia. **To be determined**

39. Your actions as set out at paragraphs 1 – 36 were sexually motivated in that it was in the pursuit of sexual gratification. **To be determined**

Witness Evidence

10. The Tribunal received witness statements and oral evidence on behalf of the GMC from the following witnesses:

- Mr C, Chief Pharmacist at the Trust;
- Mr A, Consultant Orthopaedic Surgeon and Trauma Clinical Director at the Trust;
- Ms D, Interim Matron at the Trust;
- Mr E, Trauma Practitioner at the Trust;
- Ms F, Paediatric Staff Nurse in the Emergency Department of the Trust; and
- Patient 26, a patient whose treatment by Dr Stan forms the basis for paragraph 26 of the Allegation.

Expert Witness Evidence

11. The Tribunal also received evidence from two expert witnesses, Mr G and Dr H, who were called by the GMC and gave oral evidence at these proceedings. Mr G, a Consultant Orthopaedic Surgeon, provided a report dated 19 May 2022 along with supplemental reports dated 26 January 2023 and 17 January 2024. These were provided to assist the Tribunal in understanding the standard of care to have been expected of Dr Stan. Dr H, a

Locum Consultant in Paediatric Orthopaedics, provided a report dated 18 December 2023, which was provided to assist the Tribunal in understanding the similarities and differences between practice in the UK and Romania with regard to the prescribing and administering of PR analgesia in a Trauma and Orthopaedics setting.

Documentary Evidence

12. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Microsoft Excel searchable spreadsheet provided by Mr C, listing medication prescribed and/or administered by Dr Stan from 2015 to 2020 (the spreadsheet);
- Trust witness statement of Ms D, dated 9 March 2020;
- Pharmacy Report, dated September 2020;
- Records of Trust Investigation meetings dated 15 October 2020, 20 October 2020 and 23 October 2020;
- Charts of Dr Stan's administration of PR medication;
- Graph showing age distribution of PR medication administered by Dr Stan;
- Trust Maintaining High Professional Standard Investigation Report (Trust report), dated November 2020;
- Letter from Trust to GMC, dated 12 March 2021;
- Medical records of all 36 patients referred to in the Allegation;
- A letter from the Trust to all 36 patients referred to in the Allegation, dated 8 January 2024;
- Pre-hearing information screenshot from MPTS website.

The Tribunal's Approach

13. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Stan does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred as alleged.

14. The Tribunal accepted the legal advice provided by the Legally Qualified Chair.

The Tribunal's Analysis of the Evidence and Findings

15. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

16. The Tribunal first considered the evidence it had read and heard in relation to each paragraph and sub-paragraph of the Allegation as it applied to the individual patients referred to. The Tribunal then considered the evidence in relation to paragraphs 37, 38 and 39 of the Allegation.

17. The Tribunal noted the common wording used throughout the Allegation where the same conduct had been alleged in respect of different patients. Having made its determination in relation to each paragraph and sub-paragraph, it was evident to the Tribunal that the core rationale for its decision was common to many of the 36 patients forming the subject matter of the Allegation. To minimise repetition throughout its determination and to make it easier to understand its reasoning, the Tribunal therefore decided to structure its written determination according to the nature of the paragraph of the Allegation at issue, rather than strictly patient by patient.

18. The Tribunal paid close attention to the expert report of Mr G, and noted the painstaking exercise he had undertaken in cross-matching the electronic prescribing system data with the patients' medical records. However, this apart, the report was of limited assistance to the Tribunal. Although Mr G had provided an introductory paragraph to each patient, summarising their age, gender and reasons for presenting to hospital, there was no indication of whether a patient's pain had been controlled prior to the PR voltarol prescription, whether other pain relief had been tried and by what route, and whether the patient had themselves requested PR voltarol (as they had in some instances).

19. Mr G had made no mention of the fractured femur and trauma 'bundles' used by the Trust, which included routine oral analgesia and laxative medication to be given to each patient (despite a similar system being used at his own hospital) and whether a patient's pain had broken through despite this routine medication. He had not made any reference to the local pain management team declining requests to attend to patients.

20. Mr G had not provided any references to any publications on the use, or pharmacology, of PR voltarol in the orthopaedic setting. He had not mentioned in his report the fact that the clinical notes of some patients were missing from the medical records bundle.

21. In its analysis of the evidence provided, the Tribunal was mindful of its responsibility not inadvertently to stray into the area of substituting or superimposing any medical view of its own. It therefore purposefully restricted itself to an analysis of the quality and sufficiency of the medical evidence provided in order to inform its decision on whether to find any particular allegation proved on the balance of probabilities.

22. The Tribunal noted that neither the GMC nor the Trust had involved patients in their investigation despite the nature of the allegations. It was entirely fortuitous that Patient 26, having been alerted by the Trust the week before this hearing commenced that his medical records had been sent to the GMC, made his own enquiries of the MPTS as to the precise nature of the allegations. As a result of this, he contacted the GMC to make a statement about Dr Stan's treatment of him, parts of which he had found inappropriate.

23. The Tribunal had seen the letter sent by Mr A to Dr Stan on 27 May 2020, in which Mr A formally advised Dr Stan to seek assistance with administration of analgesia or other medication from the Trust nursing team. In the Tribunal's opinion the messaging in the letter could have been a great deal clearer. For example it did not tell Dr Stan that he must stop both prescribing and administering drugs (in line with the Trust's medicine's policy) and that in general he should leave the administration of drugs to the nursing staff, nor that he must have a chaperone when administering PR medication to both adults and children. However, the Tribunal heard from Mr A, in oral evidence, that whilst his letter had been subject to review and amendment by the Human Resources department of the Trust before it was sent, in his face to face meeting with Dr Stan at which he gave Dr Stan the letter, Mr A had left Dr Stan in no doubt that he ought not to be administering analgesics himself (although unfortuantely this meeting was not minuted). In his responses to the Trust's investigation it was clear that, at the very least, Dr Stan understood that he himself should not be administering PR voltarol to children.

24. In setting out its determination in relation to the paragraphs of the Allegation concerning the prescribing and/or administration of medication by Dr Stan, the Tribunal has dealt first with patients attended by Dr Stan *after* the date of Mr A's letter and meeting, and then with those patients attended *before* the date of that letter and meeting.

25. The Tribunal decided that it did not draw any adverse inference from Dr Stan's decision not to engage with these proceedings.

26. The Tribunal acknowledged that the allegations that Dr Stan faced were serious. It noted that Dr Stan was of good character, that he had no previous disciplinary findings against him and that this may make it less likely that he acted as was now alleged against him.

27. The Tribunal noted that the generic chemical name for the brand 'voltarol' is 'diclofenac' and that, although the Allegation uses the term 'voltarol', the two names are used interchangeably to mean the same thing throughout the evidence provided to it.

Patients 17 and 32

28. During its deliberations, the Tribunal noticed that the Allegation specified identical initials and hospital number for both Patient 17 and Patient 32. It further noticed that the medical records for each of these two patients contained an identical 'Referral Rejection Report' relating to a referral made to the Trust's Pain Management Inpatient Service.

29. The Referral Rejection Report related to a patient with a 'Fracture midshaft femur', but Mr G's expert report (supported by the other medical records) was clear that each patient had fractured their tibia/lower leg. In the medical records both patients were recorded as having been XXX. Additionally, both were recorded as having had their surgery to correct their fracture on 5 August 2019 and were discharged on 13 August 2019.

30. Despite its careful consideration of the medical records, the Tribunal was unable, with any degree of confidence, to establish whether these patients were different patients or whether paragraphs 17 and 32 of the Allegation related to the same patient. In addition, it was of the view that it could not rely upon the medical records provided having been attributed to the correct patients. In the circumstances, the Tribunal determined that the evidence in relation to patients 17 and 32 was insufficient for it to make a properly informed decision and it found paragraphs 17 and 32 of the Allegation not proved.

Dates and times of prescribing and/or administration of medication by Dr Stan

31. Mr C (Chief Pharmacist at the Trust) explained to the Tribunal, the derivation of the data contained in the spreadsheet. The data were derived from the Trust's electronic prescribing and medicines administration system (ePMA). Mr C additionally explained the Trust security processes and procedures concerning use of the ePMA. On the basis of the evidence before it, the Tribunal was satisfied that the dates and times of prescription and administration set out in the Allegation were supported by the information in the spreadsheet. It was satisfied on the balance of probabilities that those dates and times were proved in relation to all relevant paragraphs of the Allegation.

Inappropriately conducted a PR examination

32. The Tribunal first considered the paragraphs of the Allegation which alleged that Dr Stan inappropriately conducted a PR examination. This related to Patients 16, 25 and 26.

33. With regard to Patient 16, the Tribunal had regard to his medical records and noted that although the patient had presented with abdominal pain and vomiting, he was not suffering from diarrhoea. Although the patient had not suffered any trauma and therefore did not require specialist trauma and orthopaedics team input, Dr Stan nevertheless attended and examined the patient. He noted a current diagnosis of gastroenteritis.

34. The Tribunal noted Mr G's opinion that it was unusual for junior doctors to get involved in the care of patients in other unrelated departments and that there was no need for Dr Stan to get involved in the care of patients from the surgical department or perform a PR examination in the first instance. The Tribunal had seen no evidence in relation to why Dr Stan had seen this patient outside of his area of specialism. Mr G did not comment as to whether the PR examination was clinically indicated, and no medical evidence had been presented to indicate whether a PR examination of Patient 16, who was suffering from abdominal pain, was clinically indicated. As such, the Tribunal was not satisfied, on the balance of probabilities, that the PR examination of Patient 16 was inappropriate.

35. With regard to Patient 25, the Tribunal noted Mr G's opinion that the PR examination was unnecessary. However, Mr G did not provide any clinical context for this view for Patient 25 who was suffering from acute groin pain. Dr Stan's clinical note refers to verbal consent having been given by the patient. In the absence of any detailed medical

evidence as to the clinical appropriateness of a PR examination, the Tribunal was not satisfied on the balance of probabilities that it was inappropriate for Dr Stan to have undertaken a PR examination on Patient 25.

36. The Tribunal therefore found Paragraphs 16(a)(i) and 25(a)(i) of the Allegation not proved.

37. With regard to Patient 26, he had attended the Trust with pain in his knee. Dr Stan had undertaken a PR examination, which Patient 26 said had not been explained to him beforehand and that he found distressing. In Patient 26's medical records Dr Stan recorded that Patient 26 was constipated. However, the Tribunal noted that in his evidence, Patient 26 confirmed that whilst he had XXX, he did not believe either that he was suffering from constipation when he attended the hospital or that he discussed constipation with Dr Stan.

38. Mr G had provided some context for his opinion on this matter. The patient had presented with left knee infection and had no acute gastrointestinal symptoms. In those circumstances a PR examination was not indicated. In addition, Patient 26 was clear in his evidence to the Tribunal, consisting of a witness statement and oral evidence, that Dr Stan conducted two PR examinations on him on consecutive visits to see him.

39. Based on the evidence received, the Tribunal took the view that there was no clinical reason to justify Dr Stan conducting a PR examination on Patient 26.

40. The Tribunal was therefore satisfied, on the balance of probabilities, that Dr Stan inappropriately conducted a PR examination on Patient 26. It therefore found paragraph 26(a)(i) of the Allegation proved.

Inappropriately prescribed PR voltarol

41. The Tribunal next considered the paragraphs of the Allegation which alleged that Dr Stan inappropriately prescribed PR voltarol when it was not clinically indicated because oral or intravenous ('IV') analgesia was more suitable.

42. The Tribunal noted Mr G’s opinion in all the cases that alternative analgesia in the form of oral or IV was more suitable and that all of the instances of prescribing were documented on the spreadsheet.

43. Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 14, 19, 21, 23 and 24, were attended and treated by Dr Stan after Mr A’s letter and meeting with him.

44. Patients 10, 13, 15, 16, 18, 20, 22, 25, 33, 34 and 36, were attended and treated by Dr Stan before Mr A’s letter and meeting with him.

After Mr A’s letter and meeting with Dr Stan

Determined and found proved

45. The medical records of Patient 5 indicated that this was originally a surgical case (abdominal pain). Dr Stan became involved when the patient came to the emergency department. This was not Dr Stan’s area of expertise, but he had nevertheless seen the patient. From the evidence it appeared that Dr Stan prescribed the PR voltarol without first trying oral or parenteral administration of analgesia and did not check the appropriateness of his prescription with the surgical team, who would have been managing this patient.

46. The medical records of Patient 9 showed that he had been assaulted and sustained a head and a shoulder injury. His pain score was rated as 9/10 and he was given Entonox with an ongoing plan for pain relief. No PR medication was referred to in Patient 9’s medical records. It was recorded that he was unable to take deep breaths without any pain. The Tribunal took the view that any other pain relief should, and would have been likely to, have been documented in the records. The evidence indicated that Dr Stan prescribed PR voltarol without trying alternative analgesia and documented this on the electronic system but did not refer to it in any medical records.

47. The medical records of Patient 21 showed that he scored 1/10 for his level of pain and that the injury occurred two days prior to presentation. Dr Stan prescribed PR voltarol without recording any reasons as to why. Nothing was recorded in Patient 21’s medical records to suggest that he was suffering from increased pain to warrant a prescription of PR voltarol.

48. Based on the evidence received, and the opinion of Mr G, the Tribunal was satisfied, on the balance of probabilities, that it was inappropriate for Dr Stan to prescribe PR voltarol to Patients 5, 9 and 21 because oral or IV analgesia was more suitable.

49. Accordingly, the Tribunal found paragraphs 5(a)(i), 9(a)(i) and 21(a)(i) of the Allegation proved.

Not proved

50. Having considered the evidence in each case, the Tribunal considered it was evident that in relation to multiple patients, the medical records provided some background to the decision to prescribe PR voltarol. In these cases there was evidence that despite analgesia having been given, the patient's pain remained uncontrolled. The Tribunal was not prepared to apply an overarching principle that if oral or parenteral routes of administration were available the PR route was *always* inappropriate. To do so, would not take account of the specific clinical circumstances of the patient at the time of the prescription.

51. Matters such as patient preference may, for example, have been relevant and important to the decision. Without the clinical basis for Mr G's opinion, other than that it was always inappropriate if other routes were available, and in the absence of evidence from a pain-control expert, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan's prescription of PR voltarol was necessarily inappropriate.

52. The Tribunal considered it to be clear from Patient 1's medical records that he had received alternative analgesia previously and that his pain was still not managed.

53. It was clear from Patient 2's medical records that he had received analgesia but was it was unclear which types had been administered.

54. In relation to Patient 3, the medical records explain that several attempts at manipulating the patient's injury had been made under various forms of analgesia. There was also a note that the patient was to be 'nil by mouth' until surgery, but that he required regular analgesia.

55. The medical records of Patient 4 showed that he had a canula inserted by the Ambulance staff and that there had been delays in the administration of Entonox (an inhaled analgesic). Patient 4 was a minor and his mother was anxious as he was in extreme pain despite having received strong analgesia.

56. The medical records of Patient 6 had no PR recorded but did show that he had received other forms of analgesia. According to Patient 6's discharge form he was in severe pain with a pain score of 7/10 and was discharged with oral pain killers.

57. The medical records of Patient 7 showed he had a clavicle fracture and a pain score of 6/10. Mr G noted that Patient 7 was given analgesia in the ambulance and the medical records showed further pain relief was also given.

58. The medical records of Patient 8 showed that he was sedated prior to his shoulder being repositioned. Three health professionals attempted to relocate Patient 8's shoulder and he was given oral morphine along with penthrox.

59. The medical records of Patient 12 indicated that he was referred back to the Emergency Department for manipulation and had needed analgesia for that procedure.

60. The medical records of Patient 14 showed that he was given morphine and co-codamol in the ambulance before Dr Stan treated him. Patient 14 requested PR voltarol from Dr Stan and he had received this from other healthcare professionals. In addition, the pain specialist was aware that Dr Stan had prescribed PR voltarol to Patient 14 and that it was assisting him with his pain.

61. The medical records of Patient 19 showed that he had already had pain relief with oramorph, which was taken orally, but he was still in pain. It was stated that Patient 19 may have had a sensitivity to another oral painkiller.

62. The medical records of Patient 23 showed that he was given Entonox, morphine and paracetamol on 28 August 2020. However, there were no further clinical notes as part of the medical records after this date.

63. There were no clinical notes available as part of the medical records of Patient 24.

64. The Tribunal had heard evidence from Dr H that the prescribing of PR analgesics in Romania was not uncommon in the more acute setting or post operatively for those complaining of moderate to severe pain. Dr Stan had trained in Romania. It had also heard evidence that PR voltarol was used and available at the Trust, but that because it involved an invasive and intimate administration, it was generally used when other routes of administration were not clinically appropriate. The Tribunal was mindful of this and also that Mr G's opinion had been based on that latter position.

65. The Tribunal was nevertheless concerned at the absence of clinical notes amongst the medical records for some patients and the lack of a clear explanation for why a PR voltarol prescription was clinically inappropriate in patients in pain and who had already received other forms of analgesia. In addition, at least one patient had been specifed as being 'nil by mouth' prior to surgery when the PR voltarol was given. Mr I, Consultant Orthopaedic Surgeon at the Trust, had told its investigation that *'in my experience PR analgesic medication would be far more effective far more rapidly than oral. There is also a possibility that the patient may be nil by mouth pre-op and not yet had a venflon IV. It would be preferable to IM injections particularly in a younger patient'.*

66. On the balance of probabilities, the Tribunal could not be satisfied that it was necessarily inappropriate for Dr Stan to prescribe PR voltarol to Patients 1, 2, 3, 4, 6, 7, 8, 12, 19, 23 and 24.

67. Accordingly, the Tribunal found paragraphs 1(a)(i), 2(a)(i), 3(a)(i), 4(a), 6(a)(i), 7(a)(i), 8(a)(i), 12(a)(i), 19(a)(i), 23(a)(i) and 24(a)(i) of the Allegation not proved.

Before Mr A's letter and meeting with Dr Stan

Determined and found proved

68. The medical records of Patient 10 showed that analgesia was prescribed many times. However there was nothing in the clinical notes to suggest that PR voltarol was required. Patient 10 was given IV morphine, paracetamol and Entonox. He was able to take medications orally and had a canula in to receive IV. The clinical notes indicated that Patient 10's pain was being controlled, there was no documented need for additional PR analgesia and nothing to suggest that the patient requested any PR medication. Dr Stan

prescribed PR voltarol 8 times to patient 10 with no clinical need apparent in the clinical notes.

69. Dr Stan became involved when Patient 16 came to the emergency department with gastroenteritis. This was not Dr Stan's area of expertise, but he had nevertheless seen the patient in the emergency department. From the evidence it appeared as though Dr Stan prescirbed the PR voltarol without first considering oral or parenteral administration of analgesia and did not check the appropriateness of his prescription with senior colleagues in the team with more expertise in this field.

70. The medical records of Patient 36 showed that he was in pain but there was no rationale given for the use of PR voltarol over any other form of analgesia the first time it was prescribed. The patient had been taking oral antibiotics, which suggested the oral route was available. The Tribunal noted that PR voltarol had been prescribed twice by Dr Stan, but that there were no clinical notes in the medical records relating to 28 March 2019. It could not be satisfied on the balance of probabilities that the prescription was inappropriate on this date. However, the Tribunal was satisfied that the prescription made on 27 March was inappropriate.

71. Based on the evidence received, and the opinion of Mr G, the Tribunal was satisfied, on the balance of probabilities, that it was inappropriate for Dr Stan to prescribe PR voltarol to Patients 10, 16 and 36 (in relation to his first prescription) because oral or IV analgesia was more suitable.

72. Accordingly, the Tribunal found paragraphs 10(a)(i), 16(a)(ii) and 35(a)(i)(1) (in relation to first prescription only) of the Allegation proved.

Not proved

73. The medical records of Patient 13 were incomplete. Aside from a clinical note by the Orthopaedic Specialist Registrar, there were no other clinical notes available relating to the pre- or post-operative period. Other than Mr G's expert report, the only evidence available to the Tribunal relating to Dr Stan's prescription of PR voltarol was the spreadsheet. The Tribunal noted Mr G's opinion that Dr Stan's prescription of PR voltarol was inappropriate but was unable to understand the clinical context for that view, for lack of clinical notes.

74. The medical records of Patient 15 indicated that he was taking oramorph and ibuprofen orally. It noted that Patient 15's pain was increasing and reduced after the first PR voltarol was administered. It was clear from the medical records that his pain was fluctuating. Without any further medical context as to the appropriateness of Patient 15's pain control, the Tribunal could not be satisfied on the balance of probabilities that the prescription of PR voltarol was necessarily inappropriate.

75. Mr G's opinion was that PR voltarol was not clinically indicated for Patient 18. The Tribunal noted that the clinical notes of Patient 18 indicated that he preferred PR voltarol. A nursing note of 5 August 2019 records the patient as having asked for PR voltarol because it was the most effective pain relief for him. Dr Stan's clinical note of 8 August 2019 also states that the patient was asking for a (voltarol) suppository. This was not mentioned in Mr G's expert report. In oral evidence he questioned whether a patient would request this treatment and whether, if they did so, it should necessarily lead to the patient being given it.

76. The medical records of Patient 20 made no reference to a prescription of PR voltarol. There were no clinical notes relevant to the dates in question for this patient so the Tribunal had nothing on which to rely, other than solely Mr G's general opinion on the use of PR voltarol. In that context, the Tribunal could not be satisfied that the prescription of PR voltarol was inappropriate.

77. The medical records of Patient 22 showed Dr Stan recorded that paracetamol and oramorph were given to the patient but there was no reasoning given for the prescribing of PR voltarol on 20 or 21 August 2019. Patient 22 was recorded as being in severe pain and was administered other painkillers. In this context, the Tribunal could not be satisfied that it was inappropriate to prescribe PR voltarol to try a different route of administration.

78. In the medical records of Patient 25 Dr Stan recorded a clinical note (written in retrospect) of a slight improvement in the patient's 'excrutiating' pain following strong analgesia, which had included both oramorph and PR voltarol. It was evident that the medical team had difficulty in controlling Patient 25's pain with multiple teams involved with his care. In that context, the Tribunal could not be satisfied that the prescription of

PR voltarol was necessarily inappropriate.

79. The medical records of Patient 33 showed that he had a wrist fracture and potential spinal injury. He had received other pain relief, including IV paracetamol and oramorph, but still had pain that required control. Given the complexities of the patient's condition and pain control, the Tribunal was not satfisfied on the balance of probabilities that Dr Stan's prescription of PR voltarol was clincially inappropriate.

80. The medical records of Patient 34 showed a pain rating of 9/10 and that he had been given oral paracetamol but was still in pain. Mr G opined that a cocktail of drugs would not be unusual for a patient with complex injuries. Based on the evidence before it, the Tribunal could not be satisfied that this was an clinically inappropriate prescription.

81. For the same reasons as outlined in paragraph 65 the Tribunal came to the conclusion that, on the balance of probabilities, the Tribunal could not be satisfied that it was necessarily inappropriate for Dr Stan to prescribe PR voltarol to 13, 15, 18, 20, 22, 25, 33 and 34.

82. Accordingly, the Tribunal found paragraphs 13(a)(i), 15(a)(i)(1), 18(a)(i), 20(a)(i)(1), 22(a)(i)(1), 33(a)(i)(1) and 34(a)(i)(1) of the Allegation not proved.

Inappropriately administered PR voltarol

83. The Tribunal next considered the paragraphs of the Allegation which alleged that Dr Stan inappropriately administered PR voltarol.

84. This allegation concerned Patients 1, 2, 3, 5, 6, 7, 8, 9, 12, 14, 19, 21, 23, 24 who were attended and treated by Dr Stan *after* Mr A's letter and meeting with Dr Stan.

85. It also concerned Patients 10, 13, 15, 16, 18, 20, 22, 25, 33, 34 and 36 who were attended and treated by Dr Stan *before* Mr A's letter and meeting with Dr Stan.

After Mr A's letter and meeting with Dr Stan

Determined and found proved

86. The Tribunal had heard evidence that the administration of medication was routinely a matter for nursing staff. Medication would be prescribed by doctors at the Trust using the ePMA, but administration was not routinely part of a doctor's role, but did form a key part of the nurses' role. This was confirmed by all the health professionals who gave evidence in these proceedings.

87. The Tribunal had heard that there were good reasons for prescribing and administration to be undertaken by different indivduals. Mr C explained that from a governance perspective, and for patient safety reasons, it was very important that prescribing and administration were undertaken by different individuals. Other than in acknowledged specific circumstances, of which Mr C gave examples in oral evidence, this separation was required under the Trust's medicines policy. This requirement ensured that a second person could provide a check that correct medications and dosages were being prescribed and administered.

88. In relation specifically to the administration of PR medication, each of Mr A, Mr G and Dr H (all trauma and orthopaedics doctors) confirmed that they could not recall ever having had cause to administer PR medication themselves during their career. In each of their opinion, it was firmly part of the nursing role.

89. As the Tribunal has already said, it was satisfied that the spreadsheet identified the occasions on which Dr Stan had administered PR voltarol.

90. Mr A's letter to Dr Stan specifically stated that it was *'unusual for a Doctor to take responsibility for the routine administration of analgesia or other medication to either adults or children. In future please ask a member of the Nursing team to support you with this'*. The letter also stated that Dr Stan should *'clearly document any activity in the patients notes'*. In addition, the Tribunal accepted the oral evidence of Mr A that in his meeting with Dr Stan, when he gave Dr Stan the letter, he had made it very clear that Dr Stan was not to administer routine analgesia or other medication. The Tribunal was satisfied that following their meeting, and receipt of the letter, Dr Stan was aware that he was not to administer routine medication but should ask the nursing staff to do it.

91. The Tribunal noted Dr Stan's response to the Trust investigation that following receipt of Mr A's letter he thought he only had to cease such administration in children. However, the evidence indicates that Dr Stan continued to administer analgesia to children too.

92. Having considered the evidence relating to each of the patients, the Tribunal was satisfied that there were no clinical circumstances documented in the medical records which warranted administration of PR voltarol by Dr Stan instead of a member of the nursing staff. It had not seen any evidence that Dr Stan had administered PR voltarol because of a lack of availability of nursing staff. In relation to children, Ms F had confirmed that the paediatric emergency department was always staffed by two nurses on a night shift. Dr Stan often worked night shifts.

93. The Tribunal was of the view that Dr Stan had administered PR voltarol to all of these patients when it was outside of his role as a doctor, was not in compliance with accepted good governance practice and medicines policy, and when he had been told that he was not to administer routine medication himself. On the balance of probabilities, the Tribunal was satisfied that Dr Stan's administration of PR voltarol to these patients was inappropriate.

94. Accordingly, the Tribunal found paragraphs 1(a)(ii), 2(a)(ii), 3(a)(ii), 5(a)(ii), 6(a)(ii), 7(a)(ii), 8(a)(ii), 9(a)(ii), 12(a)(ii), 14(a)(ii), 19(a)(ii), 21(a)(ii), 23(a)(ii) and 24(a)(ii) of the Allegation proved.

Before Mr A's letter and meeting with Dr Stan

Determined and found proved

95. On the evidence of Mr A, Dr Stan was a diligent and competent doctor. Except for the fact that he tended to work quite independently, and some concerns Mr A had that Dr Stan didn't keep his Registrar colleagues as informed as he should, Mr A considered Dr Stan to be a good doctor who made thorough, detailed clinical notes. The Tribunal noted that Dr Stan had been working in the UK since 2015 and that the paragraphs of the Allegation related to the period commencing in December 2018. In the Tribunal's view, this was sufficient time for Dr Stan to have become familiar with UK working practices and particularly, those of the Trust.

96. Dr Stan's treatment of Patients 10, 13, 15, 16, 18, 20, 22, 25, 33, 34 and 36 post-dated Mr A's letter and meeting with Dr Stan in May 2020. However, the Tribunal was satisfied that Dr Stan would be aware that Trust policy and practice was for routine medication to

be administered by the nurses and not the doctors. It was of the view that he would also be aware that it was not part of his role as a doctor to administer such routine medication. Dr H's evidence was that although the prescribing of PR analgesia may have been slightly different in Romania, in relation to administration, that was clearly the role of the nurses and not the doctros. The Tribunal was not persuaded that Dr Stan's adminsitration of PR voltarol arose from his training in Romania.

97. Having considered all the evidence, the Tribunal had seen nothing, other than in relation to Patient 33, that convinced it that there was clincial justification for Dr Stan administering PR voltarol himself. It was satisfied, on the balance of probabilities, that Dr Stan had inappropriately administered PR voltarol to the other patients the Tribunal has considered under this section of its determination.

98. Accordingly, the Tribunal found paragraphs 10(a)(i)(2), 13(a)(ii), 15(a)(i)(2), 16(a)(iii), 18(a)(ii), 20(a)(i)(2), 22(a)(i)(2), 25(a)(ii)(2), 34(a)(i)(2) and 35(a)(i)(2) of the Allegation proved.

Not proved

99. The medical records of Patient 33 showed that he was suffering from a fracture of his right wrist and a stable fracture of the lumbar spine. Although Mr G's expert report did not mention it, the clinical notes show that Dr Stan administered PR voltarol at the same time that he undertook a PR examination of the patient. When asked about this by the Tribunal during his oral evidence, Mr G confirmed that given the patient's spinal injury, a PR examination would not have been inappropriate. Although Dr Stan's clinical note of 31 December 2018 does not refer to PR voltarol, the spreadsheet indicates that this was administered at the time Dr Stan also undertook an examination of the patient's testicle. Mr G, in response to another Tribunal question, also conceded that this was not necessarily inappropriate.

100. In the Tribunals view, if Dr Stan administered the PR analgesia at the time as his PR examination it would save the patient having to have two intimate procedures in relatively quick succession. In that context, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan's administration of the PR analgesia was necessarily inappropriate. In this clinical context the Tribunal could not be satisfied on the balance of probabilities that Dr Stan had inappropriately administered PR voltarol to Patient 33.

101.Accordingly, the Tribunal found paragraph 33(a)(i)(2) of the Allegation not proved.

Inappropriately prescribed PR laxatives

102.Next, the Tribunal considered the paragraphs of the Allegation which alleged that Dr Stan inappropriately prescribed PR laxatives. These related to Patients 16, 20, 22, 25, 26, 27, 29, 30, 33, 36 and 37.

Determined and found proved

103.In a number of cases, sometimes detailed and lengthy clinical notes existed that were made contemporaneously with, or in the period immediately prior to, the prescription of laxatives by Dr Stan. The Tribunal was satisfied that, in that context, the absence of any explanation for the need for a PR laxative in those notes, was indicative of inappropriateness and supported the opinion expressed by Mr G.

104.Patient 16's medical records showed that he had presented to hospital suffering from vomiting and abdominal pain. He was diagnosed as suffering from gastroenteritis. There was no indication in the medical records that the patient was constipated. The tribunal was content to accept Mr G's opinion that the prescribing of laxatives in these clinical circumstances was inappropriate

105.Patient 22's medical records showed that he was XXX years old, which matched with Mr G's expert report entry. The spreadsheet recorded the patient as being XXX years old, but the Tribunal noted that the spreadsheet appeared to use the year from the date of birth in generating the entry in the patient's age column. The Allegation stated that Patient 22 was XXX years old. The Tribunal was satisfied that the age in the Allegation was a typographical error and that the remaining content of the Allegation, the medical records, the spreadsheet and Mr G's report related to the same patient aged XXX.

106.Despite clinical notes being available from the patient's stay, including detailed notes from Dr Stan, no rationale was given by Dr Stan in Patient 22's medical records for PR laxatives to have been prescribed.

107.Patient 25's medical records showed that he had had a bowel movement within the last day. Dr Stan gave him a suppository which had little effect as per the nursing record. No rationale was given by Dr Stan as to why he prescribed PR laxatives, despite him writing otherwise detailed medical records. The Tribunal accepted Mr G's view that *'it was not indicted or appropriate (or standard practice) for Dr Stan to prescribe or administer PR laxatives'*.

108.Patient 26 had presented with knee pain, which was the reason for Dr Stan to attend him. In evidence Patient 26 had told the Tribunal that although he had XXX, he did not recall being constipated whilst in hospital, or having a conversation with Dr Stan about it. Patient 26, in his evidence, stated that Dr Stan had administered an enema to him without prior discussion about it. He explained that he had been embarassed after receiving the enema as he needed to open his bowels urgently. He said he then heard a female person, perhaps a nurse, ask Dr Stan if the patient was 'okay' on the other side of the toilet door. Despite a lengthy, detailed clinical note from Dr Stan, in which he described the history of chronic constipation, no rationale was given for the need for a laxative prescription urgently. The Tribunal accepted Patient 26's account that the laxative prescription was not discussed with him, and Mr G's opinion that it was inappropriate.

109.With regard to Patient 29, Mr G gave his opinion that there was *'no evidence in the medical records to suggest that Patient 29 required any PR laxatives'.* The Tribunal noted that Patient 29's medical records covered the period up until the laxatives were prescribed, with no reference to the patient being constipated or any need for a laxative.

110.For Patient 37 Mr G gave his opinion that it was *'not possible to ascertain from the medical records whether Patient 37 required PR laxative. However, there is no evidence in the medical records to suggest that Patient 37 required any PR laxatives'.* The Tribunal could not see any clinical explanation for this prescription in the medical records, despite there being contemporaneous clinical notes.

111.The Tribunal was satisfied, on the balance of probabilities, that Dr Stan inappropriately prescribed PR laxatives to these patients. Accordingly, it found paragraphs 16(a)(iv)(1), 22(a)(ii)(1), 25(a)(iii)(1), 26(a)(ii), 29(a)(i) and 36(a)(i)(1) of the Allegation proved.

Not proved

112. For some patients, although there were medical records in the evidence before the Tribunal, there were no clinical notes included that related to the period to which the Allegation related. In the absence of such clinical background and context, the Tribunal was not persuaded that on the balance of probabilites Dr Stan's prescription for PR laxtives was necessarily inappropriate despite the opinion expressed by Mr G in his supplementary report about these patients.

113. In other cases, the clinical notes contained some explanation of the context in which the PR laxatives were prescribed. Balancing that context with the opinion of Mr G, the Tribunal was not persuaded that these cases were necessarily inappropriate.

114. The Tribunal identified that there were no clinical notes available within the medical records relating to Patients 20, 27 and 36.

115. Patient 30's medical records recorded that he was unable to open his bowels. Dr Stan recorded a rationale as to why a laxative was required in this case. He documented that Patient 30 had not opened his bowels for 5 days and was suffering from post operative constipation. Dr Stan specified in his plan that the patient was to have laxatives. In that context, the Tribunal could not be satisfied that it was inappropriate to prescribe PR laxatives.

116. Patient 33's medical records showed that he had difficulty opening his bowels, oral laxatives were tried with no success and that, after a suppository given by Dr Stan, he successfully opened his bowels and felt better. The Tribunal did not accept Mr G's view that *'It is not possible to ascertain from the medical records whether Patient 33 required PR laxatives'* as the medical records contained information that was not reflected in his report. The Tribunal was not persuaded that enough evidence had been provided to show that this prescription was inappropriate.

117. Accordingly, the Tribunal found paragraphs 20(a)(ii)(1), 27(a)(i), 30(a)(i), 33(a)(ii)(1) and 35(a)(ii)(1) of the Allegation not proved.

Inappropriately administered PR laxatives

118. Next, the Tribunal considered the paragraphs of the Allegation which alleged that Dr Stan inappropriately administered PR laxatives. These related to Patients 10, 11, 15, 16, 20, 22, 25, 26, 27, 28, 29, 30, 31, 33, 34, 36 and 37.

Determined and found proved

119. The Tribunal has already explained earlier in this determination, the reasons why it was satisfied that Dr Stan would be aware that Trust policy and practice was for routine medication to be administered by the nurses and not the doctors. It was of the view that he would also be aware that it was not part of his role as a doctor to administer such routine medication.

120. Dr H's evidence was that although the prescribing of PR laxatives, in the form of glycerin suppositories, was more common than the use of oral laxatives, such as macrogol, in Romania, in relation to administration, that was clearly the role of the nurses. In the case of children, he said, suppositories may be administered by one of the parents. The Tribunal was not persuaded that Dr Stan's administration of PR laxatives arose from his training in Romania.

121. Having considered all the evidence in relation to each patient, the Tribunal had seen nothing, other than in relation to Patients 28 and 31 (see below), that convinced it that there was clinical justification for Dr Stan administering PR laxatives himself. It was satisfied, on the balance of probabilities, that Dr Stan had inappropriately administered PR voltarol to the other patients the Tribunal has considered under this section of its determination.

122. Accordingly, the Tribunal found paragraphs 10(a)(ii), 11(a), 15(a)(ii), 16(a)(iv)(2), 20(a)(ii)(2), 22(a)(ii)(2), 25(a)(iii)(2), 26(a)(iii), 27(a)(ii), 29(a)(ii), 30(a)(ii), 33(a)(ii)(2), 34(a)(ii), 35(a)(ii)(2) and 36(a)(i)(2) of the Allegation proved.

Not proved

123. With regard to Patients 28 and 31 the clinical notes indicate that Dr Stan performed a PR examination on the patient and administered the PR laxative at the same time. In both cases, it was not alleged that the PR examination was inappropriate and Mr G's opinion was that they could be considered appropriate.

124. The Tribunal acknowledged that it was not ordinarily the doctor’s role to administer laxatives, and was mindful of the separation of prescribing and administration concerns it had addressed earlier. However, in its view, if Dr Stan administered the laxative at the time as his PR examination it would save the patient having to have two intimate procedures in relatively quick succession. In that context, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan’s administration of the PR laxative was necessarily inappropriate.

125. Accordingly, the Tribunal therefore found paragraphs 28(a) and 31(a) of the Allegation not proved.

Inappropriately catheterised the patient

126. The Tribunal next considered if Dr Stan inappropriately catheterised Patient 15. This was the only patient in respect of whom this allegation was made.

127. The Tribunal considered the evidence of Mr E. He had become concerned when he noticed that the patient had been catheterised because he had seen no apparent clinical need for this. His evidence was that his concerns were heightened when he realised that Dr Stan had undertaken the procedure himself and that there was no record of a chaperone having been offered for a young person in what Mr E termed ‘*the vulnerable age category of 16 – 18*’. Mr E had asked the night nursing staff if any of them had chaperoned Dr Stan for the procedure but none had done so.

128. The Tribunal considered the evidence of Mr A. In his oral evidence Mr A confirmed the view he had expressed in the Trust investigation that Dr Stan’s explanation as to why he catheterised Patient 15 was coherent and reasonable but that his decision to do it was wrong. Mr A’s explanation to the Trust investigation stated that the patient was not going to go into urinary retention. In oral evidence Mr A confirmed his view that this was a young person with a fractured hip and wrist and Dr Stan should have discussed his proposal to catheterise with a more senior colleague. Specifically, he said this should have been Dr Stan’s Registrar, who in turn may have wished to escalate it further to the responsible Consultant.

129. Mr G in oral evidence was asked specifically whether Dr Stan's rationale for catheterisation, namely the patient had polytrauma and needed to have urine output monitored, was justified. Mr G opinied that a fractured femur and a fractured wrist did not constitute polytrauma. Patient 15 did not have a fractured pelvis which would have been an indication for catheterisation. Nor was he of the opnion that the length of surgery was such to justify catheterisation, a procedure which came with its own risks such as bacteraemia. Indeed Patient 15 had developed an infection on the tip of his penis following catheterisation. In short, there were no clinical grounds for catheterisation of Patient 15.

130. The Tribunal noted that Dr Stan made a clinical note in the medical records, at 21:30 on 9 March 2020, that he had catheterised Patient 15.

131. Based on the evidence, the Tribunal was satisfied that Dr Stan inappropriately catheterised Patient 15 because it was not clinically indicated. It therefore found paragraph 15(a)(iii) of the Allegation proved.

Failed to obtain consent

132. The Tribunal considered the paragraphs of the Allegation which alleged that Dr Stan failed to obtain informed consent from his patients.

133. This allegation concerned Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 14, 19, 21, 23 and 24 who were attended and treated by Dr Stan after Mr A's letter and meeting with Dr Stan.

134. It also concerned Patients 10, 11, 13, 15, 16, 18, 20, 22, 25, 26, 27, 28, 29, 30, 31, 33, 34, 36 and 37 who were attended and treated by Dr Stan before Mr A's letter and meeting with Dr Stan.

135. Mr A's letter and discussion with Dr Stan did not refer specifically to the issue of informed consent. However, in the final bullet point it did emphasise that if Dr Stan was carrying out any procedure it should be under senior instruction, he should keep the nursing staff fully informed and he should *'clearly document any activity in the patients notes'.*

136. As the Tribunal has noted, Dr Stan had worked for some years in the UK, was an experienced doctor and was considered competent in the eyes of his colleagues. The Tribunal had observed that when Dr Stan made clinical notes he generally did so in some detail and that Mr A had commented on Dr Stan's generally thorough approach to note keeping.

137. In all of that context the Tribunal was satisfied that Dr Stan would be aware of the need to document that informed consent had been obtained for any procedure, particularly where the procedure related to an intimate examination or administration of medication via an intimate route. The Tribunal noted that Dr Stan had recorded 'verbal consent' in a number of the clinical notes entries it had seen during its analysis of the evidence. The Tribunal was of the view that he was aware of the importance of doing so. The Tribunal was satisfied that Dr Stan was under a duty to obtain and record informed consent in relation to the intimate procedures set out in the Allegation.

After Mr A's letter and meeting with Dr Stan

Determined and found proved

138. With regard to Patients 1, 2, 7, 8, 9, 12, 14, 19 and 21 although Dr Stan had made clinical notes for these patients within the medical records, there were no records of him obtaining informed consent in any of them. For the Tribunal it was noteworthy that Dr Stan had made extensive clinical notes in Patient 3's medical records about the status of the patient but there was an absence of any reference to the prescribing or administering of PR medication.

139. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to obtain informed consent from these patients. It therefore found paragraphs 1(b)(i), 2(b)(i), 3(b)(i), 7(b)(i), 8(b)(i), 9(b)(i), 12(b)(i), 14(b)(i), 19(b)(i) and 21(b)(i) of the Allegation proved.

Not proved

140. With regard to Patient 4, the Tribunal bore in mind that there was no allegation made that Dr Stan administered PR voltarol, although it had been alleged that he had prescribed it. In those circumstances, the Tribunal was not satisfied that it was Dr Stan's

duty to obtain informed consent to the PR administration. It may have been the responsibility of the person administering the PR medication to ensure informed consent was obtained before doing so. Without specific evidence on where responsibility falls in such circumstances, the Tribunal was not persuaded on the balance of probabilities that Dr Stan had failed to obtain informed consent.

141. In Patient 5's medical records Dr Stan had recorded the patient's '*verbal consent*' against his clinical notes entry dealing with the PR examination he had undertaken. The PR voltarol had been administered during that PR examination. The Tribunal was of the view that as the two were undertaken at the same time, it could not be satisfied on the balance of probabilities that Dr Stan had not obtained informed consent to the PR voltarol administration.

142. There were no clinical notes available relating to Patients 6, 23 and 24. In those circumstances, given the lack of evidence on the point, the Tribunal was of the view that it could not find the allegation proved on the balance of probabilities in relation to these patients.

143. Accordingly, the Tribunal found paragraphs 4(b)(i), 5(b)(i), 6(b)(i), 23(b)(i) and 24(b)(i) of the Allegation not proved.

Before Mr A's letter and meeting with Dr Stan

Determined and found proved

144. With regard to Patients 10, 11, 16, 18, 22, 25, 28, and 29, although Dr Stan had made clinical notes for these patients within the medical records, there were no records of him obtaining informed consent in any of them. As it has already set out, the Tribunal was firmly of the view that Dr Stan was under a duty to obtain informed consent in the clinical circumstances of the Allegation. It appeared to the Tribunal that although Dr Stan was generally dilligent in his note keeping, the absence of a clincal note in relation to informed consent to PR procedures was evident.

145. With regard to Patient 15, Mr G opined that *'There is no evidence in the medical records to suggest that Dr Stan obtained an informed consent … It is possible Dr Stan might have obtained a verbal consent before administering PR analgesia. However, there is no*

documentation in the medical records to confirm this…'. However, the Tribunal noted that there Dr Stan's entry in the clinical notes on 9 March 2020 stated '*agreed to urinary catheter*' and '*agreed to voltarol 100mg STAT*'. The Tribunal was of the view that this indicated a discussion with, and the consent of, the patient. The Tribunal agreed with Mr G that there was no evidence in the otherwise lengthy and detailed clinical notes of informed consent having been obtained in relation to the laxatives administered by Dr Stan. The Tribunal was satisifed, based on the evidence received, that the patient gave verbal consent for the catheterisation and first administration of the PR voltarol. As such, the Tribunal found that Dr Stan did not gain informed consent for the laxatives only.

146. Dr Stan had recorded '*verbal consent*' to the PR examination he had undertaken, in his clinical note in Patient 26's medical records. However in oral evidence Patient 26 had stated that Dr Stan had not discussed with him any clinical need for a rectal examination or a laxative. Patient 26 said Dr Stan had merely said he needed to '*check my glands*'. Patient 26 stated that Dr Stan simply came and administered the PR laxatives.

147. The Tribunal believed Patient 26's sworn evidence. It reminded itself of the circumstances in which Patient 26 had come forward as a witness. His evidence had been given voluntarily and had not been solicited by the GMC.

148. Patient 26 had felt extremely uncomfortable about the examinations and treatment he received whilst in hospital to the extent that he had taken his own early discharge. Since his stay in hospital he had felt uncomfortable about Dr Stan's treatment of him and that he had considered it 'weird' and had discussed it with his family and friends. However, it was only when he received the letter from the Trust about these proceedings that he realised there may have been something untoward in his treatment by Dr Stan in addition to it being strange and distressing. The Tribunal was satisfied that no informed consent was obtained, as stated by Patient 26 in evidence.

149. With regard to Patient 33, Dr Stan had recorded the patient's '*verbal consent*' against his clinical notes entry dealing with the PR examination he had undertaken. The PR voltarol had been administered during that PR examination. The Tribunal was of the view that as the two were undertaken at the same time, it could not be satisfied that Dr Stan had not obtained informed consent to the first PR voltarol administration on 28 December 2018.

150. However, despite the availability of further clinical notes, there is no record of consent having been obtained to either the second administration of PR voltarol on 31 December 2018 or to the PR laxatives on 1 January 2019.

151. Patient 34's medical records showed written consent was agreed for PR laxatives. However, there was no note of any consent gained for PR voltarol. As such, the Tribunal found this proved in relation to PR voltarol only and not in relation to PR laxatives.

152. In relation to Patient 36, although Dr Stan had made an extensive clinical note within the medical records on 27 March 2019, there was no mention of him obtaining informed consent to his administration of PR voltarol on that date. In relation to the administration of PR voltarol and PR laxatives on 28 March 2019, there were no clinical notes available to the Tribunal within the medical records provided, and it could not be satisfied that there was no consent obtained on that date.

153. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to obtain informed consent from these patients. It therefore found paragraphs 10(b)(i), 11(b)(i), 15(b)(i) (in relation to 15(a)(ii) only), 16(b)(i), 18(b)(i), 22(b)(i), 25(b)(i), 26(b)(i), 28(b)(i), 29(b)(i), 31(b)(i), 33(b)(i), 34(b)(i), 35(b)(i) (in relation to 35(a)(i)(2) only) and 36(b)(i) of the Allegation proved.

Not proved

154. The Tribunal noted that in Patient 13's medical record there was a clincial note made by a Specialist Registrar who saw the patient but that there were no further clincial notes available in the medical records provided after this. Due to this lack of evidence, the Tribunal could not be satisifed that Dr Stan failed to obtain informed consent.

155. There were no clinical notes in the medical records available to the Tribunal for Patients 20 and 27 so the Tribunal was unable to ascertain whether or not informed consent was obtained.

156. Patient 30's medical records showed a consultation with Dr Stan in which Dr Stan made a clincial note which stated that the PR laxatives he had prescibed had been '*agreed*'.

157.Accordingly, the Tribunal found paragraphs 13(b)(i), 20(b)(i), 27(b)(i) and 30(b)(i) of the Allegation not proved.

Failed to offer a chaperone

158. The Tribunal considered the paragraphs of the Allegation which alleged that Dr Stan failed to offer a chaperone to his patients.

159.This allegation concerned Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 14, 19, 21, 23, 24 who were attended and treated by Dr Stan after Mr A's letter and meeting with Dr Stan.

160.It also concerned Patients 10, 11, 13, 15, 16, 18, 20, 22, 25, 26, 27, 28, 29, 30, 31, 33, 34, 36 and 37 who were attended and treated by Dr Stan *before* Mr A's letter and meeting with Dr Stan.

After Mr A's letter and meeting with Dr Stan

161. Mr A's letter to Dr Stan stated that *'the Trust has a policy in place with regards to chaperoning – 'Chaperone Policy' – this can be found on the Trusts intranet site. Please could you familiarise yourself with this and ensure that you abide by the principles at all times'.* The Tribunal took the view that as an experienced doctor who had been practising in the UK and at the Trust for some years, Dr Stan should have been familiar with the Trust's chaperone policy in any event and the importance of the role chaperones play in safeguarding patients. However, in the Tribunal's view Dr Stan should have familiarised himself with with the chaperone policy following his letter from, and meeting with, Mr A and should have been left in doubt about the importance the Trust placed on compliance with it.

Determined and found proved

162.Dr Stan did not make any note in the medical records of Patients 1, 2, 3, 5, 7, 8, 9, 14 and 19 to show that a chaperone had been offered. There were also no notes to confirm whether any patients declined a chaperone or any references to a chaperone whatsoever. The Tribunal took the view that Dr Stan must have, at these points, been aware of the chaperone policy, did not adhere to it and had not offered the patients a chaperone.

163. In relation to Patient 12, the Tribunal had regard to the evidence of Ms F in which she indicated that at the time of Patient 12's admission, there were no nursing staff pressures and 2 paediatric nurses would have been on shift in the paediatric Emergency Department who could have chaperoned the patient. However, Dr Stan made no note of a chaperone being offered or any other reference to a chaperone.

164. Dr Stan recorded detailed clinical notes for Patient 21 but did not refer to a chaperone throughout those notes..

165. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to offer a chaperone to these patients. It therefore found paragraphs 1(b)(ii), 2(b)(ii), 3(b)(ii), 5(b)(ii), 7(b)(ii), 8(b)(ii), 9(b)(ii), 12(b)(ii), 14(b)(ii), 19(b)(ii) and 21(b)(ii) of the Allegation proved.

Not proved

166. With regard to Patient 4, the Tribunal bore in mind that there was no allegation made that Dr Stan administered PR Volatrol. In those circumstances, the Tribunal was not satisfied that it was Dr Stan's duty to offer a chaperone for the PR administration. It may have been the responsibility of the person administering the PR medication to ensure a chaperone was offered before doing so. The Tribunal was not persuaded on the balance of probabilities that Dr Stan was under a duty to offer a chaperone in the circumstances.

167. There were no clincial notes available in the medical records before the Tribunal for Patients 6, 23 and 24. In the absence of such information, the Tribunal could not conclude that Dr Stan failed to offer a chaperone in these instances.

168. Accordingly, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan failed to offer a chaperone to these patients. It therefore found paragraphs 4(b)(ii), 6(b)(ii), 23(b)(ii) and 24(b)(ii) of the Allegation not proved.

Before Mr A's letter and meeting with Dr Stan

169. As it has explained, the Tribunal was of the view that as an experienced doctor who had been practising in the UK and at the Trust for some years, Dr Stan should have been

familiar with the Trust's chaperone policy and the importance of the role chaperones play in safeguarding patients.

Determined and found proved

170. Dr Stan did not make any note in the medical records of Patients 10, 11, 16, 18, 22, 25, 28, 29, 31, 33, 34 and 37 to show that a chaperone had been offered. There were also no notes to confirm whether any patients declined a chaperone or any references to a chaperone whatsoever. The Tribunal took the view that Dr Stan must have, at these points, been aware of the chaperone policy, did not adhere to it and had not offered the patients a chaperone.

171. With regard to Patient 15, Mr E said in his witness statement *'I recall asking the nursing staff on shift whether they had chaperoned Dr Stan for the block and catheterisation, but they said that they had not. I don't recall exactly which nurses I would have asked'.* This, along with the fact that no mention had been made in Dr Stan's lengthy clincial note in Patient 15's medical records satisfied the Tribunal that a chaperone had not been offered to Patient 15.

172. Despite his lengthy clincal note in Patient 26's medical records, there was no reference made by Dr Stan to a chaperone. In his oral evidence, Patient 26 denied that Dr Stan had offered him a chaperone. This supported his witness statement in which he said *'On no occasion did Dr Stan explain what he was doing or offer me a chaperone, he just said it was routine checks'*. The Tribunal had no reason to doubt Patient 26's evidence and was satisfied that Dr Stan did not offer him a chaperone.

173. In relation to Patient 36, although Dr Stan had made an extensive clinical note within the medical records on 27 March 2019, there was no mention of him offering a chaperone for his administration of PR voltarol on that date. In relation to the administration of PR voltarol and PR laxatives on 28 March 2019, there were no clinical notes available to the Tribunal within the medical records provided, and it could not be satisfied that there was no consent obtained on that date.

174. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to offer a chaperone to these patients. It therefore found paragraphs 10(b)(ii), 11(b)(ii), 15(b)(ii), 16(b)(ii), 18(b)(ii), 22(b)(ii), 25(b)(ii), 26(b)(ii), 28(b)(ii), 29(b)(ii),

31(b)(ii), 33(b)(ii), 34(b)(ii), 35(b)(ii) (in relation to 35(a)(i)(2) only) and 36(b)(ii) of the Allegation proved.

Not proved

175. In relation to Patient 13 the Tribunal had seen a clinical note from a Specialist Registrar in his medical records but then no further clincal notes were available within the medical records evidence before the Tribunal. Due to this lack of evidence, the Tribunal could not be satisfied to the requisite standard that Dr Stan had failed to offer a chaperone.

176. There were no clinical notes available within the medical records evidence presented for Patients 20, 27 and 30. As such, the Tribunal could not be satisfied to the requisite standard that Dr Stan had failed to offer a chaperone in these cases.

177. Accordingly, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan failed to offer a chaperone to these patients. It therefore found paragraphs 13(b)(ii), 20(b)(ii), 27(b)(ii) and 30(b)(ii) of the Allegation not proved.

<u>Failed to provide alternatives to PR analgesia</u>

178. The Tribunal considered the paragraphs of the Allegation which alleged that Dr Stan failed to provide alternatives to PR analgesia to his patients.

179. This allegation concerned Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 14, 19, 21, 23 and 24 who were attended and treated by Dr Stan after Mr A's letter and meeting with Dr Stan.

180. It also concerned Patients 10, 13, 15, 16, 18, 20, 22, 25, 33, 34 and 36 who were attended and treated by Dr Stan *before* Mr A's letter and meeting with Dr Stan.

After Mr A's letter and meeting with Dr Stan

Determined and found proved

181. The Tribunal noted that had not been able to find any evidence to indicate that Dr Stan suggested or discussed any alternate options to PR analgesia with Patients 1, 2, 3, 4, 5, 7, 9, 12, 19 and 21.

182. Dr Stan did make clinical notes in relation to these patients but none to show that any discussion, with the patient or with their parent if they were a minor, relating to any alternatives had taken place. No explanation was given as to why PR analgesia was indicated or why any other drugs may be more or less effective in the particular circumstances.

183. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to provide alternatives to PR analgesia to these patients. It therefore found paragraphs 1(b)(iii), 2(b)(iii), 3(b)(iii), 4(b)(iii), 5(b)(iii), 7(b)(iii), 9(b)(iii), 12(b)(iii), 19(b)(iii) and 21(b)(iii) of the Allegation proved.

Not proved

184. There were no clincial notes available in the medical records before the Tribunal for Patients 6, 23 and 24. In the absence of such information, the Tribunal could not conclude that Dr Stan failed to provide alternative options for these patients.

185. Patient 8’s medical records showed that this was a complex patient who had received analgesia via other routes during his period of treatment. Dr Stan did not note that alternatives were discussed but due to the complexity of this Patient’s treatment and the fact that multiple routes had already been used, the Tribunal could not be satisfied to the relevant standard that Dr Stan had failed to provide alternatives to PR analgesia.

186. Patient 14’s medical records showed that he had requested PR analgesia, was happy with it and had been tried on alternative analgesia too. In such circumstances, the Tribunal could not be satisfied on the balance of probabilities that Dr Stan had failed to discuss alternatives to PR analgesics.

187. The Tribunal was not satisfied, on the balance of probabilities, that Dr Stan failed to provide alternatives to PR analgesia to these patients. It therefore found paragraphs 6(b)(iii), 8(b)(iii), 14(b)(iii), 23(b)(iii) and 24(b)(iii) of the Allegation not proved.

Before Mr A’s letter and meeting with Dr Stan

Determined and found proved

188. The Tribunal noted that it had not been able to find any evidence to indicate that Dr Stan suggested or discussed any alternate options to PR analgesia with Patients 10, 16 and 22.

189. Dr Stan did make clinical notes in relation to these patients but none to show that any discussion had taken place with the patient relating to any alternatives. No explanation was given as to why PR analgesia was indicated or why any other drugs may be more or less effective in the particular circumstances.

190. In relation to Patient 36, although Dr Stan had made an extensive clinical note within the medical records on 27 March 2019, there was no mention of him providing alternatives to PR voltarol on that date.

191. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to provide alternatives to PR analgesia to these patients. It therefore found paragraphs 10(b)(iii)(1), 16(b)(iii)(1), 22(b)(iii)(1) and 35(b)(iii)(1) of the Allegation proved.

Not proved

192. In relation to Patient 13 the Tribunal had seen a clinical note from a Specialist Registrar in his medical records but then no further clincal notes were available within the medical records evidence before the Tribunal. Due to this lack of evidence, the Tribunal could not be satisfied to the requisite standard that Dr Stan had failed to provide alternatives to PR analgesics.

193. The clinical notes within Patient 15's medical records did not refer to any discussions that took place between him and Dr Stan concerning alternatives to PR analgesia. However, the notes indicate that Dr Stan offered Patient 15 PR analgesia and that he agreed to this. As the patient agreed to PR analgesia the Tribunal could not conclude that alternatives were not discussed at the time.

194. There were no clinical notes available within the medical records evidence presented for Patient 20. As such, the Tribunal could not be satisfied to the requisite standard that Dr Stan had failed to provide alternatives to PR analgesia in this case.

195. Patient 18's medical records indicated that a range of alternatives to PR analgesia had been tried. Whilst there was no reference to a discussion about alternatives to PR analgesics, given the other analgesics given the Tribunal could not conclude that alternatives were not provided.

196. Patient 25's medical records indicated that he was already on a range of different analgesia by different routes and Dr Stan noted concern about the patient having too many opioids. In those circumstances, the Tribunal could not conclude that alternatives were not provided.

197. Patients 33 and 34 medical records showed that they were already receiving other forms of analgesia. In such circumstances, the Tribunal was not satisfied that alternatives to PR analgesics were not provided.

198. Accordingly, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan failed to provide alternatives to PR analgesia to these patients. It therefore found paragraphs 13(b)(iii), 15(b)(iii)(1), 18(b)(iii), 20(b)(iii)(1), 25(b)(iii)(1), 33(b)(iii)(1) and 34(b)(iii)(1) of the Allegation not proved.

Failed to provide alternatives to PR laxatives

199. The Tribunal considered the paragraphs of the Allegation which alleged that Dr Stan failed to provide alternatives to PR laxatives to his patients. These related to Patients 10, 11, 15, 16, 20, 22, 25, 26, 27, 28, 29, 30, 31, 33, 34 and 36.

Determined and found proved

200. The Tribunal noted that it had not been able to find any evidence to indicate that Dr Stan suggested or discussed any alternative options to PR laxatives with Patients 10, 15, 16, 22, 25, 26, 29 and 31. Dr Stan did make clinical notes in relation to these patients but none to show that any discussion had taken place with the patient relating to any alternatives. No explanation was given as to why PR laxatives were indicated or why any other drugs may be more or less effective in the particular circumstances.

201. Accordingly, the Tribunal was satisfied, on the balance of probabilities, that Dr Stan failed to provide alternatives to PR laxatives to these patients. It therefore found paragraphs

10(b)(iii)(2), 15(b)(iii)(2), 16(b)(iii)(2), 22(b)(iii)(2), 25(b)(iii)(2), 26(b)(iii), 29(b)(iii) and 31(b)(iii) of the Allegation proved.

Not proved

202. Patient 11's medical records showed that he had already received oral laxatives the day before Dr Stan treated him and that these did not assist. As such, the Tribunal was not satisfied that other treatment options were not discussed before PR laxatives were administered.

203. There were no clinical notes available within the medical records evidence presented for Patients 20 and 36. As such, the Tribunal could not be satisfied to the requisite standard that Dr Stan had failed to provide alternatives to PR laxatives in these cases.

204. With regard to Patient 28, the Tribunal could not conclude that Dr Stan had failed to provide to alternatives to PR laxatives as there was no allegation that he had prescribed these. The Tribunal had already found that Dr Stan did not inappropriately administer them.

205. In Patient 30's medical records Dr Stan documented a clinical note that the patient was suffering from post-operative constipation. Dr Stan's 'Plan' entry was for PR laxatives to be given, which had been agreed by the patient. A nursing clinical note some hours later stated that the suppositories had had a moderate effect. In the circumstances, the patient having agreed to the PR route, the Tribunal was not persuaded that alternatives had not been provided to the patient.

206. The medical records of Patient 33 showed that he had already tried oral laxatives. As such, the Tribunal could not conclude that Dr Stan had failed to provide alternatives to PR laxatives.

207. The medical records of Patient 34 showed that oral laxatives had been tried so the Tribunal could not be satisfied that a discussion about alternatives to PR had not taken place. Patient 34 agreed to a suppository and this was noted by Dr Stan. As such, the Tribunal could not conclude that there was not a discussion about alternatives to PR laxatives.

208. Accordingly, the Tribunal was not satisfied, on the balance of probabilities, that Dr Stan failed to provide alternatives to PR laxatives to these patients. It therefore found paragraphs 11(b)(iii), 20(b)(iii)(2), 27(b)(iii), 28(b)(iii), 30(b)(iii), 33(b)(iii)(2), 34(b)(iii)(2) and 35(b)(iii)(2) of the Allegation not proved.

Paragraph 37 of the Allegation

Sub-paragraphs 37(a)(i) and (ii) of the Allegation

209. The Tribunal considered whether Mr A formally advised Dr Stan in person that he should:

- familiarise himself with and abide by the Trust's chaperone policy; and
- seek assistance with administration of analgesia or other medication from the Trust nursing team.

210. The Tribunal first noted Mr A's witness statement, in which he said that when he met with Dr Stan: '*I explained that the investigation had concluded and that Medical Director had decided there was no requirement for any further investigation or restriction of his practicing privileges. I explained the contents of the letter, relating to instructions about his working practices, and the standards of conduct that were expected of him'*.

211. Mr A recalled the place and circumstances in which he had met with Dr Stan, and his rationale for doing so, given the importance of the letter. The Tribunal accepted the evidence of Mr A, who additionally had explained to the Tribunal in oral evidence that although his first letter, written as a generally direct orthopaedic surgeon, had been subject to 'HR' review, he had been more robust in person, had been very clear with Dr Stan, and had left him in no doubt about what was expected of him. Mr A's evidence was that he had been clear about all elements of the letter.

212. In the notes of the Trust investigation, it was clear to the Tribunal from Dr Stan's responses that he understood that he was expected to be aware of the Trust's chaperone policy. However, he confirmed had that he had not read it following his meeting with, and letter from, Mr A on 27 May 2020.

213.The Tribunal noted that there were no written notes kept of Mr A's conversation with Dr Stan, as it would have expected there to have been, given the importance of the letter. However, the Tribunal had no cause to question Mr A's clear account of the meeting and it was satisfied on the balance of probabilities that Mr A had formally advised Dr Stan in person of the subject matter set out in these two su-paragraphs of the Allegation. Accordingly, the Tribunal found paragraphs 37(a)(i) and 37(a)(ii) of the Allegation proved.

Sub-*paragraphs 37(b)(i) and (ii) of the Allegation*

214.The Tribunal considered whether Mr A formally advised Dr Stan in writing that he should:

- familiarise himself with and abide by the Trust's chaperone policy; and
- seek assistance with administration of analgesia or other medication from the Trust nursing team.

215.The Tribunal had seen a copy of the letter, dated 27 May 2020, which Mr A had written and provided to Dr Stan following review of the letter by the Trust's HR department. In the Tribunal's view the letter could have been clearer about the mandatory nature of the content in relation to Dr Stan's ongoing practice. However, the Tribunal was satisfied that it did formally advise Dr Stan, as alleged, about the chaperone policy and the administration of analgesia and other medication.

216.As it had already noted, Dr Stan had acknowledged receipt of the letter, and his awareness of its content, during the Trust investigation.

217.Accordingly, the Tribunal found paragraphs 37(b)(i) and 37(b)(ii) of the Allegation proved.

Paragraph 38 of the Allegation

218. The Tribunal considered whether following Mr A's letter and meeting with Dr Stan he had failed to follow the Trust's chaperone policy and failed to seek assistance from the nursing team in administering PR analgesia.

219.The Tribunal bore in mind its findings that in relation to 27 of the 36 patients forming the subject matter of the Allegation it had found that Dr Stan had failed to offer the patient a

chaperone when that ought to have been done (in compliance with the Trust's chaperone policy.) The Tribunal had found this to be the case in relation to 11 of the 15 patients whose treatment by Dr Stan was *after* the letter and meeting with Mr A in May 2020. The Tribunal was therefore in no doubt that Dr Stan had failed to follow the Trust's chaperone policy following his meeting with, and letter from, Mr A on 27 May 2020.

220.Accordingly, the Tribunal found paragraph 38(a) of the Allegation proved.

221.The Tribunal bore in mind its findings that in relation to 26 of 27 patients Dr Stan had inappropriately administered PR voltarol when he had prescribed it. The Tribunal had found this to be the case in relation to all 14 patients whose treatment by Dr Stan was *after* the letter and meeting with Mr A in May 2020. The Tribunal had seen nothing to indicate that Dr Stan had sought the assistance of the nursing team in administering PR anaglgesia in these patients. Although it was evident from the spreadsheet that Dr Stan did not administer PR medication on every occasion he prescribed it for a patient, as far as the patient forming the subject matter of the Allegation were concerned, the Tribunal was satisfied that Dr Stan had failed to seek the assistance of the nursing team and had carried on administering PR medication to patients himself.

222.Accordingly, the Tribunal found paragraph 38(b) of the Allegation proved.

Paragraph 39 of the Allegation

223. The Tribunal considered whether Dr Stan's actions were sexually motivated in relation to paragraphs 1 to 36 of the Allegation.

224.The Tribunal had received a witness statement from Patient 26. It had also heard from Patient 26 in oral evidence when it had had the opportunity to question him. Patient 26's evidence had been volunteered, without any solicitation from the GMC, and had been offered following Patient 26's receipt of a letter from the Trust explaining that Dr Stan was subject to these proceedings. Only when Patient 26 became aware of the nature of the Allegation, specifically paragraph 39 of the Allegation, did he come forward. Patient 26 had explained to the Tribunal that he had believed Dr Stan when he had told him that the examinations he had undertaken were routine but they had made him uncomfortable and he had considered them 'weird'. He had not considered them

'sexual' at the time although he had been concerned enough about them to take his own discharge from hospital.

225. Patient 26 had attended the Trust in August 2019 with a painful knee, which was the reason Dr Stan had attended him. Patient 26's evidence was that Dr Stan had conducted a testicular examination on three separate occasions during his admission. In addition, Dr Stan had held his penis on three of those separate occasions, retracting the foreskin on the first occasion, had undertaken a PR examination and had administered an enema and some other rectal medication.

226. Mr G's supplementary report, provided after the receipt of Patient 26's witness statement, was clear that there was no clinical indication for these intimate examinations. The Tribunal had already found all sub-paragraphs of paragraph 26 of the Allegation proved in relation to this patient as it had been unable to identify any clinical grounds for Dr Stan's PR examination or the prescribing or administration of PR laxatives in this patient. Mr G's report had identified them as inappropriate. Dr Stan had also failed to obtain the patient's consent, to offer a chaperone or to offer alteratives to PR laxatives.

227. The Tribunal could not identify any reason to doubt the truthfulness of Patient 26's account, from which it was clear that Dr Stan had undertaken additional intimate examinations of the patient's genitals in addition to the matters alleged. There were no references to any genital examination in Dr Stan's otherwise lengthy clinical notes.

228. In this context of the genital examinations, and particularly their repeated nature, the Tribunal concluded that it was more likely than not that the matters alleged against Dr Stan concerning Patient 26 had no clinical or other justification. It found that the alleged procedures were sexually motivated, undertaken in pursuit of Dr Stan's own sexual gratification. Accordingly, it found paragraph 39 of the Allegation proved in relation to paragraph 26.

229. The Tribunal then turned its mind to whether its findings in relation Patient 26 identified a tendency or propensity in Dr Stan to undertake unnecessary PR examinations, the administration of PR medication and unnecessary catheterisation for his own sexual gratification.

230.The Tribunal noted that Dr Stan had explained in the Trust investigation that he believed that the effect of PR analgesia was longer lasting. He had also attributed some of his practice to the frequency of the use of the PR route in Romania, where he had trained. This was confirmed by Dr H. However, Dr H had made it clear to the Tribunal that in Romania doctors were not involved in the administration of PR preparations. In the light of this and the multiple genital examinations to which Patient 26 had been subject at the same time as the unwarranted PR examination and administration of PR voltarol, the Tribunal was satisfied that this did demonstrate a tendency by Dr Stan to undertake these procedures (PR examinations and administration of PR drugs) for his own sexual gratification.

231.In relation to Patient 15, the Tribunal had determined that Dr Stan had inappropriately administered PR voltarol on several occasions, administered PR laxatives twice and catheterised the patient without clinical justification.

232.In view of Patient 26's evidence concerning Dr Stan's repeated handling of his penis and retraction of the foreskin and the lack of any clinical justification for catheterisation of Patient 15 the Tribunal determined, on the balance of probabilities that Dr Stan inserted a catheter into Patient 15 for his own sexual gratification and administered PR medication to him on multiple occasions for the same reason.

233.The Tribunal was also mindful of the evidence that had been presented concerning Dr Stan's prescribing and administration practices in relation to PR analgesics and laxatives across different age and gender demographics. Mr C's supplementary witness statement, of 18 January 2024, explained that Dr Stan had prescibed PR medication an approximately equal number of times to male and female patients over a five year period (713 vs 734 times repsectively). However, he had administered PR medication himself to male patients on 277 occasions but on only one occasion to a female patient. The Tribunal noted that Dr Stan had told the Trust investigation that he considered it more appropriate for female nursing staff to administer PR medication to female patients. He also stated that there were pharmacological reasons for not prescribing this drug in more elderly patients. However in the Tibunal's view this did not account for the gender and age disparity in Dr Stan's practice evident from the spreadsheet and outlined in the following three paragraphs.

234. Dr Stan prescribed 51 phosphate enemas, 29 for male patients and 22 for female patients. 41 of these patients were 40 years old. Of the 8 administered by Dr Stan all were male under the age of 40 and two of these were to a 17 year old boy.

235. Dr Stan prescribed Glycerine/Biscodyl suppositories as a 'Stat' dose to 13 patients over the age of 64, 5 males and 8 females. He did not administer any of these prescriptions. He prescribed these medications to the under 34 year old age group 38 times, all to males and administered the medication in 33 cases.

236. In the under 34 year age group Dr Stan had prescribed morphine IV or IM for 109 female patients and 618 male patients. He had not personally administered any of these drugs. Although the percentage of female patients (the number of prescriptions being a rough proxy for this) was lower than the Tribunal had been cited in evidence it did show that there were female patients in this younger age group in the hospital with serious trauma. In the same age group Dr Stan prescribed PR voltarol to 203 male patients and 1 female. In evidence to the Trust Dr Stan said that he had not provided PR medication to female patients with severe trauma as some of these cases had arisen as the result of suicide attempts and he did not feel the additional discussion around PR medication appropriate under these circumstances. However the Tribunal found a male patient with a similar cause for his injuries in whom Dr Stan had prescribed PR analgesia.

237. The Tribunal concluded that there was clear evidence that Dr Stan had a preference for both precribing PR Voltarol and administering PR drugs in general to younger male patients. That is not to say that the Tribunal found that all such prescriptions and administration were sexually motivated as alleged by the GMC. On a case by case basis, the Tribunal did not find evidence to conclude that most of Dr Stan's prescriptions for PR voltarol were inappropriate. That said, the Tribunal has found that Dr Stan had, on many occasions, inappropriately adminstered PR medication or in one instance performed a PR examination or catheterised a patient without any clinical justification. In these instances, on the balance of probabilities, the Tribunal determined that, where there were adequate clinical notes for patients, Dr Stan's actions were sexually motivated in pursuit of sexual gratification.

238. The Tribunal was satisfied that Mr A had been clear verbally to Dr Stan about the necessity for his compliance with the chaperone policy and that he should not be administering routine medication but should seek the assistance of the nursing staff.

The Tribunal had found that Dr Stan had failed to comply with the chaperone policy and had continued to administer PR medication despite Mr A's instructions. The Tribunal also noticed that in his clinical notes relating to patients Dr Stan attended *after* Mr A's letter and meeting, Dr Stan seemed to refer to his prescribing and/or administration of PR medication on fewer occasions than he had done *before* the letter.

239.The Tribunal therefore determined that, on the balance of probabilities, Dr Stan's actions preceding the letter had not resulted primarily from lack of knowledge. The evidence of propensity from Patient 26 preceded Mr A's letter as did the inappropriate catheterisation of Patient 15.

240.The Tribunal was deeply concerned by the absence of clinical justiification for Dr Stan's conduct in the evidence, the disparity in his clincial practice with respect to the administration of PR medication between genders and ages, and his contravention of Mr A's clear direction. In this context, and additionally given the propensity the Tribunal had found demonstrated by the treatment of Patient 26, the Tribunal was satisfied on the balance of probabilities that Dr Stan's conduct in relation to the Tribunal's findings concerning patients 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 21, 22, 25, 29, 34, and 37 was in pursuit of his own sexual gratification and was sexually motivated.

241.Accordingly, the Tribunal found paragraph 39 of the Allegation proved in relation to the proven sub-paragraphs of pararaphs 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 21, 22, 25, 26, 29, 34 and 36 of the Allegation.

The Tribunal's Overall Determination on the Facts

242.The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 26 July 2020 you attended upon Patient 1, a XXX year old male and you:

   a. inappropriately:

      i. prescribed per rectum ('PR') voltarol when it was not clinically indicated because oral or intravenous ('IV') analgesia was more suitable; **Not proved**

      ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 1 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

2. On 9 July 2020 you attended upon Patient 2, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 2 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

3. On 6 September 2020 you attended upon Patient 3, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 3 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

4. On 4 August 2020 you attended upon Patient 4, a XXX year old male and you:

a. inappropriately prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 4 a chaperone; **Not proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

5. On 17 August 2020 you attended upon Patient 5, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Determined and found proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 5 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

6. On 18 July 2020 you attended upon Patient 6, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **not proved**

ii. offer Patient 6 a chaperone; **not proved**

iii. provide alternative options to PR analgesia. **Not proved**

7. On 28 August 2020 you attended upon Patient 7, a XXX year old male and you:

   a. inappropriately:

      i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **not proved**

      ii. administered PR voltarol; **Determined and found proved**

   b. failed to:

      i. obtain informed consent; **Determined and found proved**

      ii. offer Patient 7 a chaperone; **Determined and found proved**

      iii. provide alternative options to PR analgesia. **Determined and found proved**

8. On 29 August 2020 you attended upon Patient 8, a XXX year old male and you:

   a. inappropriately:

      i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

      ii. administered PR voltarol; **Determined and found proved**

   b. failed to:

      i. obtain informed consent; **Determined and found proved**

      ii. offer Patient 8 a chaperone; **Determined and found proved**

      iii. provide alternative options to PR analgesia. **Not proved**

9. On 15 August 2020 you attended upon Patient 9, a XXX year old male and you:

   a. inappropriately:

      i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Determined and found proved**

      ii. administered PR voltarol; **Determined and found proved**

   b. failed to:

      i. obtain informed consent; **Determined and found proved**

ii. offer Patient 9 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

10. Between 30 March 2019 and 12 April 2019, you attended upon Patient 10, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Determined and found proved**

2. administered PR voltarol; **Determined and found proved**

ii. on 7 April 2019 administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 10 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Determined and found proved**

2. PR laxatives. **Determined and found proved**

11. Between 18 and 22 March 2019, you attended upon Patient 11, a XXX year old male and you:

a. on one or more occasion as set out in Schedule 2, inappropriately administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 11 a chaperone; **Determined and found proved**

iii. provide alternative options to PR laxatives. **Not proved**

12. On 6 September 2020 you attended upon Patient 12, a XXX year old male and you:

    a. inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

        ii. administered PR voltarol; **Determined and found proved**

    b. failed to:

        i. obtain informed consent; **Determined and found proved**

        ii. offer Patient 12 a chaperone; **Determined and found proved**

        iii. provide alternative options to PR analgesia. **Determined and found proved**

13. Between 2 and 4 March 2020, you attended upon Patient 13, a XXX year old male and you:

    a. on one or more occasion as set out in Schedule 1, inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

        ii. administered PR voltarol; **Determined and found proved**

    b. failed to:

        i. obtain informed consent; **Not proved**

        ii. offer Patient 13 a chaperone; **Not proved**

        iii. provide alternative options to PR analgesia. **Not proved**

14. Between 9 and 15 August 2020 you attended upon Patient 14, a XXX year old male and you:

    a. on one or more occasion as set out in Schedule 1, inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

        ii. administered PR voltarol; **Determined and found proved**

    b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 14 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Not proved**

15. Between 9 and 12 March 2020 you attended upon Patient 15, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Determined and found proved**

ii. on 12 March 2020, administered PR laxatives; **Determined and found proved**

iii. on or around 9 March 2020 catheterised the patient when this was not clinically indicated; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved for PR laxatives only**

ii. offer Patient 15 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Determined and found proved**

16. On 16 April 2019 you attended upon Patient 16, a XXX year old male and you:

a. inappropriately:

i. conducted a PR examination when it was not clinically indicated; **Not proved**

ii. prescribed PR voltarol when it was not clinically indicated because IV analgesia was more suitable; **Determined and found proved**

iii. administered PR voltarol; **Determined and found proved**

iv. on one or more occasion as set out in Schedule 2:

1. prescribed PR laxatives when it was not clinically indicated because Patient 16 had a possible diagnosis of gastroenteritis; **Determined and found proved**

2. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 16 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Determined and found proved**

2. PR laxatives. **Determined and found proved**

17. Between 31 July and 8 August 2019, you attended upon Patient 17, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Not proved**

ii. on one or more occasion as set out in Schedule 2, administered PR laxatives; **Not proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 17 a chaperone; **Not proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Not proved**

18. Between 3 and 13 August 2019 you attended upon Patient 18, a XXX year old male and you:

    a. on one or more occasion as set out in Schedule 1, inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

        ii. administered PR voltarol; **Determined and found proved**

    b. failed to:

        i. obtain informed consent; **Determined and found proved**

        ii. offer Patient 18 a chaperone; **Determined and found proved**

        iii. provide alternative options to PR analgesia. **Not proved**

19. On 18 August 2020 you attended upon Patient 19, a XXX year old male and you:

    a. inappropriately:

        i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

        ii. administered PR voltarol; **Determined and found proved**

    b. failed to:

        i. obtain informed consent; **Determined and found proved**

        ii. offer Patient 19 a chaperone; **Determined and found proved**

        iii. provide alternative options to PR analgesia. **Determined and found proved**

20. Between 12 and 21 April 2019, you attended upon Patient 20, a XXX year old male and you:

    a. inappropriately:

        i. on one or more occasion as set out in Schedule 1:

            1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

            2. administered PR voltarol; **Determined and found proved**

ii. on 12 April 2019:

1. prescribed PR laxatives when it was not clinically indicated; **Not proved**

2. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 20 a chaperone; **Not proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Not proved**

21. On 8 August 2020 you attended upon Patient 21, a XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Determined and found proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 21 a chaperone; **Determined and found proved**

iii. provide alternative options to PR analgesia. **Determined and found proved**

22. Between 19 and 21 August 2019 you attended upon Patient 22, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Determined and found proved**

ii. on 21 August 2019:

1. prescribed PR laxatives when it was not clinically indicated as you had prescribed and administered an oral laxative a few hours earlier; **Determined and found proved**

2. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 22 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Determined and found proved**

2. PR laxatives. **Determined and found proved**

23. Between 29 and 30 August 2020 you attended upon Patient 23, a XXX year old male on 2 separate occasions and you:

a. on one or more occasion as set out in Schedule 1, inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 23 a chaperone; **Not proved**

iii. provide alternative options to PR analgesia. **Not proved**

24. On 2 August 2020 you attended upon Patient 24, an XXX year old male and you:

a. inappropriately:

i. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

ii. administered PR voltarol; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 24 a chaperone; **Not proved**

iii. provide alternative options to PR analgesia. **Not proved**

25. Between 17 and 23 January 2020 you attended upon Patient 25, a XXX year old male and you:

a. inappropriately:

i. conducted a PR examination when it was not clinically indicated; **Not proved**

ii. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Determined and found proved**

iii. on 21 January 2020:

1. prescribed PR laxatives when it was not clinically indicated; **Determined and found proved**

2. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 25 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Determined and found proved**

26. On 1 August 2019 you attended upon Patient 26, a XXX year old male and you:

a. inappropriately:

i. conducted a PR examination when it was not clinically indicated; **Determined and found proved**

ii. prescribed PR laxatives when it was not clinically indicated because Patient 26 had long-standing chronic constipation; **Determined and found proved**

iii. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 26 a chaperone; **Determined and found proved**

iii. provide alternative options to PR laxatives. **Determined and found proved**

27. On 7 August 2019 you attended upon Patient 27, a XXX year old male and you:

a. inappropriately:

i. prescribed PR laxatives when it was not clinically indicated; **Not proved**

ii. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 27 a chaperone; **Not proved**

iii. provide alternative options to PR laxatives. **Not proved**

28. On 24 August 2019 you attended upon Patient 28, an XXX year old male and you:

a. inappropriately administered PR laxatives; **Not proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 28 a chaperone; **Determined and found proved**

iii. provide alternative options to PR laxatives. **Not proved**

29. On 9 November 2019 you attended upon Patient 29, a XXX year old male and you:

a. inappropriately:

i. prescribed PR laxatives when it was not clinically indicated; **Determined and found proved**

ii. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 29 a chaperone; **Determined and found proved**

iii. provide alternative options to PR laxatives. **Determined and found proved**

30. On 7 October 2019 you attended upon Patient 30, a XXX year old male and you:

a. inappropriately:

i. prescribed PR laxatives when it was not clinically indicated; **Not proved**

ii. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 30 a chaperone; **Not proved**

iii. provide alternative options to PR laxatives. **Not proved**

31. On 2 February 2020 you attended upon Patient 31, a XXX year old male and you:

a. inappropriately administered PR laxatives; **Not proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 31 a chaperone; **Determined and found proved**

iii. provide alternative options to PR laxatives. **Determined and found proved**

32. Between 30 July and 8 August 2019, you attended upon Patient 32, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Not proved**

ii. on one or more occasion as set out in Schedule 2:

1. prescribed PR laxatives when it was not clinically indicated; **Not proved**

2. administered PR laxatives; **Not proved**

b. failed to:

i. obtain informed consent; **Not proved**

ii. offer Patient 32 a chaperone; **Not proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Not proved**

33. Between 28 December 2018 and 1 January 2019, you attended upon Patient 33, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol on when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Not proved**

ii. on 1 January 2019:

1. prescribed PR laxatives when it was not clinically indicated; **Not proved**

2. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved for first administration of PR voltarol only**

ii. offer Patient 33 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Not proved**

34. Between 24 February and 1 March 2019 you attended upon Patient 34, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable; **Not proved**

2. administered PR voltarol; **Determined and found proved**

ii. on 28 February 2019, administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved for PR voltarol only**

ii. offer Patient 34 a chaperone; **Determined and found proved**

iii. provide alternative options to:

1. PR analgesia; **Not proved**

2. PR laxatives. **Not proved**

35. Between 27 and 28 March 2019 you attended upon Patient 36, a XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 1:

1. prescribed PR voltarol when it was not clinically indicated because oral or IV analgesia was more suitable;

Determined and found proved for first administration of PR voltarol only

2. administered PR voltarol; **Determined and found proved**

ii. on 28 March 2019:

1. prescribed PR laxatives when it was not clinically indicated; **Not proved**

2. administered PR laxatives; **Not proved**

b. failed to:

i. obtain informed consent; **Determined and found proved for first administration of PR voltarol only**

ii. offer Patient 36 a chaperone; **Determined and found proved for first administration of PR voltarol only**

iii. provide alternative options to:

1. PR analgesia; **Determined and found proved for first administration of PR voltarol only**

2. PR laxatives. **Not proved**

36. Between 4 and 5 March 2019 you attended upon Patient 37, an XXX year old male and you:

a. inappropriately:

i. on one or more occasion as set out in Schedule 2:

1. prescribed PR laxatives when it was not clinically indicated; **Determined and found proved**

2. administered PR laxatives; **Determined and found proved**

b. failed to:

i. obtain informed consent; **Determined and found proved**

ii. offer Patient 37 a chaperone; **Determined and found proved**

iii. provide alternative options to PR laxatives. **Determined and found proved**

37. On 27 May 2020, Mr A advised you formally:

a. in person that you should:

i. familiarise yourself with and abide by your employing Trust's ('the Trust') chaperone policy; **Determined and found proved**

ii. seek assistance with administration of analgesia or other medication from the Trust nursing team. **Determined and found proved**

b. in writing that you should:

i. familiarise yourself with and abide by the Trust chaperone policy; **Determined and found proved**

ii. seek assistance with administration of analgesia or other medication from the Trust nursing team. **Determined and found proved**

38. Following the actions set out at paragraph 37, you prescribed and/or administered PR analgesia to one or more patients and you failed to:

a. follow the Trust chaperone policy; **Determined and found proved**

b. seek assistance from the Trust nursing team in administering PR analgesia. **Determined and found proved**

39. Your actions as set out at paragraphs 1 – 36 were sexually motivated in that it was in the pursuit of sexual gratification. **Determined and found proved in relation to the proven sub paragraphs of paragraphs 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 21, 22, 25, 26, 29, 34 and 36 of the Allegation**

Determination on Impairment - 07/02/2024

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Stan's fitness to practise is impaired by reason of misconduct.

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

3. On behalf of the GMC, Mr Rose submitted that in the light of the Tribunal's extensive adverse findings on the facts, Dr Stan's sexually motivated conduct self-evidently met the requisite test for misconduct. He submitted that Dr Stan's inappropriate prescribing and administering of intimate medications was itself serious, although it was not suggested that any harm would necessarily have arisen from the medication given. However, the sexual motivation in his conduct towards patients clearly met the test.

4. Mr Rose referred the Tribunal to relevant paragraphs of Good Medical Practice (2013) (GMP) and stated that these went to the fundamental requirement for a doctor to act solely for the benefit of their patients, putting the patients' needs first. In his submission, it was clear this is not what Dr Stan did. He also reminded the Tribunal of the relevant paragraphs of GMP dealing with the requirements for doctors to:

    - act with integrity,
    - obtain consent for examinations, investigations and treatment;
    - make appropriate clinical records; and
    - respect patients' privacy and dignity.

5. Mr Rose submitted that a doctor who has treated their patients, on numerous occasions and over a long period of time, for their own sexual gratification has significantly impaired fitness to practise. He said he doubted that this type of conduct could ever be remediated and noted that Dr Stan had not submitted any evidence of remediation and had not engaged with these proceedings at all.

6. As such, Mr Rose submitted that Dr Stan's fitness to practice is impaired by reason of misconduct.

The Relevant Legal Principles

7. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal's judgement alone.

8. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to a failure in the standards

expected of a doctor, which was so serious as to amount to misconduct, and then whether that finding of misconduct could lead to a finding of impairment.

9. The Tribunal was mindful that it had determine whether Dr Stan's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then. It must consider such matters as Dr Stan's insight into his actions, remorse, whether the matters were remediable, had been remedied and the likelihood of any repetition.

10. The Tribunal accepted the legal advice provided by the Legally Qualified Chair.

The Tribunal's Determination on Impairment

<u>Misconduct</u>

11. In its deliberations the Tribunal had regard to GMP. It took the view that Dr Stan's conduct breached the following paragraphs of GMP:

'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

2. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability

17. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research

21. Clinical records should include:

a. ....

b. the decisions made and actions agreed, and who is making the decisions and agreeing the actions
c. the information given to patients
d. any drugs prescribed or other investigation or treatment
e. ….

47. You must treat patients as individuals and respect their dignity and privacy

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

12. At the Facts stage of these proceedings, the Tribunal had found that Dr Stan's behaviour was sexually motivated in relation to multiple patients and multiple paragraphs of the Allegation. He had subjected patients to unnecessary, invasive and intimate procedures for his own sexual gratification. In some cases the same patient had been subjected to intimate and invasive procedures by Dr Stan on multiple occasions.

13. The Tribunal had also found that, on many occasions, Dr Stan had failed to obtain informed consent, to offer chaperones or to provide alternatives to PR medication.

14. The Tribunal noted that its findings in relation to Patient 15, included a finding that Dr Stan had inappropriately catheterised the patient. It was mindful of the evidence it had heard that catheterisation, as a particularly invasive procedure, carried risks for a patient, inlcuding exposure to infection. Patient 15 had, indeed, gone on to experience an infection in his penis as a result of the catheterisation.

15. In addition, Patient 26 had been so concerned about the inappropriate examinations and treatment that he wanted to take his own early discharge from hospital and had to be persuaded to stay for further intravenous antibiotics.

16. In the context of those findings, the Tribunal was in no doubt that Dr Stan's conduct had fallen seriously short of what would be expected of a competent doctor. He had put his own desires above the needs of the patients affected, had failed to protect their privacy and dignity and failed to ensure they received good care and treatment at his hands. The Tribunal was firmly of the view that such conduct would be considered deplorable by fellow members of the medical profession.

17. In addition, the Tribunal was of the view that Dr Stan had breached fundamental tenets of the profession, namely to make his patients his first concern, to be honest and trustworthy and to act with integrity. The Tribunal was also of the view that Dr Stan's conduct brought the medical profession into disrepute.

18. The Tribunal was in no doubt that Dr Stan's failings in respect of the professional standards required of him were serious. It therefore agreed with Mr Rose's submissions on behalf of the GMC that Dr Stan's conduct amounted to misconduct.

19. The Tribunal concluded that Dr Stan's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

20. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Stan's fitness to practise is currently impaired.

21. The Tribunal noted that Dr Stan had completely disengaged from any dealings with the GMC or MPTS about these proceedings before they commenced and had not participated in them once they had begun. Although the Tribunal had seen Dr Stan's responses to the Trust investigation, it had not received any evidence from him for these proceedings. It noted that in his responses to the Trust investigation into apparent anomalies in his prescribing and administering of PR medication, Dr Stan had sought to justify his actions on clinical grounds, rather than acknowledge any inappropriateness.

22. The Tribunal had not seen any evidence that Dr Stan had any appreciation for the gravity of his conduct or understanding of the impact it must have had on patients. Nor had it seen any acknowledgement of fault or expressions of remorse.

23. The Tribunal was mindful that conduct such as this, involving sexual motivation for inappropriate intimate procedures, would be difficult to remediate and it had seen no attempt to remediate the misconduct.

24. In the Tribunal's view it had seen nothing on which it could rely to satisfy itself that Dr Stan's conduct would not be repeated. It therefore concluded that there remained a risk of repetition of the misconduct in this case and was satisfied that Dr Stan's fitness to practise is currently impaired.

25. In addition, the Tribunal was firmly of the view that public confidence in the medical profession would be undermined if a finding of impairment was not made in this case.

26. The Tribunal therefore determined that Dr Stan's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 08/02/2024

1. Having determined that Dr Stan's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Mr Rose submitted that Dr Stan's misconduct is fundamentally incompatible with continued medical registration. He stated that paragraphs 12 to 17 of the Tribunal's impairment determination had encapsulated the seriousness of Dr Stan's conduct, which supported that view.

4. Mr Rose submitted that all the patients in respect of whom the Tribunal had found Dr Stan's misconduct, could be considered vulnerable by virtue of being patients, in pain, in need of help, and having suffered a significant injury or awaiting a significant surgical procedure. However, 5 of the patients were minors and particularly vulnerable. Mr Rose additionally submitted that all the affected patients had deferred to Dr Stan's expertise, assuming he desired to help and heal them. He said Dr Stan had preyed on that in pursuit of his own sexual gratification.

5. Mr Rose said that Dr Stan has shown no effort to remediate or provided any indication of ever wishing to engage with these proceedings. He submitted that even if Dr Stan's misconduct did not justify an order of erasure it would be difficult to see how any period of suspension could result in remediation of his conduct.

6. Mr Rose drew the Tribunal's attention to paragraphs 149 and 150 of the Sanctions Guidance (2020) (SG), which identified when a sanction of erasure was likely to be required and that, he said, applied in this case. He submitted that, based on the findings the Tribunal has already made, the only appropriate sanction was one of erasure.

The Tribunal's Determination on Sanction

7. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the SG and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

8. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Stan's interests with the public interest and has taken account of the overarching objective.

9. The Tribunal accepted the legal advice provided by the Legally Qualified Chair.

10. In its deliberations, the Tribunal first considered the aggravating and mitigating factors in this case.

11. With regard to aggravating factors the Tribunal bore in mind that Dr Stan had abused his position of trust with patients, including minors, in order to pursue his own sexual gratification. It took the view that Dr Stan's misconduct was sustained and had put some patients at a risk of potential harm. Patient 15 had been put at risk of infection arising from his inappropriate catheterisation. Had the nursing staff not managed to persuade Patient 26 to stay for a further dose of IV antibiotics, he may have discharged himself, following Dr Stan's treatment of him, without having received sufficient antibiotic treatment for his infected knee.

12. The Tribunal could not identify any mitigating factors in this case.

No action

13. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.

14. The Tribunal determined that due to the seriousness of Dr Stan's misconduct It would not uphold the statutory overarching objective to take no action. The Tribunal also determined that there were no exceptional circumstances to justify taking no action in this case.

Conditions

15. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Stan's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

16. The Tribunal was not satisfied that any conditions could be formed to address the serious concerns raised in this case regarding Dr Stan's misconduct.

17. The Tribunal therefore concluded that conditions would be insufficient to ensure protection of patients, to meet the public interest or to maintain proper professional standards of conduct for the members of the profession.

Suspension

18. The Tribunal then went on to consider whether imposing a period of suspension on Dr Stan's registration would be appropriate and proportionate. In doing so it had regard to the following paragraphs of the SG:

> *'92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration*

93. Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions

97. Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a. A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.
b. ….
c. ….
d. …..
e. No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.
f. No evidence of repetition of similar behaviour since incident.
g. The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour'

19. The Tribunal took the view that none of the above were engaged in this case. It was of the view that Dr Stan's misconduct was so serious that it was fundamentally incompatible with his continued registration. His sexually motivated conduct had been repeated on multiple occasions and had breached the trust his patients were entitled to expect from him in a very grave manner.

20. Dr Stan's misconduct had affected a number of minors and, in the Tribunal's view, had affected many patients who were in a vulnerable position by virtue of their trauma, pain, analgesic teatment and because they were often awaiting or recovering from significant surgery.

21. Whilst it acknowledged that conduct such as this was difficult to remediate, it had seen no evidence of attempts at remediation. In addition, it had seen nothing to assure it that Dr Stan appreciated the gravity of his conduct or understood its impact for those affected.

22. For all of the above reasons, the Tribunal was not satisfied that a sanction of suspension would be sufficient to protect patients, public confidence in the profession or to promote and maintain proper standards of conduct and behaviour. The Tribunal determined that suspension of Dr Stan's registration would not be an appropriate or proportionate sanction.

Erasure

23. As the Tribunal found Dr Stan's misconduct to be fundamentally incompatible with his continued registration, it had regard to the following paragraphs of the SG:

> *'109. Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*
>
> > *a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*
> > *b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
> > *c. Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients*
> > *d. Abuse of position/trust*
> > *e. Violation of a patient's rights/exploiting vulnerable people…*
> > *f. ….*
> > *g. ….*
> > *h. ….*
> > *…i. Putting their own interests before those of their patients*
> > *j. Persistent lack of insight into the seriousness of their actions or the consequences'*

24. Based on the evidence received and for the reasons it had already given in its previous findings and earlier in this determination, the Tribunal was satisfied that all of the above were engaged in this case.

25. The Tribunal also had regard to the following paragraphs of the SG:

> *'149. This encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patients' relatives or others.*
>
> *150. Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.'*

26. The misconduct in this case concerned sexual misconduct in relation to patients. In addition, it had involved multiple breaches of the special position of trust a doctor occupies. This had been in relation to minors and patients acutely in need of Dr Stan's diligent care and attention as their doctor. This lead the Tribunal to conclude that a sanction of erasure was the only means of protecting patients, maintaining public confidence in the profession, and declaring and upholding proper standards of conduct for member of the profession. In the Tribunal's view erasure was the only appropriate and proportionate sanction in this case.

27. The Tribunal therefore determined to erase Dr Stan's name from the Medical Register.

Determination on Immediate Order - 08/02/2024

1. Having determined to erase Dr Stan's name from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Stan's registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Rose submitted that an immediate order was necessary in this case for reasons of public safety and also in the wider public interest. He said the Tribunal had found sexually motivated misconduct in relation to multiple patients who were in a vulnerable position and who were subjected to procedures they didn't need. Patient safety was therefore a concern. He stated that Dr Stan could seek work in the period before the substantive sanction takes effect, so patient safety needed to be protected.

3. Mr Rose submitted that public confidence in the medical profession would require a doctor whose motives were the pursuit of sexual gratification not to be able to practise.

The Tribunal's Determination

4. In its deliberations, the Tribunal had regard to the following paragraphs of the SG:

> *'172. The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *173. An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
>
> *178. Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

5. The Tribunal bore in mind that it has already found serious misconduct that was sexually motivated and involved a risk to patient safety. The Tribunal was of the view that there remained an ongoing risk to patient safety if Dr Stan was allowed to continue in unrestricted practice. Additionally, it considered that an immediate order would be in the public interest and in Dr Stan's own interest so that he is not in a position to repeat his misconduct.

6. The Tribunal concluded that public confidence in the medical profession would demand that an immediate order of suspension be made in this case to ensure Dr Stan can not practise until the substantive order takes effect.

7. The Tribunal therefore determined to impose an immediate order of suspension on Dr Stan's registration.

8. This means that Dr Stan's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded. The interim order will be revoked when the immediate order takes effect.

9. That concludes the case.

ANNEX A – 15/01/2024

Determination on service and proceeding in the doctor's absence

305. Dr Stan is neither present nor represented at these proceedings. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Stan in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended)(the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information placed before it, together with the submissions made on behalf of the GMC.

306. The Tribunal has been provided with a service bundle, containing a copy of the notice of allegation sent by GMC on 7 December 2023 to Dr Stan's registered email address. As there was no response to this email the notice of allegation was posted to Dr Stan's registered address on 12 December 2023 and was successfully delivered on 22 December 2023.

307. The service bundle also contained a copy of the notice of hearing dated 8 December 2023 which was sent to Dr Stan's registered email address. As there was no response to this email the notice of hearing was posted to Dr Stan's registered address on 12 December 2023. This was not delivered successfully and was returned to the sender marked *'not known at address'*.

308. Having considered all the information, the Tribunal was satisfied that all reasonable efforts had been made to serve notice of the Allegation and this hearing upon Dr Stan.

309. The Tribunal went on to consider whether to proceed with the case in Dr Stan's absence in accordance with Rule 31 of the Rules. In doing so, it bore in mind the case of *R v Jones [2003] 1AC1*, as subsequently applied in various regulatory proceedings such as these. The Tribunal was aware that it has a discretion to proceed with the case in the doctor's absence, though this discretion is to be exercised with caution with the overall fairness of the proceedings in mind. It had regard to all the circumstances including the following:

- the nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore Dr Stan had waived the right to be present;

- whether an adjournment would resolve the matter;
- the likely length of any such adjournment;
- whether the doctor, although absent, wished to be represented or whether he had waived his right to be represented;
- the extent of any disadvantage to the doctor in not being able to present his account of events;
- the public interest that a hearing should take place within a reasonable time; and
- the effect of any delay on the memories of witnesses.

310.The Tribunal carefully considered the submissions made on behalf of the GMC that the case should proceed in Dr Stan's absence.

311.The Tribunal had regard to the last correspondence received from Dr Stan's registered email address which was on 10 July 2022. It also had regard to a telephone note stating that a call was made to Dr Stan's registered phone number but that the number was *'not available'*.

312.On the basis of the information provided the Tribunal was satisfied that Dr Stan had voluntarily waived his right to be present and represented at this hearing and that he had been made aware that the hearing may proceed in his absence. There had been a complete lack of engagement from Dr Stan for a considerable period. There was nothing before the Tribunal to suggest that Dr Stan either wished to participate in the proceedings or wished to be represented. The Tribunal considered that were it to adjourn, it was very unlikely that Dr Stan would attend a future hearing.

313.The Tribunal was mindful of the public interest in proceedings such as these being conducted fairly, economically, expeditiously and efficiently. The Tribunal therefore determined that it was appropriate in the circumstances and in the public interest to exercise its discretion and proceed with the case in Dr Stan's absence.

ANNEX B – 16/01/2024

Determination on admitting further evidence

314.On behalf of the GMC, Mr Rose made an application pursuant to Rule 34 of the Rules, to admit additional evidence. Rule 34(1) states:

> *'The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'*

Submissions

315.Mr Rose submitted that the Tribunal should allow additional documents to be admitted into evidence. He stated that these documents relate to the clinical appropriateness of Dr Stan's actions and the allegation that his actions were sexually motivated. The documents Mr Rose applied to be admitted were:

- a letter from the Trust to all 37 patients referred to in the Allegation, dated 8 January 2024;
- a pre-hearing information screenshot from MPTS website; and
- a witness statement from Patient 26, dated 16 January 2024.

316.Mr Rose submitted that upon receipt of the letter from the Trust, patient 26 had contacted the Trust and GMC and had accessed the pre-hearing information relating to Dr Stan's MPTS hearing on the MPTS website. He had subsequently provided his witness statement to the GMC.

317.Mr Rose further submitted that it was fair for the Tribunal to admit the evidence. There was no question of any 'ambush' by the GMC; this evidence had been volunteered by patient 26 in response to his receipt of the letter from the Trust. In addition, he submitted that Dr Stan had entirely disengaged from the proceedings.

The Tribunal's decision

318.The Tribunal noted that the letter from the Trust was sent to all 37 patients, as refered to in the Allegation. It also noted that although the letter referred to the prescribing and administering of rectal medication by Dr Stan it did not mention sexual motivation, or contain a link to the MPTS website that did refer to the alleged that Dr Stan's actions were sexually motivated.

319.The Tribunal took the view that the evidence was relevant to the Allegation, specifically the clinical appropriateness of Dr Stan's treatment of patient 26 and the issue of sexual motivation.

320.The Tribunal noted that the GMC was not seeking to raise any new allegation against Dr Stan to which he had not had an opportunity to respond. It was mindful that all reasonable steps had been taken to ensure that Dr Stan had been made aware of the Allegation and that it included an allegation of sexual motivation. Dr Stan had entirely disengaged from all communications relating to these proceedings some time before they commenced. He had not provided a response to the Allegation, provided a witness statement or attended or been represented.

321.The Tribunal took the view that any decisions made should where possible and procedurally correct, and without giving rise to unfairness, be based on the entirety of the evidence available. It considered whether admitting these documents would be fair. The evidence did not create any new allegation, but related to the existing Allegation of which Dr Stan had been notified in time to provide a response. Further, the evidence had been provided voluntarily by patient 26, without any suggestion of solicitation, or so-called 'ambush' by the GMC. In light of Dr Stan's complete disengagement prior to and during the proceedings, the Tribunal did not believe Dr Stan would be likely to respond to this evidence were attempts made to provide it to him.

322.The Tribunal concluded that the evidence was relevant to the Allegation and that it was, in the circumstnaces, fair to admit it. It therefore determined to grant the GMC's application to admit the additional documents into evidence.

Schedule 1

Patient Identifier	Dates/times prescribed and administered PR voltarol
Patient 10 XXX	30 March 2019 12:39
	31 March 2019 10:51
	1 April 2019 10:17
	02 April 2019 12:08
	3 April 2019 11:09
	4 April 2019 11:05
	9 April 2019 10:52
	12 April 2019 10:12
Patient 13 XXX	2 March 2020 21:23
	4 March 2020 13:35
Patient 14 XXX	9 August 2020 22:38
	15 August 2020 20:30
Patient 15 XXX	9 March 2020 23:06
	10 March 2020 21:22
	11 March 2020 22:46
Patient 17 XXX	31 July 2019 00:14
	7 August 2019 22:13
Patient 18 XXX	3 August 2019 22:34
	4 August 2019 16:16
	8 August 2019 20:42
	9 August 2019 17:41
	10 August 10:14; 23:37
	11 August 19:53
	12 August 2019 21:17
	13 August 2019 20:51
Patient 20 XXX	13 April 2019 03:07
	19 April 2019 23:32
	20 April 2019 22:24
	21 April 2019 20:07
Patient 22 XXX	19 August 2019 22:19
	20 August 2019 13:34
	21 August 2019 11:51
Patient 23 XXX	29 August 2020 12:33
	30 August 2020 11:05
Patient 25 XXX	17 January 2020 19:57
	18 January 2020 13:56
	19 January 2020 12:21
	20 January 2020 15:45
	21 January 2020 09:33

	22 January 2020 14:27
	23 January 2020 10:35
Patient 32 XXX	31 July 2019 00:14
	7 August 2019 22:13
Patient 33 XXX	28 December 2018 01:17
	31 December 2018 00:06
Patient 34 XXX	24 February 2019 07:53
	1 March 2019 03:34
Patient 36 XXX	27 March 2019 03:35
	28 March 2019 08:35

Schedule 2

Patient Identifier	Dates/times prescribed and administered PR laxatives
Patient 11 XXX	18 March 2019 23:03
	19 March 2019 00:21
	19 March 2019 23:02
	20 March 2019 22:33
	22 March 2019 00:26
Patient 16 XXX	16 April 2019 06:20; 06:60; 07:58
Patient 17 XXX	30 July 2019 22:40
	31 July 2019 00:14
	8 August 2019 16:19
Patient 32 XXX	30 July 2019 10:40; 10:41
	31 July 2019 00:14
	8 August 2019 06:19
Patient 37 XXX	4 March 2019 20:00
	5 March 2019 09:00