PUBLIC RECORD

Dates: 16/03/2026 - 23/03/2026

Doctor:	Dr Jonathon DEAN
GMC reference number:	7518208
Primary medical qualification:	MB BChir 2016 University of Cambridge

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Emma Boothroyd
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Deborah Brooke

Tribunal Clerk:	Ms Ciara Fogarty

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Peter Byrne, Counsel

Attendance of Press / Public

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

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 - 18/03/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Dean's alleged misconduct and conviction a redacted version will be published at the close of the hearing.

Background

2. Dr Dean qualified in 2016. Prior to the events which are the subject of the hearing, he undertook Foundation training between 2016 and 2018 at Princess Alexandra Hospital and Barts Health NHS Trust. Following full registration with the GMC in 2018, he worked as an Anaesthetics and Intensive Care Trainee at Barts Health NHS Trust until February 2019.

3. The allegations that have led to Dr Dean's hearing are that Dr Dean injected Ms A with a general anaesthetic for recreational purposes without the necessary skills and/or competence to administer such medication outside of a hospital setting. It is alleged that Dr Dean's conduct was sexually motivated and took place when he knew Ms A was vulnerable. It is also alleged that between January 2022 and March 2023, Dr Dean attended Whipps Cross Hospital and/or Royal London Hospital on multiple occasions against instructions not to attend and without appropriate reason to do so.

4. It is further alleged that on 24 November 2023, at Cambridge Crown Court, Dr Dean was convicted of nine counts of Theft and one of Possession of a controlled Class A drug. It is alleged that on 5 April 2024 Dr Dean was sentenced to 25 months imprisonment.

The Outcome of Applications made during the Facts Stage

5. 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'), to proceed with the hearing in Dr Dean's absence. The Tribunal was satisfied that the Notice of Hearing had been properly served and that Dr Dean had confirmed he would not attend and had no objection to the hearing proceeding in his absence. The Tribunal determined that it was fair and in the public interest to proceed. The Tribunal's full decision on the application is included at Annex A.

6. The Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the Rules, for the identity of Ms A to be anonymised throughout the proceedings. The Tribunal determined that it was appropriate and in the interests of justice to protect her privacy given the nature of the allegations and that she should be referred to as Ms A during the proceedings. The Tribunal's full decision on the application is included at Annex B.

7. The Tribunal granted the GMC's application, made pursuant to Rule 34 of the Rules, to admit certain documentary material as hearsay evidence. The Tribunal determined that the evidence was both relevant and fair to admit, noting that it had been created in the context of a police investigation and that its reliability could be assessed alongside other evidence in the bundle. The Tribunal's full decision on the application is included at Annex C.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Dean is as follows:

Misconduct

1. On 14 December 2018 you:

    a. injected Ms A with [XXX];

        i. in Ms A's bedroom; ***Admitted and found proved***

        ii. with the intention of sedating and/or achieving general anaesthesia for Ms A; ***Admitted and found proved***

        iii. for recreational, not medicinal purpose; ***Admitted and found proved***

iv. whilst you were an Anaesthetic Core Trainee 1, without the necessary skills and/or competence to administer such medication outside of a hospital setting; ***Admitted and found proved***

v. without appropriate equipment to:

i. monitor Ms A whilst she was sedated and/or generally anaesthetised; ***Admitted and found proved***

ii. assist Ms A if she encountered any difficulty. ***Admitted and found proved***

b. rendered Ms A sedated and/or anaesthetised; ***Admitted and found proved***

c. penetrated Ms A's mouth and/or vagina and/or anus with your finger(s) and/or penis and/or a glass phallic shaped object; ***Admitted and found proved***

d. left Ms A without any medical supervision when she regained consciousness; ***Admitted and found proved***

e. other than confirming that you had engaged in anal sex with Ms A, you refused to tell Ms A what you had to done to her whilst she was sedated and/or anaesthetised. ***To be determined***

2. You knew that your conduct at paragraph 1.b. rendered Ms A unable to:

a. consent to specific sexual acts; ***To be determined***

b. withdraw consent to your action at paragraph 1.c.; ***To be determined***

c. know what had taken place whilst she was sedated and/or anaesthetised. ***To be determined***

3. Your conduct at paragraph 1.a., 1.b. and 1.c.:

a. was sexually motivated; ***Admitted and found proved***

b. took place when you knew that Ms A was vulnerable due to the matters set out in confidential Schedule 1. ***To be determined***

Hospital access

4. Between 14 April 2022 and 21 March 2023, you attended Whipps Cross Hospital on one or more of the dates set out at Schedule 2:

   a. against the instruction of Dr B and/or Dr C; ***Admitted and found proved***

   b. without appropriate reason to do so. ***Admitted and found proved***

5. Between 6 January 2022 and 20 March 2023, you attended Royal London Hospital on one or more of the dates set out in Schedule 3:

   a. against the instruction of Dr B and/or Dr C; ***Admitted and found proved***

   b. without appropriate reason to do so. ***Admitted and found proved***

Conviction

6. On 24 November 2023, at Cambridge Crown Court, you were convicted of:

   a. Theft (9 counts); ***Admitted and found proved***

   b. Possession controlled drug of class A. ***Admitted and found proved***

7. On 5 April 2024, you were sentenced to 25 months imprisonment. ***Admitted and found proved***

And that by reason of the matters set out above your fitness to practise is impaired because of your:

   a. misconduct in relation to paragraphs 1 – 5; ***To be determined***

   b. conviction in relation to paragraph 6. ***To be determined***

The Admitted Facts

9. At the outset of these proceedings, Counsel for the GMC, Mr Byrne, confirmed that although Dr Dean was neither present nor represented at the hearing, he had provided a witness statement dated 27 January 2026 in which he made admissions to certain paragraphs of the Allegation.

10. The Tribunal noted the Dr Dean had the benefit of legal representation at the time of producing his statement dated 27 January 2026. The Tribunal could not identify any evidence which suggested that the admissions made by Dr Dean were equivocal or not supported by the evidence. Dr Dean's admissions were also consistent with admissions he had made at the

local investigations and the during the criminal proceedings. Although Dr Dean did not attend the hearing to confirm the contents of his statement the Tribunal had no reason to conclude that Dr Dean had changed his position in the weeks since the statement was made.

11. In accordance with Rule 17(2)(d) of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules'), the Tribunal treated those matters as admissions. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the relevant paragraphs and sub-paragraphs of the Allegation as admitted and therefore found them proved.

The Facts to be Determined

12. In light of Dr Dean's response to the Allegation made against him, the Tribunal is required to determine a number of disputed matters arising from the events of 14 December 2018. In particular, the Tribunal must determine whether, other than confirming that he had engaged in anal sex with Ms A, Dr Dean refused to tell Ms A what he had done to her whilst she was sedated and/or anaesthetised.

13. The Tribunal must also determine whether Dr Dean knew that his conduct rendered Ms A unable to consent to specific sexual acts, to withdraw consent to his actions, or to know what had taken place whilst she was sedated and/or anaesthetised.

14. In addition, the Tribunal must determine whether Dr Dean's conduct took place when he knew that Ms A was vulnerable due to her mental health condition.

Witness Evidence

15. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr D, dated 8 September 2025
- Dr E, Consultant Renal Specialist / Deputy Medical Director, dated 15 September 2025
- Ms F, Investigation Services Assistant Manager, dated 17 October 2025
- Dr C, Medical Director / Consultant Anaesthetist, dated 31 October 2025
- Dr H, CT3 Doctor, dated 23 October 2025
- Dr I, Clinical Research Fellow, dated 27 October 2025
- Dr B, Former Medical Director, dated 10 October 2025
- DS K, Detective Sergeant, dated 13 November 2025

16. Dr Dean provided his own witness statement dated 27 January 2026.

Expert Witness Evidence

17. The Tribunal also received expert evidence from Dr G, Consultant Anaesthetist, who was instructed by the GMC. Dr G provided a written expert report dated 24 November 2024. He did not give oral evidence.

18. Dr G's expertise is in anaesthesia, including procedural sedation and the safe administration of anaesthetic drugs. His evidence was directed at assisting the Tribunal in understanding the appropriate professional standards expected of an Anaesthetics Core Trainee, including the administration of drugs such as XXX, the risks associated with their use outside a clinical setting, and the requirements for monitoring and patient safety.

19. In particular, his report addressed whether it was appropriate for Dr Dean to administer such drugs in a non-clinical environment, whether the necessary safeguards and equipment were in place, and whether Dr Dean's actions fell seriously below the standard expected of a reasonably competent practitioner.

20. Dr G concluded that it was not appropriate for Dr Dean to administer anaesthetic drugs such as XXX in a non-clinical setting. He stated that the administration of such drugs in a bedroom environment, without appropriate monitoring equipment, support or safeguards, posed significant and potentially life-threatening risks, including respiratory depression, cardiovascular collapse and death. He further concluded that Dr Dean was working outside the limits of his competence and that his actions fell seriously below the standard expected of a reasonably competent Anaesthetics Core Trainee.

Documentary Evidence

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

- Barts Health NHS Trust's investigation reports dated 31 October 2023 and December 2023
- The GMC referral made by Dr E dated 23 January 2019 and associated correspondence in December 2018 and January 2019
- Police statements and records of interview relating to Dr Dean and Ms A from January 2019 to July 2020, with additional statements dated in 2021

- Transcripts of audio recordings, including recordings obtained during the police investigation
- Transcripts of messages and screenshots recovered from Dr Dean's phone
- Photographs of items seized from Dr Dean's property
- The Notice of Criminal Charge dated 5 March 2021, the Certificate of Conviction dated 24 November 2023 and the sentencing transcript dated 5 April 2024
- Medical records relating to Ms A covering the period 2015 to 2020
- Audio recording made by Ms A on 14 December 2018.

The Tribunal's Approach

22. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

23. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility.

24. The Tribunal was advised that, when assessing whether an event occurred, it may take into account the inherent probability or improbability of that event. Where an allegation is inherently unlikely, more cogent evidence may be required to satisfy the Tribunal that it occurred. However, this is a matter relating to the quality of the evidence and not a different standard of proof. The Tribunal was further advised that there is no rule of law that more serious allegations are less likely to have occurred, but that such allegations may require more careful or anxious scrutiny of the evidence.

25. The Tribunal was advised that it must determine the factual position in circumstances where there is a conflict between the evidence relied upon by the GMC and the account provided by Dr Dean in his witness statement, in particular in relation to the disputed elements of the Allegation. The Tribunal was reminded that Dr Dean has not attended to give

oral evidence or to be cross-examined, and that this is a matter it may take into account when assessing the weight to be attached to his evidence.

26. The Tribunal was also advised that, although no GMC witnesses were called to give live evidence, their written statements were before the Tribunal. Those witnesses were available to attend for cross-examination but were not required to do so. In those circumstances, the Tribunal may treat their evidence as if it had been given on oath, subject to any assessment it makes as to weight.

27. The Tribunal was advised that it may rely upon admissions made by Dr Dean and may find facts proved on the basis of those admissions, provided it is satisfied that they are clear and unequivocal when considered in the context of the evidence as a whole.

28. The Tribunal was advised that it is entitled to draw reasonable inferences from the evidence. This involves reaching common-sense conclusions based on the evidence it accepts as reliable. However, the Tribunal must take care to distinguish between proper inference and speculation, and must not make findings in the absence of sufficient evidential basis. This is of particular relevance when considering matters such as Dr Dean's state of mind and his knowledge of Ms A's vulnerability, which are not admitted and must be determined by inference from the surrounding evidence.

29. The Tribunal was further advised that, in relation to the conviction, a certified copy of the memorandum of conviction is sufficient proof of the conviction and of the facts upon which it is based.

30. Finally, the Tribunal was advised that it is required to give reasons for its findings. Those reasons must be sufficient to explain to the parties why the Tribunal has reached its conclusions and the evidence upon which it has relied, particularly where findings are made which are adverse to Dr Dean.

The Tribunal's Analysis of the Evidence and Findings

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

<u>Paragraph 1(e)</u>

32. The Tribunal had regard to the police transcript of the audio recording and to the recording itself. The Tribunal noted that Ms A made multiple requests to Dr Dean to tell her what he had done to her. The Tribunal determined that these requests were clear, repeated and unequivocal, as demonstrated within the transcript. The Tribunal further determined that, despite these repeated requests, Dr Dean declined to tell her what he had done to her beyond stating ''Everything'' and answering ''Yeah'' when asked by Ms A ''You said everything. Did you do like anal''.

33. The Tribunal considered that, whilst Dr Dean made reference to having done "everything", this was vague and did not amount to telling her what he had done. The Tribunal determined that such a response did not provide Ms A with the information she was seeking and did not satisfy her repeated requests for detail about his actions.

34. The Tribunal noted that Ms A continued to ask Dr Dean what had happened, including requesting that he explain in more detail and asking him to confirm what he had done. The Tribunal determined that this demonstrated that she had not been given a sufficient or satisfactory answer. The Tribunal found that there were multiple requests by Ms A and multiple refusals or failures by Dr Dean to tell her what he had done to her.

35. The Tribunal had regard to Dr Dean's witness statement, in particular the following:

''14. My refusal to tell her what had occurred whilst she was sedated was a continuation of this patient/doctor fantasy. From the snapchats we had exchanged prior to meeting on December 14th 2018 [XXX]*, it is clear that we were already engaging in "dirty talk" on the subject of me performing sexual acts on her whilst she was under sedation or anaesthesia. Her response was enthusiastic agreement* [XXX] *and continued suggestions for further sexual acts to be performed together during this meeting and indeed after the event, she expressed her enjoyment with the rendezvous* [XXX]. *I cannot, however, provide original copies of these as snapchat deletes messages once they have been opened.''*

The Tribunal noted Dr Dean stated that there had been a pre-agreed arrangement or "doctor/patient fantasy" whereby he would not disclose what had occurred. The Tribunal considered this explanation carefully but rejected it. The Tribunal determined that there was no evidential basis to support the existence of such an agreement, and no evidence that Ms A had agreed that information would be withheld from her.

36. The Tribunal further noted that Dr Dean's account was contradicted by the contemporaneous evidence within the recording, which demonstrated Ms A repeatedly asking what he had done to her and seeking answers which were not provided. The Tribunal also noted that Ms A said that Dr Dean had indicated that he would explain what he had done to her before she was sedated/anesthetised but refused to do so.

37. The Tribunal considered that Dr Dean's account, including the suggestion that this formed part of a pre-agreed scenario, was not supported by the evidence in the text messages and the available screenshots and was also inconsistent with the audio recording. The Tribunal therefore rejected that account.

38. The Tribunal was satisfied that the audio recording and transcripts provided reliable evidence of the interaction between Dr Dean and Ms A on the 14 December 2018. The Tribunal determined that the evidence demonstrated that Ms A made multiple requests for information and that Dr Dean refused to tell her what he had done beyond the vague statement "Everything" which included anal sex when he was specifically asked. The Tribunal also noted Ms A's continuing requests for information, including a request for a video recording which reinforced that she had not been told what he had done to her.

39. Accordingly, the Tribunal determined that paragraph 1(e) of the Allegation is proved.

Paragraphs 2(a),(b),(c)

40. The Tribunal considered paragraph 2 of the Allegation, namely whether Dr Dean knew that his conduct at paragraph 1(b) rendered Ms A unable to consent to specific sexual acts, withdraw consent to his actions, or know what had taken place whilst she was sedated and/or anaesthetised.

41. The Tribunal had regard to the nature of Dr Dean's actions, in particular the administration of anaesthetic drugs which rendered Ms A sedated and/or anaesthetised. The Tribunal determined that, as an Anaesthetics Core Trainee, Dr Dean had the requisite knowledge and understanding of the effects of such drugs.

42. The Tribunal accepted the expert evidence, which explained that the administration of anaesthetic agents would render an individual unconscious or significantly impaired, such that they would be unable to participate in, or have awareness of, events taking place. The Tribunal was satisfied that anaesthesia would remove a person's ability to exercise choice or agency and would prevent them from forming or expressing consent.

43. The Tribunal determined that, by administering anaesthetic drugs to Ms A, Dr Dean removed her ability to consent to specific sexual acts. The Tribunal further determined that, in that state, Ms A would be unable to withdraw consent, as she would not be conscious or capable of communicating any change in her wishes.

44. The Tribunal also determined that, as a result of being sedated and/or anaesthetised, Ms A would not be able to know what had taken place whilst she was in that state, including having no or limited memory of events.

45. The Tribunal considered that Dr Dean, by reason of his training and experience, knew that the administration of such drugs would have these effects. The Tribunal determined that he would have understood that rendering Ms A unconscious or significantly sedated would remove her ability to participate, express a view, or exercise any form of agency or awareness in relation to the sexual activity.

46. The Tribunal considered Dr Dean's account that this formed part of a pre-arranged plan. The Tribunal did not accept that this explanation displaced the knowledge attributable to him as a medical practitioner. Even if such an arrangement had existed, which the Tribunal did not accept, the Tribunal determined that it would not alter the fact that Dr Dean knew that sedation and/or anaesthesia would remove Ms A's ability to consent, withdraw consent, or know what had taken place.

47. The Tribunal therefore determined that Ms A's agency was removed by the administration of anaesthetic drugs, and that Dr Dean knew that this would be the effect of his actions. The Tribunal considered it significant that, in ordinary circumstances, an individual is able to withdraw consent during intimate activity, and that Dr Dean's actions ensured that Ms A was unable to do so.

48. Accordingly, the Tribunal determined that paragraphs 2(a), 2(b) and 2(c) of the Allegation are proved.

Paragraph 3(b)

49. The Tribunal had regard to the evidence relating to Ms A's vulnerability, including her medical records and the witness statement of Dr H. The Tribunal accepted that Ms A had a history of mental health difficulties and concluded that she was vulnerable by reason of those conditions.

50. However, the Tribunal recognised that the issue it was required to determine was whether Dr Dean knew of that vulnerability at the relevant time.

51. The Tribunal carefully considered whether it could properly infer that Dr Dean was aware of Ms A's mental health condition. The Tribunal noted that there was no evidence that Ms A had disclosed her mental health to Dr Dean. The Tribunal further noted that there was nothing within the messages, including Snapchat communications, nor within the police material, to indicate that Ms A had informed Dr Dean of those matters.

52. The Tribunal noted the submission of GMC Counsel who drew the Tribunal's attention to Ms A's medical records and pointed out that XXX. He submitted that this demonstrated that Ms A was open XXX about her mental health condition and the inference could be drawn that she shared her history with Dr Dean. However, the Tribunal also noted the other entries within Ms A's medical records, which indicated XXX. The Tribunal was therefore not satisfied that this was persuasive evidence that Ms A had shared her difficulties with Dr Dean.

53. The Tribunal considered whether Dr Dean could nevertheless have been aware of Ms A's vulnerability from other sources. However, the Tribunal was not satisfied that there was sufficient evidence to support such an inference. Dr Dean denied any knowledge of her mental health. The Tribunal determined that it would not be safe to conclude, on the balance of probabilities, that Dr Dean knew of Ms A's mental health condition at the relevant time.

54. Whilst the Tribunal accepted that Ms A was vulnerable, it was not satisfied that the GMC had proved to the required standard that Dr Dean knew of that vulnerability. The Tribunal determined that it could not properly draw a reliable inference of knowledge from the available evidence.

55. Accordingly, the Tribunal determined that paragraph 3(b) of the Allegation is not proved.

The Tribunal's Overall Determination on the Facts

56. The Tribunal has determined the facts as follows:

Misconduct

1. On 14 December 2018 you:

   a. injected Ms A with [XXX];

i. in Ms A's bedroom; ***Admitted and found proved***

ii. with the intention of sedating and/or achieving general anaesthesia for Ms A; ***Admitted and found proved***

iii. for recreational, not medicinal purpose; ***Admitted and found proved***

iv. whilst you were an Anaesthetic Core Trainee 1, without the necessary skills and/or competence to administer such medication outside of a hospital setting; ***Admitted and found proved***

v. without appropriate equipment to:

i. monitor Ms A whilst she was sedated and/or generally anaesthetised; ***Admitted and found proved***

ii. assist Ms A if she encountered any difficulty. ***Admitted and found proved***

b. rendered Ms A sedated and/or anaesthetised; ***Admitted and found proved***

c. penetrated Ms A's mouth and/or vagina and/or anus with your finger(s) and/or penis and/or a glass phallic shaped object; ***Admitted and found proved***

d. left Ms A without any medical supervision when she regained consciousness; ***Admitted and found proved***

e. other than confirming that you had engaged in anal sex with Ms A, you refused to tell Ms A what you had to done to her whilst she was sedated and/or anaesthetised. ***Determined and found proved***

2. You knew that your conduct at paragraph 1.b. rendered Ms A unable to:

a. consent to specific sexual acts; ***Determined and found proved***

b. withdraw consent to your action at paragraph 1.c.; ***Determined and found proved***

c. know what had taken place whilst she was sedated and/or anaesthetised. ***Determined and found proved***

3. Your conduct at paragraph 1.a., 1.b. and 1.c.:

a. was sexually motivated; ***Admitted and found proved***

b. took place when you knew that Ms Awas vulnerable due to the matters set out in confidential Schedule 1. ***Not proved***

Hospital access

4. Between 14 April 2022 and 21 March 2023, you attended Whipps Cross Hospital on one or more of the dates set out at Schedule 2:

   a. against the instruction of Dr B and/or Dr C; ***Admitted and found proved***

   b. without appropriate reason to do so. ***Admitted and found proved***

5. Between 6 January 2022 and 20 March 2023, you attended Royal London Hospital on one or more of the dates set out in Schedule 3:

   a. against the instruction of Dr B and/or Dr C; ***Admitted and found proved***

   b. without appropriate reason to do so. ***Admitted and found proved***

Conviction

6. On 24 November 2023, at Cambridge Crown Court, you were convicted of:

   a. Theft (9 counts); ***Admitted and found proved***

   b. Possession controlled drug of class A. ***Admitted and found proved***

7. On 5 April 2024, you were sentenced to 25 months imprisonment. ***Admitted and found proved***

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in relation to paragraphs 1 – 5; ***To be determined***

b. conviction in relation to paragraph 6. ***To be determined***

Determination on Impairment - 20/03/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration/heard as evidence were confidential. This determination will be

handed down in private but as this case concerns Dr Dean's alleged misconduct and conviction a redacted version will be published at the close of the hearing.

2. 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 Dean's fitness to practise is impaired by reason of misconduct and by reason of a conviction.

The evidence

3. The Tribunal has reviewed its findings of fact. There was no additional evidence presented to the Tribunal at this stage.

Submissions

Submissions on behalf of the GMC

4. On behalf of the General Medical Council, Mr Byrne submitted that the question of impairment is a matter for the Tribunal's independent judgement. He reminded the Tribunal of the two-stage approach, namely whether the facts found proved amount to serious misconduct and, if so, whether that misconduct gives rise to current impairment.

5. Mr Byrne submitted that the misconduct in this case is serious, both individually and cumulatively. He identified two principal heads of misconduct, namely the conduct relating to Ms A and the unauthorised access to hospital premises. In addition, he submitted that the Tribunal should take into account Dr Dean's criminal convictions, which he said were factually linked to both heads of misconduct. He submitted that each head of misconduct is, of itself, sufficiently serious to justify a finding of impairment and that, when taken together, such a finding is inevitable.

6. In relation to the conduct involving Ms A, Mr Byrne submitted that this was highly dangerous. He relied on Dr Dean's own words, sent in a message to Ms A in which Dr Dean acknowledged there was a fine line between unconsciousness and not breathing. Mr Byrne submitted that, regardless of Dr Dean's asserted competence, he must have recognised the risks inherent in administering anaesthetic drugs outside a clinical setting. Mr Byrne drew the Tribunal's attention to the expert evidence of Dr G, in particular paragraphs 18 and 19 of his report, in which the administration of intravenous sedative drugs in a bedroom setting was described by Dr G as having no medical justification and being "*dangerous, irresponsible and indefensible*". Mr Byrne submitted that Dr G's view was that Dr Dean exposed Ms A to

significant risks, including respiratory depression, cardiovascular collapse, loss of airway and allergic reaction, in circumstances where there was no appropriate monitoring, equipment or support. He further submitted that Dr Dean failed to provide appropriate aftercare following the loss of consciousness which further placed Ms A at risk. Mr Byrne also submitted that the conduct was sexually motivated, which he said significantly aggravated its seriousness.

7. In respect of the unauthorised access to hospital premises, Mr Byrne submitted that this conduct was very serious and was aggravated by a number of features. He submitted that Dr Dean acted in direct contravention of a clear instruction from a senior colleague and abused his position of trust as both a doctor and an employee. He submitted that the access was for personal purposes in order to steal drugs and formed part of a pattern of persistent behaviour, noting that Dr Dean attended hospital premises on numerous occasions when he had not sought permission to do so. Mr Byrne submitted that this was not an isolated lapse but a sustained course of conduct.

8. Mr Byrne further submitted that the conviction involved premeditated and sophisticated dishonesty. He submitted that the dishonesty was for personal gain, namely to facilitate Dr Dean’s sexual activity with Ms A and XXX. He relied on the sentencing remarks of the judge, who stated that the drugs stolen on the 14 December 2018 were taken to be used in a grossly inappropriate manner in an inherently unsafe setting for sexual purposes. Mr Byrne submitted that the offending was repeated over a number of years and was aggravated by the fact that further offences were committed whilst Dr Dean was on bail for similar matters. He submitted that Dr Dean abused an oversight, by the failure to deactivate his swipe card, in continuing to access hospital premises. He further submitted that Dr Dean did not accept responsibility until a late stage, entering guilty pleas at the door of the court, and that his conduct resulted in an immediate custodial sentence. Mr Byrne submitted that there was a lack of genuine remorse and that, in his statement to the Tribunal, Dr Dean sought to attribute responsibility to Ms A. He submitted that there is no evidence of remediation.

9. Turning to impairment, Mr Byrne referred the Tribunal to the guidance in *CHRE v NMC and Grant [2011] EWHC 297 (Admin).* He submitted that limbs (b), (c) and (d) are engaged, in that Dr Dean has brought the profession into disrepute, breached fundamental tenets of the profession, including integrity and probity, and acted dishonestly. He further submitted that limb (a) is also engaged, given the risk of harm arising from the conduct involving Ms A.

Mr Byrne submitted that, although Ms A was not a patient, Dr Dean's conduct nevertheless represents a serious departure from the standards set out in Good Medical Practice (2013) ('GMP'), in particular paragraphs 1 and 65:

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

10. Finally, Mr Byrne submitted that a fully informed member of the public would be seriously concerned if a finding of impairment were not made in this case. He submitted that a finding of impairment is necessary to maintain public confidence in the profession and to uphold proper professional standards. He emphasised that there is no evidence before the Tribunal of remediation and submitted that Dr Dean's fitness to practise is therefore currently impaired.

The relevant legal principles

11. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

12. 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 misconduct, and that the misconduct was serious and then whether the finding of that misconduct which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

13. To assess whether Dr Dean poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies based on the facts found proved, the impact of any relevant context known about Dr Dean and/or his working environment, and
- how Dr Dean has responded to the allegations.

14. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

15. The Tribunal was advised to have regard to the MPTS Guidance, which came into force in November 2025, and in particular the section dealing with making decisions on the legal basis and impairment. It was also advised to have regard to the overarching objective of the GMC, namely to protect, promote and maintain the health, safety and wellbeing of the public, to promote and maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct.

16. The Tribunal was advised that the legal basis and impairment are matters to be considered sequentially. It was reminded that, as set out in *Cheatle v General Medical Council [2009] EWHC 645 (Admin*), this is a two-stage process, and that a finding that the facts amount to misconduct and/or conviction does not necessarily lead to a finding of impairment.

17. In relation to misconduct, the Tribunal was advised to consider whether the facts found proved amount to misconduct of a serious nature. It was referred to *Roylance v General Medical Council (No 2*) *[2000] 1 AC 311,* in which Lord Clyde stated that misconduct is a word of general effect involving some act or omission which falls short of what would be proper in the circumstances, and that the standard of propriety may be found by reference to the rules and standards ordinarily required of a medical practitioner. The Tribunal was advised that not every falling short will amount to misconduct; the misconduct must be serious.

18. The Tribunal was further advised to have regard to *Spencer v General Osteopathic Council [2012] EWHC 3147 (Admin),* which emphasises that not every breach of professional standards constitutes misconduct, and that the conduct must be sufficiently serious to attract a degree of opprobrium. It was also referred to *Nandi v General Medical Council [2004] EWHC 2317 (Admin*), in which misconduct was described as conduct which would be regarded as deplorable by fellow practitioners.

19. The Tribunal was advised that, in determining seriousness, it may take into account the evidence as a whole, including any relevant provisions of Good Medical Practice, and that the standards relied upon by the GMC may assist, although the ultimate decision is one for the Tribunal.

20. In relation to personal mitigation, the Tribunal was advised to have regard to *Campbell v General Medical Council [2005] EWHC 2990 (Admin*). It was advised that, if it considered it appropriate, it may take into account the circumstances in which the practitioner found himself at the time of the misconduct. However, it was cautioned that such matters are often more relevant to sanction and should not be used to reduce what would otherwise amount to serious professional misconduct to a lesser finding.

21. In relation to conviction, the Tribunal was advised that the certificate of conviction is evidence of the facts underlying the conviction. However, it was advised that it remains a matter for the Tribunal to determine whether the conviction indicates that Dr Dean poses a current and ongoing risk to public protection.

22. The Tribunal was advised that, if it is satisfied that a legal basis is established, whether misconduct and/or conviction, it must then determine whether Dr Dean poses any current and ongoing risk to public protection. In doing so, it should consider all of the evidence before it and reach its own independent conclusions.

23. The Tribunal was advised that, where there is more than one legal basis, it should assess current and ongoing risk in relation to each. It was referred to the questions set out in the MPTS Guidance to inform that assessment, including where on the spectrum of seriousness the conduct lies, what impact any relevant context relating to the doctor or his working environment may have had, and how the doctor has responded to the concerns.

24. The Tribunal was advised that the Guidance contains examples of conduct and indicative levels of seriousness, together with explanatory material as to the decision-making process. It was advised that the Guidance is not binding, but that if it were to depart from it, it should provide clear and cogent reasons.

25. In considering the doctor's response, the Tribunal was advised to take into account issues of insight and remediation, and the impact of those matters on the assessment of current and ongoing risk. It was referred to *Cohen v General Medical Council [2008] EWHC 581 (Admin),* in which it was held that relevant considerations include whether the conduct is remediable, whether it has been remedied, and whether it is likely to be repeated.

26. In deciding whether Dr Dean's fitness to practise is impaired by reason of conviction, the Tribunal was advised to have regard to the nature, gravity and overall circumstances of the offending. It was referred to *R (on the application of Day) v General Medical Council [2002] EWHC 1455 (Admin),* in which the Court stated that the purpose of regulatory proceedings in such cases is to protect the public and to maintain the standards and reputation of the profession, rather than to punish the practitioner a second time.

27. The Tribunal was further advised to have regard to the observations of Dame Janet Smith in the Fifth Shipman Report, namely that the outcome of criminal proceedings does not determine the seriousness of a case in a regulatory context, and that conduct which may appear less serious in criminal law may nonetheless be serious in professional regulation.

28. Finally, in relation to impairment, the Tribunal was advised to apply the approach set out in the Shipman Report and approved in *CHRE v NMC and Grant [2011] EWHC 297 (Admin),* and to consider not only the risk to the public but also the wider public interest, including the need to maintain public confidence in the profession and to uphold proper professional standards.

29. The Tribunal was advised that it is required to give reasons for its decision. Those reasons should be sufficient to enable the parties to understand the basis of the decision, including the factors taken into account, the assessment of current and future risk, and the relevant guidance and authorities applied.

The Tribunal's determination on impairment

Conviction

Is there a legal basis for considering impairment?

30. The Tribunal considered whether the facts found proved in relation to Dr Dean's conviction engage a statutory ground for impairment. The Tribunal determined that Dr Dean's conviction on 24 November 2023 for nine counts of theft and possession of a Class A drug establishes the statutory ground. The Tribunal noted that the certificate of conviction is conclusive evidence of those offences and the underlying facts. The Tribunal further determined that the conviction reflects conduct which is closely linked to the wider matters in this case, in that Dr Dean stole drugs from hospital premises for his own purposes, by using them to sedate and anaesthetise Ms A for sexual gratification and on later occasions to XXX. The Tribunal therefore determined that the facts of the conviction indicate that the Doctor

poses a current and ongoing risk to public protection and is a legal basis for considering Dr Dean's fitness to practise by reason of his conviction.

<u>Where on the spectrum of seriousness does the allegation lie?</u>

31. The Tribunal considered where the conviction lies on the spectrum of seriousness, having regard to the Guidance. The Tribunal recognised that all convictions are considered to be serious. However, it determined that this conviction falls at the higher end of the spectrum of seriousness.

32. In reaching that determination, the Tribunal considered the nature of the offending. It noted that the conviction involves serious dishonesty, namely the theft of controlled drugs and possession of a Class A drug taken from Dr Dean's place of work. The Tribunal determined that dishonesty of this nature is inherently serious, particularly where it arises in a professional context.

33. The Tribunal determined that there were a number of features which significantly increase the seriousness of the conviction. It determined that the offending was premeditated; involved deliberate and, on occasions, unauthorised access to two hospitals which he was expressly instructed not to access, in order to steal drugs. It further determined that the conduct amounted to an abuse of Dr Dean's professional position and access.

34. The Tribunal determined that the offending was persistent and repeated, spanning a prolonged period between 2018 and 2023 and involving multiple offences. It noted that Dr Dean continued this behaviour whilst on bail for similar matters, which it concluded demonstrated a disregard for legal and professional restrictions.

35. The Tribunal determined that Dr Dean placed his own interests above those of patients and the profession, including using the drugs for his own purposes. It also determined that the conviction is linked to the exploitation of Ms A and forms part of a broader pattern of behaviour.

36. The Tribunal had regard to the sentencing remarks of the judge:

''*To quote from a message you sent to your intended sexual partner, "Could get as much* [XXX] *as needed and* [XXX] *on top of that. Could put a canular in you and do whatever I wanted. Feel like being unconscious while I do whatever I want to you." Another message read, "Could have done anything to you. Fine line between you not breathing and you being unconscious. Good thing I'm a decent anaesthetist. Could fuck you senseless." Those*

messages display a considerable arrogance and a sense in which you were expecting to enjoy playing god with those drugs.''

The Tribunal also noted that the offending resulted in an immediate custodial sentence of 25 months, which in the view of the Tribunal reflected the seriousness of the conduct.

37. Taking all of these matters into account, the Tribunal determined that the conviction falls at the higher end of the spectrum of seriousness, with a high starting point for assessing current and ongoing risk.

<u>What is the impact of any relevant context known about Dr Dean and/or his working environment?</u>

38. The Tribunal considered whether there was any relevant context which may have affected Dr Dean's behaviour, having regard to the Guidance. The Tribunal noted in the sentencing remark that there was reference to a XXX and to Dr Dean having XXX. However, the Tribunal had not been provided with this XXX and it had not been advanced in mitigation. There was no evidence before it to establish XXX.

39. The Tribunal noted that Dr Dean had previously suggested during the local investigation into his conduct that he XXX. However, it determined that there was no evidence before the Tribunal to support this or to demonstrate that it had any impact on his behaviour.

40. In the absence of evidence establishing any relevant context, the Tribunal determined that there is no relevant context which reduces the level of risk. The Tribunal therefore determined that context has no impact on its assessment.

<u>How has Dr Dean responded to the allegations?</u>

41. The Tribunal considered how Dr Dean has responded to the conviction, including issues of insight and remediation, having regard to the Guidance. The Tribunal noted that Dr Dean entered guilty pleas in the criminal proceedings and that an apology was recorded in the transcript of the sentencing hearing:

''Being a man who is very ashamed for what has occurred and your Honour will see in the letter that he has written to you that he (inaudible) towards the end of that, he says, "I cannot undo what I have done but I cannot know what my life would be (inaudible) the last five years and I have made better decisions. But what I can do is apologise. I do this unreservedly. I am

sorry. I let a lot of people down, brought shame to myself and to my profession. I know that my actions will (inaudible) healthcare. I am tremendously uncomfortable with the idea that someone may (inaudible) to other clinicians after having heard about (inaudible) or that other (inaudible) indirect harm as a result of my behaviour."

42. The Tribunal determined that, whilst this apology is noted, it does not demonstrate full or meaningful insight into the seriousness of his conduct and the impact of his actions on the profession or on public confidence.

43. The Tribunal noted that there is no evidence before it of remediation. It determined that offending of this nature involving dishonesty which is persistent, premeditated and linked to exploitation and sexual gratification, is difficult to remediate. The Tribunal concluded that the conduct has not been remedied.

44. The Tribunal determined that there remains a significant risk of repetition. In reaching this conclusion, it took into account that the offending spanned a number of years and included conduct whilst on police bail, and that there is no evidence before it to suggest that the behaviour has been addressed.

Tribunal's decision as to whether Dr Dean poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

45. The Tribunal considered whether Dr Dean poses a current and ongoing risk to public protection which may require restrictive action in response. It determined that, having regard to its findings on seriousness, the absence of relevant context, and the lack of insight and remediation, Dr Dean poses a high current and ongoing risk to public protection. The Tribunal determined that this is a case in which restrictive action is required.

46. The Tribunal determined that the overarching objective is engaged, in particular the need to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct. In reaching this view, the Tribunal had regard to the fact that this case involves serious and persistent dishonesty, which the Guidance identifies as conduct that is likely to fall at the higher end of the spectrum of seriousness.

47. The Tribunal considered that a fully informed member of the public would be seriously concerned by Dr Dean's dishonest conduct, the custodial sentence imposed, and the clear link between the offending and his professional role. It determined that a finding of impairment is necessary to mark the seriousness of the dishonesty and to uphold the

standards expected of a registered medical practitioner, particularly in relation to honesty, integrity and the handling of controlled drugs.

48. The Tribunal considered whether patient safety is engaged. It determined that, whilst the conviction did not arise from clinical practice and does not, of itself, demonstrate a direct clinical risk to patients. The Tribunal therefore determined that patient safety is not directly engaged in this case. However, the Tribunal considered the conduct is capable of undermining trust in doctors and the safe functioning of healthcare systems and therefore a finding of impairment is required to maintain public confidence in the profession.

49. Accordingly, the Tribunal determined that Dr Dean's fitness to practise is currently impaired by reason of conviction.

Misconduct

50. The Tribunal considered whether the facts found proved amount to misconduct and, if so, whether that misconduct is serious.

51. The Tribunal had regard to the definition of misconduct as set out in the case of *Roylance*, namely that misconduct is a serious departure from the standards expected of a registered medical practitioner.

52. The Tribunal determined that Dr Dean's conduct represents a serious departure from the standards expected of a doctor. In particular, the Tribunal determined that Dr Dean breached paragraphs 1 and 65 of GMP.

53. The Tribunal found that Dr Dean administered anaesthetic drugs to Ms A in a non-clinical setting, without medical justification, without appropriate monitoring or safeguards, and for his own sexual gratification. The Tribunal determined that this conduct was inherently dangerous and exposed Ms A to a significant risk of serious harm.

54. The Tribunal determined that Dr Dean, as an Anaesthetic Core Trainee, knew or ought to have known the risks associated with the administration of such drugs. It determined that he used his knowledge and skills to place Ms A in a vulnerable position for his own purposes. The Tribunal found that Dr Dean was aware of the risks and proceeded regardless, which it determined to be a serious breach of his professional responsibilities.

55. The Tribunal further determined that Dr Dean engaged in sexual activity with Ms A whilst she was unable to consent, withdraw consent, or have awareness of what had

occurred. The Tribunal determined that this conduct was exploitative and involved a clear abuse of trust and power.

56. The Tribunal also considered Dr Dean's repeated unauthorised attendance at hospital premises in contravention of clear instructions from senior colleagues. It determined that this conduct demonstrated a persistent disregard for professional boundaries and responsibilities.

57. Taking all of these matters into account, the Tribunal determined that Dr Dean's conduct would be regarded as deplorable by fellow practitioners and amounts to serious professional misconduct.

Is there a legal basis for considering impairment?

58. Having already determined that Dr Dean's conduct amounts to serious professional misconduct, the Tribunal was satisfied that the ground of misconduct is established.

59. The Tribunal therefore determined that there is a legal basis for considering Dr Dean's fitness to practise by reason of misconduct.

Where on the spectrum of seriousness does the allegation lie?

60. The Tribunal considered where the misconduct lies on the spectrum of seriousness, having regard to the Guidance. It recognised that all findings of misconduct are serious; however, within that range, some cases are more serious than others. The Tribunal noted that the misconduct in this case encompassed two aspects, namely the conduct relating to Ms A and the conduct relating to the unauthorised access to hospital premises. The Tribunal examined the nature of each of these aspects.

Misconduct relating to Ms A

61. The Tribunal determined that the nature of this misconduct is such that it falls at the higher end of the spectrum of seriousness. The Tribunal determined that the conduct involved penetrative sexual activity with Ms A whilst she was unable to consent. It determined that this conduct was extremely serious.

62. The Tribunal determined that Dr Dean's conduct was premeditated, predatory and exploitative. It determined that he took advantage of Ms A's apparent willingness to participate in sedation but failed to explain the risks to her and failed to explain that he was

not going to provide her with any aftercare. The Tribunal considered that Dr Dean abused his medical knowledge and skills to propose a course of action for his own sexual gratification. The Tribunal determined that there was a clear imbalance of power between the knowledge and skills of Ms A and Dr Dean and that Dr Dean abused that imbalance to persuade Ms A to consent to the anaesthesia and sedation without explaining the significant risks to her. The Tribunal considered that this was an abuse of his professional position and amounted to an exploitation of Ms A.

63. The Tribunal further determined that the conduct was premeditated. It determined that Dr Dean deliberately obtained and administered drugs and created the circumstances in which Ms A was rendered unable to consent or to withdraw consent to specific sexual activities. The Tribunal determined that this behaviour involved a reckless disregard for Ms A's safety and the appropriate professional standards relating to the use of anaesthetic drugs.

Unauthorised access to Hospital premises.

64. The Tribunal identified a number of features which increase the seriousness of this misconduct. It determined that this behaviour was persistent and repeated. The Panel noted that Dr Dean continued to access hospital premises in contravention of clear instructions from senior colleagues, including at a time when he was already under investigation and on bail.

65. The Tribunal determined that Dr Dean undermined systems designed to protect the public by accessing hospital premises without authority and stealing drugs. It further determined that his actions undermined collaborative working, in that he disregarded clear instructions from senior colleagues who were attempting to manage risk both to him and to patients.

66. Taking all of these matters into account, the Tribunal determined that the misconduct falls at the higher end of the spectrum of seriousness, with a high starting point for the assessment of current and ongoing risk.

What is the impact of any relevant context known about Dr Dean and/or his working environment?

67. The Tribunal considered whether there was any relevant context which may have affected Dr Dean's behaviour, having regard to the Guidance.

68. The Tribunal noted that there was limited reference to the possibility of Dr Dean XXX. However, it concluded that there was insufficient evidence before it to establish XXX, or to demonstrate that such matters had an impact on his behaviour.

69. The Tribunal determined that there was no evidence of any relevant working environment or personal context which would explain or mitigate the misconduct. In the absence of such evidence, the Tribunal determined that it would be inappropriate to take any such context into account.

70. The Tribunal therefore determined that there is no relevant context which reduces the level of risk, and that context has no impact on its assessment.

How has Dr Dean responded to the allegations?

71. The Tribunal considered how Dr Dean has responded to the allegations, including issues of insight and remediation, having regard to the Guidance.

72. The Tribunal determined that Dr Dean has demonstrated very limited insight into his misconduct. In particular, the Tribunal determined that Dr Dean has not demonstrated insight into the impact of his actions on Ms A.

73. The Tribunal determined that Dr Dean has not directly apologised to Ms A and has, in his written statement, sought to justify aspects of his behaviour and suggest that Ms A bears some responsibility. The Tribunal determined that this indicates a lack of genuine understanding of the seriousness of his conduct.

74. The Tribunal noted that any expressions of regret were limited and related more to the impact on himself and the profession, rather than the impact on Ms A.

75. The Tribunal found that there is no evidence of remediation. It determined that Dr Dean has not taken steps to address the underlying causes of his behaviour or to demonstrate that such conduct is unlikely to be repeated.

76. The Tribunal determined that the misconduct relating to Ms A is of a nature that is difficult to remediate, particularly given its predatory and exploitative features. The Tribunal noted that Dr Dean has previously stated that the unauthorised access to hospital premises was to facilitate the theft of drugs in order to XXX. For the same reasons as outlined in the Tribunal's decision in relation to the conviction, the Tribunal has no evidence that the

underlying causes of this misconduct have been addressed. The Tribunal determined that the conduct has not been remedied and that there remains a high risk of repetition.

Tribunal's decision on whether Dr Dean poses a current and ongoing risk to public protection and its finding on impairment

77. The Tribunal considered whether Dr Dean poses a current and ongoing risk to public protection. As set out in its reasoning above it determined that, having regard to the seriousness of the misconduct, the absence of relevant context, and the lack of insight and remediation, Dr Dean poses a high current and ongoing risk to public protection.

78. The Tribunal determined that all three limbs of the overarching objective are engaged in this case.

79. In relation to patient safety, the Tribunal determined that Dr Dean's conduct placed Ms A, a member of the public, at significant risk of serious harm. It determined that the administration of anaesthetic drugs in an unsafe environment, without appropriate safeguards, demonstrates a clear risk to patient safety.

80. In relation to public confidence, the Tribunal determined that a fully informed member of the public would be seriously concerned by Dr Dean's conduct, in particular the sexual and exploitative nature of the misconduct and the abuse of his professional position.

81. In relation to professional standards, the Tribunal determined that a finding of impairment is necessary to uphold the fundamental standards of the profession, including integrity, trustworthiness and the obligation to act in the best interests of others.

82. The Tribunal therefore determined that Dr Dean's fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 23/03/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

The Evidence

2. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the facts stage of the hearing where relevant to reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Mr Byrne submitted that the appropriate and proportionate sanction in this case is erasure.

4. Mr Byrne reminded the Tribunal that the purpose of sanction is to protect the public, which includes maintaining public confidence in the profession and upholding proper professional standards. He submitted that the Tribunal has already found that all three limbs of the overarching objective are engaged.

5. Mr Byrne submitted that, in light of the Tribunal's findings on impairment, including that Dr Dean poses a high current and ongoing risk to public protection and that the misconduct has not been remedied, it will usually be necessary to impose a sanction. He submitted that there are no exceptional circumstances in this case which would justify taking no action.

6. Turning to conditions, Mr Byrne submitted that they are not appropriate. He submitted that the concerns in this case relate to attitudinal issues, including dishonesty and exploitative conduct, which are not capable of being addressed through conditions. He further submitted that it is difficult to conceive of conditions that would be workable, measurable and proportionate, and that conditions would not address the level of impairment identified.

7. In relation to suspension, Mr Byrne submitted that this may, at first glance, appear an available option. However, he submitted that suspension is appropriate for conduct which is serious but not fundamentally incompatible with continued registration. He submitted that this is not such a case.

8. Mr Byrne submitted that Dr Dean's misconduct is fundamentally incompatible with continued registration. He submitted that there has been no meaningful acknowledgement of wrongdoing, particularly in relation to Ms A, and that Dr Dean has sought to justify aspects of his conduct. He submitted that there is a lack of insight and no evidence of remediation, and that the Tribunal has found a high risk of repetition.

9. Mr Byrne submitted that this case involves multiple highly serious features, including sexual misconduct, dishonesty, abuse of professional position and trust, and persistent behaviour over a prolonged period. He submitted that the conduct demonstrates a deliberate or reckless disregard for the principles set out in GMP and an abuse of the trust placed in doctors.

10. Mr Byrne further submitted that the conviction and underlying conduct strike at the heart of the profession. He referred the Tribunal to the sentencing remarks, in which the offending was described as involving the theft of drugs, including a Class A controlled drug, for use in a non-clinical and inherently unsafe setting for sexual purposes, and as conduct which warranted an immediate custodial sentence.

11. In those circumstances, Mr Byrne submitted that erasure is necessary to maintain public confidence in the profession and to uphold proper professional standards. He submitted that the seriousness of the conduct, the presence of dishonesty, the abuse of trust, and the lack of insight and remediation mean that Dr Dean's conduct is fundamentally incompatible with continued registration.

12. Accordingly, Mr Byrne invited the Tribunal to direct that Dr Dean's name be erased from the medical register.

The Relevant Legal Principles

13. The LQC gave legal advice and referred the Tribunal to the MPTS guidance and the approach it should take at this stage.

14. The Tribunal's decision as to the appropriate sanction is a matter for its own independent judgement. It should consider the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity. The Tribunal should note that the main purpose of imposing a sanction is to protect the public. Its purpose is not to punish, although it may have a punitive effect.

15. The Tribunal was advised that, at stage three of the decision-making process, it must decide what regulatory action is required to protect the public, having regard to its findings on facts and impairment. It was advised that the role of the Tribunal is to protect the public by ensuring that, where a doctor is not currently fit to practise, appropriate restrictions are put in place or the doctor is removed from the medical register.

16. The Tribunal was advised that public protection comprises three elements: protecting, promoting and maintaining the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

17. The Tribunal was advised that, where impairment has been found, it must consider what sanction is proportionate, meaning what is necessary but no more than is required to protect the public. It should review its findings on impairment, including the level of current and ongoing risk posed by the doctor, when deciding what action is appropriate.

18. The Tribunal was advised that, in determining the appropriate sanction, it may take into account any relevant evidence relating to the impact a particular sanction may have on the doctor, as well as any references or testimonials, and should explain what weight, if any, is attached to such evidence.

19. The Tribunal was advised that it must decide on both the type and, where applicable, the length of any sanction, and should stand back and consider whether the outcome is proportionate to the level of current and ongoing risk posed to public protection.

20. The Tribunal was reminded that sanctions are not intended to be punitive, but to protect the public and the wider public interest. It was referred to *Bolton v Law Society [1994] 1 WLR 512,* in which Sir Thomas Bingham MR emphasised that the reputation of the profession is more important than the fortunes of any individual practitioner.

21. The Tribunal was also advised that, in cases involving conviction, the purpose of regulatory proceedings is not to punish the doctor again for the criminal offence, but to consider what action is required to protect the public and maintain confidence in the profession, as set out in *R (on the application of Day) v General Medical Council [2002] EWHC 1455 (Admin).*

22. Finally, the Tribunal was advised that it must provide clear and adequate reasons for its decision on sanction, setting out the approach it has taken and the factors it has considered.

The Tribunal's Determination on Sanction

23. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection.

24. The Tribunal had regard to Part C of the Guidance for MPTS Tribunals in relation to sanctions bandings for case types commonly seen at a hearing. The Tribunal determined that this case engages multiple case types, including sexual misconduct, abusive and exploitative behaviour, dishonesty and criminal conviction. Having regard to its findings that Dr Dean poses a high level of risk to public protection, the Tribunal determined that the appropriate sanctions banding to be considered falls within the range of 12 months suspension to erasure.

No action

25. The Tribunal first considered whether to conclude this case by taking no action.

26. In accordance with paragraph 13 of Part C of the Guidance for MPTS Tribunals, the Tribunal noted that:

"Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare."

27. The Tribunal determined that, given the serious nature of its findings on impairment, including that Dr Dean poses a high current and ongoing risk to public protection, it would be neither sufficient nor appropriate, nor in the public interest, to conclude this case by taking no action. The Tribunal was unable to identify any exceptional circumstances that would justify such an outcome.

Conditions

28. The Tribunal next considered whether there were any reasons to justify departing from the guidance that the sanction imposed should be within the range of 12 months suspension to erasure.

29. The Tribunal determined that this case concerns attitudinal issues, including dishonesty, sexually motivated and exploitative behaviour, and abuse of professional position, which are not capable of being adequately addressed through conditions.

30. The Tribunal noted, with reference to paragraph 30 of Part C of the Guidance for MPTS Tribunals, that conditions are unlikely to be appropriate where the conduct falls at the higher end of the spectrum of seriousness and/or suggests an underlying problem with the doctor's attitude.

31. In all the circumstances the Tribunal determined that it would not be appropriate, workable or sufficient to impose conditions on Dr Dean's registration.

Suspension

32. The Tribunal then considered whether a period of suspension would be appropriate and proportionate. Suspension would prevent Dr Dean from practising for a defined period.

33. The Tribunal had regard to paragraph 41 of Part C of the Guidance for MPTS Tribunals, which indicates that suspension may be appropriate where a doctor's behaviour is incompatible with unrestricted registration but where there is a prospect that they may be able to return safely to practice in the future.

34. The Tribunal also considered paragraph 45 of the Guidance, which sets out factors that may make suspension appropriate.

35. The Tribunal determined that Dr Dean has demonstrated no meaningful insight and no remediation, and that there remains a high risk of repetition. The Tribunal concluded that this is not a case where suspension would be sufficient.

36. The Tribunal further determined that the seriousness of the misconduct and conviction, including the sexually motivated and exploitative conduct towards Ms A, the abuse of professional position, and the persistent dishonest behaviour over a prolonged period, renders this conduct fundamentally incompatible with continued registration.

37. The Tribunal determined that a period of suspension would not provide adequate protection to the public nor would it maintain public confidence in the profession or uphold proper professional standards. It found that any period of suspension would fail to send a sufficiently clear signal as to the seriousness of the conduct.

Erasure

38. The Tribunal went on to consider whether it would be appropriate and necessary to erase Dr Dean's name from the medical register.

39. The Tribunal had regard to paragraphs 55 and 57 of the relevant section of the MPTS Guidance, which provides:

> *'55 Erasure is action available for those cases where a doctor's behaviour,* [...] *is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*
>
> ...
>
> *57 Erasure may be the proportionate response where:*
>
> ***a** conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
>
> ***b** the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
>
> ***c** the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
>
> ***d** the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

40. The Tribunal determined that all of the relevant factors outlined in paragraph 57 are engaged in this case. It has concluded that conditions are not appropriate and that suspension would not be sufficient to protect the public. The Tribunal considered that given

the Tribunal's findings at stage two that Dr Dean's behaviour caused, and had the potential to cause, serious harm, it concluded that the risk to public protection cannot be sufficiently mitigated through conditions or suspension.

41. The Tribunal determined that Dr Dean has demonstrated a persistent lack of insight into the seriousness of his actions and their consequences, particularly in relation to Ms A, and that there is no evidence of meaningful remediation.

42. The Tribunal further determined that the seriousness of the facts found proved, including the sexually motivated and exploitative behaviour, the abuse of professional position, and the dishonest conduct, is such that allowing Dr Dean to remain on the register would undermine public confidence in the profession.

43. The Tribunal determined that Dr Dean's behaviour is fundamentally incompatible with continued registration. It concluded that the level of current and ongoing risk he poses to public protection is so significant that he should not be permitted to practise.

44. The Tribunal therefore directs that Dr Dean's name be erased from the medical register.

Determination on Immediate Order - 23/03/2026

1. Having determined to erase Dr Dean's name from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Dean's registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Byrne stated that, pursuant to paragraph 58 of Part C of the Guidance for MPTS Tribunals, the decision to erase will only take effect at the conclusion of the 28-day appeal period. Mr Byrne submitted that, given the serious nature of the behaviour and the level of current and ongoing risk to public protection, an immediate order was necessary.

3. Mr Byrne stated that there was an interim order of suspension currently in place on Dr Dean's registration.

4. Dr Dean was not present or represented at this hearing.

The Tribunal's Determination

5. The Tribunal had regard to the 'Immediate and interim orders following sanction' section within Part C of the Guidance for MPTS Tribunals. It appreciated, with regard to paragraph 79, that:

> *"The MPT may impose an immediate order where 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…"*

6. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Dean's registration given the seriousness of the findings made. It determined that this was necessary to protect members of the public and was otherwise in the public interest.

7. This means that Dr Dean'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 for erasure, 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.

8. The interim order currently in place on Dr Dean's registration will be revoked when the immediate order takes effect.

9. That concludes this case.

ANNEX A – SERVICE AND PROCEEDING IN ABSENCE – 18/03/2026

1. Dr Dean was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in his absence.

Submissions

2. Counsel for the GMC, Mr Peter Byrne set out that the Tribunal had before it the following documents that the MPTS had sent about the hearing, which included:

- Email from MPTS to Dr Dean, enclosing Notice of Hearing, dated 5 February 2026
- Email from Dr Dean to MPTS confirming he will not be attending, dated 6 February 2026
- Email from Dr Dean's representatives dated 5 February 2026 confirming that Dr Dean would not be attending the hearing and had no objection to the hearing proceeding in his absence.

3. Mr Byrne drew the Tribunal's attention to the email sent by Dr Dean which stated,

''Received. I will not be attending.
- Jon''

4. Mr Byrne asked the Tribunal to consider whether it was fair and in the interests of justice to proceed with the hearing in Dr Dean's absence, balancing fairness to the practitioner against the public interest, including patient protection.

5. Mr Byrne submitted that it is the choice of Dr Dean to voluntarily absent himself. He submitted that it was fair and in the interests of justice for the hearing to proceed in Dr Dean's absence.

The Tribunal's Determination

6. The Tribunal considered Rule 31 of the Rules:

> ***31** Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.*

7. The Tribunal referred to the case of *GMC v Adeogba [2016] EWCA Civ 162 and R v Jones [2001] EWCA Crim 168*, which sets out the GMC's responsibility is to communicate with the practitioner at the address they have provided, and make sure that all reasonable efforts have been made to serve the practitioner with notice of hearing in accordance with the Rules.

8. The Tribunal also bore in mind the *Guidance for MPTS Tribunals,* Section 1 on procedural matters, which came into force in November 2025. The Tribunal had specific regard to the paragraphs on proceeding in a doctor's absence.

<u>Service</u>

9. The Tribunal first considered whether the Notice of Hearing had been served in accordance with the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983.

10. The Tribunal was satisfied the that the MPTS had sent the notice of the hearing to Dr Dean at his email address contained in the Medical Register on 5 February 2026. The Tribunal noted that the Notice was sent more than 28 days before the hearing as required by the Rules. The Notice set out the date and time of the hearing and set out instructions for a virtual hearing. The Tribunal observed that the Notice of Hearing contained all the information required by the Rules and specifically set out Dr Dean's right to attend and call witnesses and the powers of the Tribunal to proceed in his absence. Although the Rules do not require receipt both Dr Dean and his legal Representatives confirmed that the Notice of Hearing had been received.

11. Accordingly, the Tribunal was satisfied that the MPTS Notice of Hearing had been properly served in accordance with Rules 15 and 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983.

<u>Proceeding in absence</u>

12. The Tribunal next considered whether it would be appropriate to proceed with this hearing in Dr Dean's absence, in all the circumstances.

13. The Tribunal had regard to the email sent by Dr Dean's representative, as set out below, dated 5 February 2026, and the email from Dr Dean sent on the 6 February 2026. The Tribunal considered that it was clear Dr Dean was aware of this hearing, that he will not be attending the hearing and that he has no objection to the hearing proceeding in his absence:

''Dear Ms J,
I trust this email finds you well.
I write to confirm as follows:
We do not require the attendance of the GMC's witnesses;
Dr Dean will not be in attendance at the hearing; and
Dr Dean has no objection to the hearing proceeding in his absence.
Best wishes,
Ms L''

14. The Tribunal took into consideration whether there would be potential disadvantage to Dr Dean in proceeding in his absence, balancing this against the wider public interest. It concluded that Dr Dean has made a conscious decision to not attend this hearing. The Tribunal formed the view that an adjournment would be unfair to the public and a waste of resources. Dr Dean had voluntarily absented himself and has not requested an adjournment. There was no evidence to suggest that an adjournment would secure his attendance at a later date.

15. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. It exercised its discretion to proceed in Dr Dean's absence in accordance with Rule 31 of the Rules.

ANNEX B – 18/03/2026

Application for anonymity

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

Submissions on behalf of the GMC

2. Mr Byrne, on behalf of the GMC, made an application pursuant to Rule 35(4) of the Rules for Ms A to be granted anonymity throughout these proceedings to protect her privacy.

3. Mr Byrne submitted that although Ms A was not a witness in the present proceedings, she had been a witness in the proceedings which gave rise to the current case. He submitted

that the reference to "witnesses" in Rule 35 should be interpreted broadly so as to include such circumstances.

4. Mr Byrne submitted that paragraph 3(a) of the Allegation alleged that Dr Dean's conduct was sexually motivated and that Dr Dean had admitted this in his statement. In those circumstances, Ms A should properly be regarded as a victim of a sexual offence.

5. Mr Byrne referred the Tribunal to the MPTS Tribunal Circular entitled "Consideration of privacy and anonymity at Medical Practitioner Tribunal hearings" dated 9 September 2025, which indicates that anonymity applications may appropriately be made in respect of victims of sexual offences, given the nature of the allegations.

6. Mr Byrne submitted that the hearing would take place in public, but there was no good reason for Ms A's identity to be disclosed. He submitted that the identity of Ms A was not relevant to the issues the Tribunal would need to determine and that anonymisation would not prejudice the fairness of the proceedings.

7. Finally, Mr Byrne submitted that individuals who make allegations of sexual offences are entitled to lifelong anonymity pursuant to section 1 of the Sexual Offences (Amendment) Act 1992, and that, in all the circumstances, it was appropriate for the Tribunal to grant the application anonymising Ms A.

The Relevant Legal Principles

8. The Legally Qualified Chair (LQC) drew the Tribunal's attention to relevant legal principles, and Rule 35(4) of the Rules which states:

> *"35(4) The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public".*

Tribunal's Decision

9. In making this decision the Tribunal considered the submissions of the GMC and had regard to the advice of the Legally Qualified Chair. The Tribunal balanced the need for open and transparent justice with Ms A's rights to privacy. The Tribunal noted that Ms A had the benefit of lifelong anonymity as a result of the related criminal proceedings. In these circumstances it would not be appropriate for her identity to be revealed in this case.

10. The Tribunal accepted the submission made by the GMC that the identity of Ms A was not relevant to the issues it was required to decide. The Tribunal could identify no unfairness to Dr Dean in the anonymisation of Ms A. In these circumstances the Tribunal determined that Ms A should be anonymised and that she should be referred to as Ms A during the course of these proceedings.

ANNEX C– 18/03/2026

Application to admit hearsay evidence under Rule 34

1. Mr Byrne, on behalf of the General Medical Council, made an application under Rule 34(1), for the admission of hearsay evidence.

2. Mr Byrne referred the Tribunal to the witness statement provided by Dr Dean, dated 27 January 2026. He submitted that this statement had been provided prior to the subsequent correspondence from Dr Dean's legal representatives regarding his non-attendance at the hearing.

3. Mr Byrne reminded the Tribunal that an email had later been sent by Dr Dean's legal representatives on 5 February 2026, in which they clarified that Dr Dean would not attend the hearing and would not object to the hearing proceeding in his absence. Mr Byrne submitted that the correspondence also indicated that the attendance of the GMC witnesses was not required.

4. Mr Byrne submitted that the Tribunal could take the view that this later position effectively superseded the earlier position set out in Dr Dean's statement and amounted to an acceptance that the GMC witness evidence was not disputed. Mr Byrne further referred the Tribunal to paragraph 22 of Dr Dean's statement, in which Dr Dean identified a number of individuals as third parties whose statements the GMC proposed to rely upon. Mr Byrne noted that this list did not include Dr G.

5. Mr Byrne submitted that Dr G had been instructed by the GMC to provide expert evidence. He submitted that, in reaching his conclusions, Dr G had relied on material that had been generated by third parties and which formed part of the hearing bundle, including the GMC referral documentation.

6. Mr Byrne submitted that there appeared to be an inconsistency in Dr Dean's statement, in that Dr G was not included within the list of third parties and that the basis for that distinction had not been explained.

7. Mr Byrne further submitted that he did not take issue with the legal framework set out in Dr Dean's statement in relation to hearsay evidence. He acknowledged that the document referred to the relevant provisions of the General Medical Council (Fitness to Practise) Rules, the Civil Evidence Act 1995, and relevant case law concerning the admission and assessment of hearsay evidence.

8. Mr Byrne submitted that Dr Dean's statement ultimately recognised that hearsay evidence may properly be admitted, with the Tribunal undertaking a careful assessment of the weight to be attached to such evidence. He noted that the statement referred to the need for a careful balancing exercise when assessing hearsay evidence, particularly where it was central to an allegation.

9. Mr Byrne submitted that, in those circumstances, the Tribunal should admit the hearsay evidence and approach the assessment of that evidence in accordance with the principles identified in Dr Dean's statement.

The Tribunal's Approach

10. The Tribunal was advised that hearsay evidence is evidence given by a witness about what they have heard from another person, rather than evidence given directly by the maker of the statement.

11. The Tribunal was advised that the general rule in criminal proceedings is that hearsay evidence is inadmissible because the maker of the statement is not available to be cross-examined and the evidence therefore cannot be tested. However, different considerations apply in civil and regulatory proceedings. In those proceedings hearsay evidence may be admissible, although its admission is not automatic and caution should be exercised before such evidence is admitted because of the potential unfairness that may arise where the maker of the statement cannot be questioned.

12. The Tribunal was advised that Rule 34 of the Rules provides that the Tribunal may admit any evidence it considers fair and relevant to the case before it, whether or not that evidence would be admissible in a court of law. The Tribunal was therefore advised that the

key issue for it to determine is whether the admission of the hearsay evidence would be fair and relevant in the circumstances of the case.

13. The Tribunal was advised that, in deciding whether it is fair to admit hearsay evidence, it should consider a number of factors, including the nature of the material or witness statement and the circumstances in which the document or statement was produced; whether the evidence is the sole or decisive evidence in relation to a particular allegation; the nature and extent of any challenge to the evidence; whether there is any suggestion that the maker of the statement had a reason to fabricate the evidence; the seriousness of the allegation and the potential impact that admitting the evidence may have on the Registrant and the overall fairness of the proceedings; and the reason for the non-attendance of the maker of the statement.

14. The Tribunal was advised that the courts have considered the admission of hearsay evidence in regulatory proceedings in a number of cases involving professional regulators with similar procedural rules. The Tribunal was referred to the authorities of *Ogbonna v Nursing and Midwifery Council [2010] EWCA Civ 1216*, *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin)*, and *El Karout v Nursing and Midwifery Council [2019] EWHC 28 (Admin).* The Tribunal was advised that the question of admissibility must be considered before the Tribunal determines the weight to be attached to the evidence.

15. The Tribunal was advised that in *Thorneycroft* the Court set out a number of principles relevant to the admission of hearsay evidence. First, the admission of the statement of an absent witness should not be regarded as a routine matter and the Tribunal must consider the issue of fairness before admitting such evidence. Secondly, although the absence of the witness may be reflected in the weight to be attached to their evidence, that will not always be a sufficient answer to an objection to admissibility. Thirdly, the existence or otherwise of a good and cogent reason for the non-attendance of the witness is an important factor, although the absence of a good reason does not automatically result in the exclusion of the evidence. Finally, where such evidence is the sole or decisive evidence in relation to an allegation, the Tribunal must undertake a careful assessment of the competing factors. This includes considering the issues in the case, the other evidence available and the potential consequences of admitting the evidence, and the Tribunal must be satisfied either that the evidence is demonstrably reliable or that there is some means by which its reliability can be tested.

16. The Tribunal was advised that, if the hearsay evidence is admitted, the Tribunal should then consider the weight to be attached to that evidence, bearing in mind the need

for a careful balancing exercise when assessing hearsay evidence, particularly where it is key evidence in relation to an allegation.

The Tribunal's determination

17. The Tribunal considered the GMC's application to admit hearsay evidence. The Tribunal noted that Dr Dean had not been specific in his statement about which elements of hearsay he was objecting to and the precise nature of his objections.

18. In considering the application, the Tribunal considered the nature of all of the material relied upon by the GMC. The Tribunal noted that the material included some elements of hearsay and also included a transcript of a recording made by Ms A of the events which form part of the allegation. The Tribunal took into account that this recording had been analysed and transcribed by a Detective Sergeant and third party transcribers in the context of the criminal investigation. Dr Dean did not dispute that the recording was authentic and was made at the time of the events. The Tribunal determined that this was material which had been professionally reproduced as part of a police investigation and could be used to test the reliability of the hearsay evidence.

19. The Tribunal acknowledged that aspects of the hearsay evidence may potentially be sole or decisive evidence in relation to certain parts of the allegation. However, the Tribunal determined that this did not automatically render the evidence inadmissible. The Tribunal noted that the material did not arise from a single source and that there were multiple strands of evidence from a number of witnesses which supported the accounts given by Ms A, including witness statements and other documentary material.

20. The Tribunal further noted that there was no substantive challenge to the authenticity of the material relied upon by the GMC. The Tribunal also had regard to the fact that the statements appeared to be supported by other evidence within the hearing bundle, including screenshots of Snapchat messages and other contemporaneous material generated in the context of the criminal proceedings.

21. The Tribunal also took into account that the allegations in this case are serious. The Tribunal determined that it would be appropriate for the evidence to be considered in the round, alongside the other material before it, and that there were sufficient checks and balances available to allow the Tribunal to assess the reliability of the evidence by considering other reliable evidence.

22. The Tribunal noted that a number of witnesses had initially been identified to give evidence but had subsequently been stood down. The Tribunal also had regard to the correspondence from Dr Dean's legal representatives indicating that the attendance of GMC witnesses was not required.

23. The Tribunal also considered the allegations which remain denied by Dr Dean, including paragraph 1(e) and paragraph 3(b) of the Allegation, which concerns whether Dr Dean knew that Ms A was vulnerable at the relevant time. The Tribunal determined that issues such as Dr Dean's knowledge are matters which may ultimately fall to be determined by way of inference from the evidence as a whole.

24. The Tribunal recognised that some aspects of the evidence may be contentious and that the absence of a statement from Ms A means that aspects of her account that are contained within the statements of others cannot be properly tested by cross-examination. However, the Tribunal noted that Dr Dean was not attending, and had not requested any of the other GMC witnesses to attend to be cross examined.

25. Having balanced all of these factors, the Tribunal determined that the admission of the hearsay evidence would not render the proceedings unfair to Dr Dean. The Tribunal therefore determined that the evidence is both relevant and fair to admit.

26. Accordingly, the Tribunal granted the GMC's application and determined that the hearsay evidence should be admitted. The Tribunal noted that the weight to be attached to that evidence will be assessed in due course when the Tribunal considers the evidence in the round.

<u>Schedule 1</u>

Due to her mental health condition.

<u>Schedule 2</u>

Dates of attendance at Whipps Cross Hospital:

1. 14 April 2022
2. 15 April 2022
3. 5 August 2022
4. 9 August 2022
5. 8 September 2022
6. 9 September 2022
7. 17 December 2022
8. 15 January 2023
9. 16 January 2023
10. 21 January 2023
11. 23 January 2023
12. 25 January 2023
13. 27 January 2023
14. 28 January 2023
15. 30 January 2023
16. 31 January 2023
17. 1 February 2023
18. 2 February 2023
19. 3 February 2023
20. 4 February 2023
21. 5 February 2023
22. 6 February 2023
23. 7 February 2023
24. 8 February 2023
25. 9 February 2023
26. 10 February 2023
27. 11 February 2023
28. 12 February 2023
29. 13 February 2023
30. 15 February 2023
31. 16 February 2023
32. 17 February 2023

33. 18 February 2023
34. 19 February 2023
35. 20 February 2023
36. 21 February 2023
37. 22 February 2023
38. 26 February 2023
39. 4 March 2023
40. 10 March 2023
41. 11 March 2023
42. 15 March 2023
43. 17 March 2023
44. 18 March 2023
45. 19 March 2023
46. 21 March 2023

<u>Schedule 3</u>

Dates of attendance at Royal London Hospital:

1. 6 January 2022
2. 10 January 2022
3. 21 January 2022
4. 17 February 2022
5. 4 March 2022
6. 14 March 2022
7. 16 March 2022
8. 25 March 2022
9. 29 March 2022
10. 30 March 2022
11. 4 April 2022
12. 14 April 2022
13. 28 April 2022
14. 5 May 2022
15. 6 May 2022
16. 12 May 2022
17. 17 May 2022
18. 18 May 2022

19. 19 May 2022
20. 25 May 2022
21. 27 May 2022
22. 1 June 2022
23. 8 June 2022
24. 4 July 2022
25. 15 July 2022
26. 20 July 2022
27. 27 July 2022
28. 1 August 2022
29. 5 August 2022
30. 9 August 2022
31. 12 August 2022
32. 15 August 2022
33. 22 August 2022
34. 25 August 2022
35. 26 August 2022
36. 1 September 2022
37. 2 September 2022
38. 6 September 2022
39. 14 September 2022
40. 21 September 2022
41. 26 September 2022
42. 28 September 2022
43. 30 September 2022
44. 4 October 2022
45. 10 October 2022
46. 11 October 2022
47. 18 October 2022
48. 4 November 2022
49. 11 November 2022
50. 15 November 2022
51. 1 December 2022
52. 8 December 2022
53. 13 December 2022
54. 15 December 2022
55. 21 December 2022

56. 22 December 2022
57. 23 December 2022
58. 29 December 2022
59. 4 January 2023
60. 25 January 2023
61. 26 January 2023
62. 1 February 2023
63. 8 February 2023
64. 26 February 2023
65. 7 March 2023
66. 9 March 2023
67. 20 March 2023