PUBLIC RECORD

Dr Prodhan has lodged an appeal against decisions of this Tribunal. His registration remains suspended while the appeal is considered.

Dates: 24/03/2025 - 04/04/2025; 07/07/2025; 04/08/2025 - 14/08/2025; 29/09/2025; 02/10/2025; 10/11/2025 - 12/11/2025

Doctor:	Dr Masud PRODHAN
GMC reference number:	3691270
Primary medical qualification:	MB ChB 1992 University of Manchester

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair:	Mr Kenneth Hamer
Lay Tribunal Member:	Ms Karen Naya
Registrant Tribunal Member:	Dr John Garner

Tribunal Clerk:	Ms Keely Crabtree (24/03/2025 - 04/04/2025, 07/07/2025) Ms Angela Carney (04/08/2025 - 06/08/2025) Ms Racheal Gill (07/08/2025 - 14/08/2025) Miss Emma Saunders (29/09/2025, 02/10/2025, 10/11/2025 - 12/11/2025)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Simon Butler, Counsel, instructed by BSG Solicitors LLP
GMC Representative:	Mr Paul Williams, 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 and Impairment - 02/10/2025

1. This determination will be handed down in private. However, as this case concerns Dr Prodhan's misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Prodhan qualified in 1992 with a Bachelor of Medicine, Bachelor of Surgery (MB ChB) from the University of Manchester. Following this, Dr Prodhan undertook a structured vocational training programme, gaining experience in General Medicine, Care of the Elderly, Paediatrics and Neonatal Intensive Care, Adult Psychiatry, Obstetrics and Gynaecology, General Surgery, and General Practice.

3. In 1996, Dr Prodhan completed his Membership of the Royal College of General Practitioners (MRCGP) and was awarded his *Joint Committee on Postgraduate Training for*

General Practice (JCPTGP) certification, fully qualifying as a General Practitioner (GP). In 2006 Dr Prodhan completed a Postgraduate Diploma in Cardiology through Bradford University.

4. In 1998, Dr Prodhan became GP Principal and Senior Partner at Gloucester House Medical Centre (GHMC also referred to as Gloucester House Medical Practice (GHMP)), Urmston, Greater Manchester, a role he held until 2019. From 2011 to 2019, Dr Prodhan also served as GP Principal at Old Trafford Medical Practice (OTMP), Greater Manchester (together 'the Practices').

5. The allegation that has led to Dr Prodhan's hearing can be summarised as, between November 2015 and June 2019, Dr Prodhan inappropriately provided care to Patient A, a person with whom he had a close personal relationship, and failed to make a record of his actions. It is also alleged that during the same period, Dr Prodhan issued seven prescriptions for XXX in the name of Patient A with the intention of using the prescribed medication himself and thereby he acted dishonestly; and that on 11 March 2020 Dr Prodhan made a witness statement with a statement of truth in which he dishonestly stated that all of the prescriptions issued for XXX were for Patient A's personal use and none were issued for his own, personal use.

6. It is also alleged that whilst working at the Practices he caused a staff member to leave due to his behaviour and called her at 1.00 am whilst she was on sick leave.

7. It is further alleged that on 7 August 2019 the Care Quality Commission (CQC) carried out an inspection of GHMP which identified failings and led to the CQC cancelling Dr Prodhan's registration as a service provider at GHMP on 13 August 2019. In March 2020, Greater Manchester Combined Authority (GMCA) also produced an investigation report regarding NHS Services provided by Dr Prodhan at the Practices between February and April 2019 which identified a number of concerns.

8. XXX

The Outcome of Applications made during the Hearing

9. On 24 March 2025 (Day 1 of the hearing), the Tribunal granted a joint application by the parties to amend paragraph 1 of the Allegation under Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal also granted the GMC's application, made pursuant to Rule 17(6) of the Rules, to amend the Allegation by

withdrawing paragraphs 7 and 8 in their entirety. The Tribunal's determination on the application is included at Annex A.

10. On the same date, the Tribunal refused Dr Prodhan's application, made pursuant to Rule 41 of the Rules, that the hearing be heard wholly in private. However, the Tribunal considered that matters relating to XXX should be heard in private in accordance with XXX Rule 41 of the Rules. The Tribunal's determination on the application is included at Annex B.

11. On 27 March 2025 (Day 4 of the hearing), the Tribunal acting under Rule 17(6) of the Rules directed that paragraph 6 of the Allegation should be amended in accordance with the final draft agreed by Mr Paul Williams, Counsel on behalf of the GMC, and Mr Simon Butler, Counsel on behalf of Dr Prodhan; and directed that the hearing should be adjourned to resume on 9 April 2025. The Tribunal's determination is included at Annex C.

12. On 4 April 2025, the parties asked for the Tribunal to return and the Tribunal granted the joint application from the GMC and Dr Prodhan, made pursuant to Rule 29(2) of the Rules, to adjourn the hearing to resume on 4 August 2025, and gave directions for the future conduct of the case. The Tribunal's decision on the application is included at Annex D.

13. On 7 July 2025, the Tribunal granted the GMC's application to extend the date for complying with direction 1 in Annex D and gave further directions to enable the case to resume on 4 August 2025. The Tribunal's decision is included at Annex E.

14. On 7 August 2025, the Tribunal granted Dr Prodhan's application to adduce the witness statement of Ms B dated 30 May 2025, former Business Manager at GHMC as hearsay evidence under Rule 34(1) of the Rules. The Tribunal's decision is included at Annex F.

The admitted facts

15. At the outset of these proceedings, through his Counsel, Mr Butler, Dr Prodhan admitted paragraphs 1, 2(c), 3, 5, 6 (as then drafted) and 9 - 14 of the Allegation in their entirety, as set out below, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted were found proved.

16. Paragraph 3 is an alternative to paragraph 2(a) and 2(b), and paragraph 5 is an alternative to paragraph 4 (a) and (b). In his witness statement dated 7 March 2025, Dr Prodhan set out the steps he said he undertook and the questions he asked in relation to the treatment of [Patient A], however they were not recorded. The GMC's expert Dr C said in his witness statement dated 21 March 2025 that he was unable to comment on whether any of the steps were actually done or not. Accordingly, in light of Dr Prodhan's admission of paragraphs 3 and 5, Mr Williams offered no evidence to paragraphs 2(a), 2(b), 4(a) and 4(b) and the Tribunal found these paragraphs not proved.

17. On the hearing resuming on 4 August 2025, Dr Prodhan, through his Counsel, admitted paragraph 6(a) - 6(e) as amended in its entirety, in accordance with Rule 17(2)(d) of the Rules, and the Tribunal found paragraph 6(a) - 6(e) as admitted was found proved in accordance with Rule 17(2)(e) of the Rules.

The Tribunal's Overall Determination on the Facts

18. The Tribunal has determined the facts as follows:

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

1. Between November 2015 and June 2019, you inappropriately provided care to Patient A (in that the care was contrary to the then GMC guidance document Good practice in prescribing and managing medicines and devices, 2013), a person with whom you had a close personal relationship, as described at confidential Schedule 1, in a non-emergency situation in that you:

a. accessed Patient A's clinical records;

b. consulted with Patient A:

i. on 30 November 2018 and prescribed the medication set out at Schedule 2;

ii. on 29 April 2019 and reduced the medication set out at Schedule 3 from 20mg a day, to 10mg a day.

Amended pursuant to Rule 17(6)
Admitted and found proved in its entirety

2. In relation to the prescribing described a paragraph 1.b.i you failed to:

a. obtain information about Patient A's current symptoms, to include:

i. urinary frequency;

ii. nocturia;

iii. urinary urgency;

iv. duration of symptoms;

Not proved

b. consider that the cause of symptoms was related to detrusor instability and not related to another medical condition, for which Patient A was already taking medication;

Not proved

c. record any information to justify prescribing the prescribed medication.

Admitted and found proved

3. In the alternative to paragraphs 2.a. and 2.b, you failed to make a record of your actions as described at those paragraphs.

Admitted and found proved

4. In relation to the prescribing described at paragraph 1.b.ii you:

a. failed to obtain a history of:

i. dizziness;

ii. unsteadiness of Patient A's feet or falls;

b. inappropriately reduced the prescribed medication when the blood pressure readings taken on that day did not support the diagnosis of postural hypotension.

Not proved in its entirety

5. In the alternative to paragraphs 4.a. and 4.b, you:

a. failed to make a record of the actions described at paragraphs 4.a;

b. failed to record any information to justify the reduction of the dose from 20mg to 10mg.

Admitted and found proved in its entirety

6. a. Between November 2015 and June 2019, you issued the prescriptions at Schedule 4 to Patient A with the intention of using the prescribed medication yourself.

Admitted and found proved

b. When providing the prescriptions at Schedule 4, you knew you intended to use the prescribed medication yourself.

Admitted and found proved

c. On 11 March 2020, you signed a witness statement in relation to the Greater Manchester Health and Social Care Partnership investigation into concerns raised in relation to you, in which you stated that all of the prescriptions issued for [XXX] to Patient A, as set out in Schedule 4, were for his own personal use and were never used for your own personal use.

Admitted and found proved

d. When signing the statement referred to at paragraph 6c you knew that the prescriptions set out in Schedule 4 were for your own use.

Admitted and found proved

e. Your actions:

(1) at paragraph 6a were misleading by reason of paragraph 6b and/or;

(2) at paragraph 6a were dishonest by reason of paragraph 6b;

(3) at paragraph 6c were misleading by reason of paragraph 6d and/or;

(4) at paragraph 6c were dishonest by reason of paragraph 6d.

Amended pursuant to Rule 17(6)
Admitted and found proved in its entirety

~~7. When working at Gloucester House Medical Practice ('GHMP') and Old Trafford Medical Practice ('OTMP') ('the Practices') you used patients' data from the Practices to select patients and/or contact them without their express consent to:~~

~~a. give them free samples of CBD oil;~~

~~b. encourage them to use vape products for issues ranging from pain to end of life care.~~

Withdrawn

~~8. When undertaking the actions described at Paragraph 7 you:~~

~~a. encouraged your patients to purchase vape and CBD oil sold by your own company, meaning you stood to financially gain from these actions;~~

~~b. failed to declare your conflict of interest in relation to Paragraph 8.a;~~

~~c. failed to discuss with the patients, in relation to the CBD products:~~

~~i. the indications for use;~~

~~ii. the benefits;~~

~~iii. the possible side effects;~~

~~d. failed to record your actions at paragraphs 8.c in patients' medical records.~~

Withdrawn

9. When working at the Practices, there were concerns regarding your relationships with your colleagues, in that you:

a. caused a staff member, Ms D to leave due to your behaviour;

b. called a staff member, Ms D at 1:00am whilst she was on sick leave.

Admitted and found proved in its entirety

10. On 30 October 2012, the Care Quality Commission ('CQC') registered you as a registered service provider at GHMP to carry on the regulated activities of:

a. diagnostic and screening procedures;

b. family planning;

c. maternity and midwifery services;

d. surgical procedures;

e. treatment of disease, disorder or injury.

Admitted and found proved in its entirety

11. The CQC carried out an inspection on 7 August 2019 at GHMP which identified failings under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to:

a. Regulation 12(1), safe care and treatment;

b. Regulation 13(1), safeguarding;

c. Regulation 15(1), premises;

d. Relation 17(1), good governance;

e. Regulation 18(1) and (2), staffing.

Admitted and found proved in its entirety

12. As a result of the failures described at paragraph 11, the CQC:

a. concluded that patients were at risk of receiving unsafe care or treatment;

b. cancelled your registration as described at paragraph 10 on 13 August 2019.

Admitted and found proved in its entirety

13. In March 2020 the Greater Manchester Combined Authority produced an investigation report regarding your NHS Services provided at the Practices between February and April 2019 and identified concerns regarding:

a. medical record keeping;

b. the review of pathology results;

c. delegation of results handling to an assistant practitioner;

d. appropriate guidelines not being followed during home visits in relation to:

i. record keeping;

ii. clinical examination;

iii. safety netting;

iv. prescribing;

e. the absence of a message book at OTMP;

f. lack of consistent methods for allocating tasks and recording completed tasks in the GHMP message book;

g. telephone consultations, in relation to:

i. the absence of entries in medical records;

ii. inadequate recording of the patient problem and history;

iii. the absence of safety netting;

iv. prescribing;

h. safeguarding;

i. your clinical judgment with regards to the use of antibiotics;

j. monitoring and management of repeat prescriptions items.

Admitted and found proved in its entirety

14. XXX

15. XXX

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

a. misconduct in respect of paragraph 1 - 13;
b. XXX

To be determined

XXX

Impairment determination

19. 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 Prodhan's fitness to practise is impaired by reason of misconduct XXX.

The Evidence

Witness evidence

20. On behalf of the GMC, the Tribunal received evidence from the following witnesses:

- Ms E, Advanced Nurse Practitioner, in person;
- Ms H, previously Medical Secretary at the Practices, by video link;
- Ms I, Inspector/Assessor at the Care Quality Commission, whose evidence was agreed.

21. Dr Prodhan provided two witness statements dated 7 March 2025 and 27 June 2025 respectively, and also gave oral evidence in person. In addition, the Tribunal received evidence by video link from the following witnesses on Dr Prodhan's behalf:

- XXX;
- Dr K, Consultant Radiologist;
- Dr L, General Practitioner.

Expert Witness Evidence

22. On behalf of the GMC, the Tribunal adduced expert reports from Dr C, General Practitioner, dated 23 July 2021, 8 December 2021, 27 October 2022 and 13 January 2025. Dr C also provided a witness statement dated 21 March 2025. Dr C was not called to give evidence.

23. XXX

24. XXX

Documentary Evidence

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

- Medical records of Patient A
- Care Quality Commission (CQC) correspondence dated 25 July 2019, 29 July 2019, and 13 August 2019

- CQC Inspection Report following Gloucester House Medical Centre inspection visit on 7 August 2019
- Greater Manchester Health and Social Care Partnership (also referred to as Greater Manchester Combined Authority (GMCA)) Investigation report, dated 9 March 2020
- Exhibit MP1 to Dr Prodhan's First Witness Statement, including Continuing Professional Development certificates and achievement awards; testimonials; Response and Reflections: CQC Reports 2019 by Dr Prodhan dated 11 September 2019; and Response and Reflections by Dr Prodhan dated 5 July 2019 to GMCA investigation report
- XXX
- Witness statements from former members of staff and letters of support and character references from patients and others on behalf of Dr Prodhan.

Submissions

On behalf of the GMC

26. Mr Williams submitted that all three limbs of the overarching statutory objective are engaged in this case. Patient safety concerns arise from Dr Prodhan's treatment of [Patient A], which breached clear guidance on treating close relatives. Additionally, the CQC and local investigations identified failings in Dr Prodhan's leadership, which exposed patients to risk. Public confidence was compromised across all the different types of misconduct in this case. Further as this is XXX, this has ramifications for public confidence in the profession. Finally, professional standards were undermined as Dr Prodhan was found to have behaved dishonestly.

27. Mr Williams referred to *Good medical practice* (2013) (GMP) paragraphs 36 and 37, in relation to Dr Prodhan's behaviour towards a colleague, Ms D, namely that Dr Prodhan's behaviour led to Ms D leaving the practice, and him contacting Ms D at 1:00 am while she was off sick. Dr Prodhan acknowledged during cross-examination that his behaviour caused Ms D distress and upset. Mr Williams submitted that Dr Prodhan's behaviour in this regard breached paragraphs 36 and 37 in GMP and amounted to serious misconduct. He submitted even in light of any mitigating factors relating to XXX, this cannot be justified or overlooked.

28. Mr Williams submitted it is not disputed that Dr Prodhan's conduct in treating [Patient A] was in breach of GMP. Dr Prodhan admitted to treating [Patient A], despite knowing it was against GMC guidance. He submitted that at various points in Dr Prodhan's evidence, he was unclear in his explanations, first claiming ignorance of the boundary then

acknowledging awareness but stating he felt it caused no harm. The GMC submitted that this conduct is a clear and serious breach of professional standards, particularly because important clinical information was not entered into the patient record. This created a risk that subsequent clinicians would not have a complete or accurate picture of the patient's medical history, potentially compromising care.

29. XXX

30. XXX

31. XXX Therefore, Mr Williams submitted, it would be wrong to say that Dr Prodhan's dishonesty was directly caused by XXX. Mr Williams invited the Tribunal to make a clear finding about the strength of the connection between XXX and dishonesty, as this will be central to sanction discussions at stage 3. Mr Williams submitted that XXX did not remove Dr Prodhan's culpability or significantly mitigate the gravity of his actions.

32. Mr Williams submitted that values of honesty and probity lie at the heart of the medical profession and dishonesty, particularly when repeated and concealed, and any breach undermines both public and professional trust. Fellow practitioners would find such behaviour deplorable. He invited the Tribunal to uphold proper standards and make it clear to the doctor and the profession that such conduct is unacceptable.

On behalf of Dr Prodhan

33. Mr Butler invited the Tribunal to consider Dr Prodhan's case in the context of his long, distinguished and previously unblemished career. He submitted Dr Prodhan was a high achieving doctor, a GP since 1998, with ten diplomas and a cardiology specialism. Dr Prodhan successfully ran two practices and was known for high standards of clinical excellence, service innovation, and dedication to his community. While managing a single practice is, in itself, a notable responsibility, Dr Prodhan took on the responsibility for two. The starting point XXX dates back to 2010 when he began self-prescribing, XXX. The pressures of managing two practices took a considerable toll, leading to XXX, culminating in Dr Prodhan handing over control of both practices in early 2018, a difficult decision for any GP. Mr Butler submitted that such a lengthy absence due to XXX is significant and reflective of the XXX.

34. XXX

35. Mr Butler asked the Tribunal to consider the timeline of events. The CQC inspected the practices in July and August 2019 and issued a critical report, culminating in the suspension and cancellation of the registration of both practices. Mr Butler submitted that this was not due to incompetence, but rather to Dr Prodhan's inability to cope with the demands of his work due to XXX. As the registered manager, the responsibility ultimately lay with him. Witness statements and records confirm that in January 2020 Dr Prodhan XXX. This culminated in March 2020 with the production of a dishonest statement, a document which Dr Prodhan has since accepted was misleading and untrue. Mr Butler submitted that this action must be understood in the context of XXX at the time. XXX.

36. Mr Butler submitted that the Tribunal will have to consider whether and to what extent the conduct of Dr Prodhan had been affected by XXX

37. XXX

38. Mr Butler addressed the individual allegations as follows:

- Providing care to [Patient A]. Dr Prodhan admits this was inappropriate and acknowledges the risk to patient safety due to poor record-keeping and lack of continuity. Mr Butler accepted this amounted to misconduct, though there is no evidence actual harm occurred.
- Inappropriate self-prescribing. Also admitted. While common in practice, it is nevertheless contrary to guidance and clearly amounts to misconduct.
- Interactions with Ms D. Mr Butler submitted that while calling a colleague during sick leave at 1:00 a.m. was inappropriate, it did not meet the threshold of serious misconduct. The evidence does not suggest abusive or violent conduct but rather poor judgment and mismanagement, which must be considered in light of XXX at the time.
- CQC allegations: Mr Butler accepted this as misconduct because patients were put at risk of harm.

39. Mr Butler turned to the issue of impairment. XXX In relation to the allegations of misconduct, Mr Butler noted that XXX. However, Mr Butler acknowledged that a finding of impairment may still be appropriate to maintain public confidence and uphold professional standards, even where insight is present.

40. Mr Butler submitted that some aspects of the case may no longer amount to current impairment, particularly issues related to the CQC report and the Greater Manchester

investigation, as these are historical and occurred during a period of XXX. He invited the Tribunal to consider the XXX and insight since then.

41. XXX

The Relevant Legal Principles

42. The Legally Qualified Chair (LQC) drew attention to the relevant legal principles and the Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and that the decision on misconduct and impairment is a matter for the Tribunal's judgment.

43. Throughout its deliberations the Tribunal had well in mind the GMC's overarching statutory objective in section 1 of the Medical Act 1983, as amended, which provides:

> "1(1A) The over-arching objective of the General Council in exercising their functions is the protection of the public.
>
> 1(1B) The pursuit by the General Council of their over-arching objective involves the pursuit of the following objectives –
> (a) to protect, promote and maintain the health, safety and well-being of the public,
> (b) to promote and maintain public confidence in the medical profession, and
> (c) to promote and maintain proper professional standards and conduct for members of that profession."

44. The Tribunal has throughout its deliberations also carefully considered and borne in mind the nature and extent of XXX and the degree to which they played, or may have played, a part in his actions and any acts of misconduct.

45. The Tribunal was mindful of the two stage process in relation to misconduct to be adopted: first whether the facts as found proved amounted to misconduct and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.

46. The Tribunal must determine whether Dr Prodhan's fitness to practise is impaired today by reason of misconduct XXX.

47. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in her report 'Safeguarding Patients', adopted by the High Court in *CHRE v NMC & Grant* [2011] EWHC 927 (Admin). Dame Janet identified the

following as examples of an appropriate test for panels when considering impairment of a doctor's fitness to practise:

> "Do our findings of fact in respect of the doctor's misconduct …. [XXX] show that his/her fitness to practise is impaired in the sense that s/he:
> (a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
> (b) has in the past brought and/is liable in the future to bring the medical profession into disrepute; and/or
> (c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
> (d) has in the past acted dishonestly and/or is liable to act dishonestly in the future."

The Tribunal's Determination on Impairment

Misconduct

48. The Tribunal first considered whether the facts found proved are a sufficiently serious departure from the standards of conduct reasonably expected of a registered medical practitioner, so as to amount to misconduct which was serious. The Tribunal initially reviewed XXX.

XXX

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

54. XXX

55. XXX

56. XXX

57. XXX

58. XXX

59. In his oral evidence, Dr Prodhan himself referred to "four to five life events" which greatly affected him, such as XXX; the discontinuance of his cardiovascular service in 2011; and that he stopped receiving appropriate support and felt that the practices at GHMC and OTMP would collapse without him. The Tribunal noted that Dr Prodhan says he was working 50-60 hours a week, and on his own admission he became "[XXX]". Dr Prodhan says in his first witness statement that he single-handedly built up GHMC from 2,200 patients in 1998 to 5,100 by 2019, and at OTMP he expanded the patient list from 1,500 in 2011 to 4,400 in 2019.

60. XXX The GHMC practice was rated by the CQC as requiring improvement in just two areas, safe care and treatment, and good governance, following an inspection on 29 July 2016, and rated as good following a return inspection on 25 May 2017. Ms D commenced her role as XXX secretary at GHMC in August 2018 and said in her oral evidence that XXX about six to eight months after she joined, and that when she joined, he was XXX. Against this, the Tribunal recognise the witness statements from a number of members of staff and Ms E, XXX who also worked in the Practices, to the effect that he was XXX throughout the years covered by the Allegation.

61. XXX

62. XXX

63. The GMC's case is that despite Dr Prodhan XXX during the years 2014 to 2019 his actions amount to serious misconduct and that Dr Prodhan knew the actions he was taking at all times. Dr Prodhan's case is that whilst his actions may amount to misconduct his judgement and rationality throughout the period covered by the Allegation was significantly affected by XXX and that his culpability should be recognised by the Tribunal both at the impairment and sanction stages of the hearing. For example, Mr Butler points to the fact that XXX.

64. The Tribunal has considered below to what degree Dr Prodhan's judgement and rationality was or may have been affected at the critical time in relation to each of the paragraphs in the Allegation.

Paragraphs 1, 2(c), 3 and 5

65. The Tribunal noted that paragraph 1 as amended alleges that Dr Prodhan inappropriately provided care to Patient A in that by accessing Patient A's clinical records and consulting with Patient A in the manner alleged in paragraph 1(b), Dr Prodhan acted contrary to the then GMC guidance document *Good medical practice in prescribing and managing medicines and devices, 2013.* In other words, the charge of inappropriately providing care, which has been admitted and found proved, is based on a failure to comply with provisions in the GMC guidance document rather than the care itself being provided inappropriately.

66. Paragraph 17 of the GMC guidance document states:

> 'Whenever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship'.

Paragraph 16(g) of *Good medical practice 2013* in force at the time says the same.

67. In his first witness statement, Dr Prodhan said that he was unaware of the GMC's guidance, which discourages doctors from treating close family members except in emergencies or when no other alternatives are available. The Tribunal noted this assertion in Dr Prodhan's witness statement and to be fair to him he withdrew this claim during cross-examination by Mr Williams. Not treating a close member of one's family except in an emergency is a basic rule every doctor learns from the time of their training. The period covered by paragraph 1 is four years between 2015 and 2019 and Dr Prodhan was an experienced general practitioner. Beyond clinical practice, he also held numerous leadership roles within the Trafford healthcare system. He also said in his witness statement that in addition to his leadership and governance roles, he was deeply committed to medical education and mentorship, and teaching and mentoring Foundation Year 1 doctors.

68. Dr Prodhan said that XXX. Dr Prodhan also said that in view of his special interest in XXX [Patient A] was of the view that Dr Prodhan would be best placed to look after him. Dr Prodhan said that his intention was to oversee and assist in the management of [Patient A]'s chronic health conditions and in view of his experience he was positioned to provide [Patient A] with safe and effective medical care and oversight. On reflection, Dr Prodhan said he now

recognises that his actions were wrong and created a risk of blurred professional boundaries, reduced objectivity and emotional bias.

69. In his first report dated 23 July 2021, Dr C, Expert General Practitioner, said:

> "Dr Prodhan treated Patient A [XXX] at 2 consultations and provided repeat prescriptions for clinical conditions which were neither an emergency nor life threatening. GMC guidance makes clear that doctors should avoid prescribing and by extension treating close members of their family and other people with who they have a close personal relationship as objectivity and impartiality can be lost in these situations.
> …
> Overall, the standard of care was *seriously below* the standard expected of a reasonably competent General Practitioner as Dr Prodhan treated a family member for clinical conditions which were not an emergency."

70. Paragraphs 2(c), 3 and 5 of the Allegation relate to a failure by Dr Prodhan to record in Patient A's clinical records what action Dr Prodhan took to obtain information or a history from Patient A about his symptoms to justify prescribing 60 tablets of XXX on 30 November 2018; or to justify reducing Patient A's medication of XXX on 29 April 2019.

71. In his second expert report dated 8 December 2021, Dr C said:

> "Dr Prodhan has failed to record any information to justify his reasons for prescribing [XXX] on this day. At a review appointment for[XXX], Dr Prodhan should have recorded information about current symptoms- such as [XXX]. He should also have recorded information about side effects from the medication ([XXX]) that he was prescribing if it had been issued before…. Consequently, Dr Prodhan's actions in failing to keep adequate medical records fall seriously below the standard expected of a reasonably competent General Practitioner.
> ...
> Dr Prodhan has failed to record any information to justify his reasons for reducing the dose of [XXX] from 20mg to 10mg for Patient A. Dr Prodhan recorded a history of [XXX] but there is no history recorded of [XXX] to justify a reduction in medication that was made. Consequently, Dr Prodhan's actions in failing to keep adequate medical records fall seriously below the standards expected of a reasonably competent General Practitioner."

72. The Tribunal considered that in November 2018 and again in April 2019 Dr Prodhan put [Patient A] at risk by not recording the medication, or changes in medication he prescribed, and the reasons for these prescriptions. Even if there were reasons for treating [Patient A] (which the Tribunal do not accept) Dr Prodhan should nevertheless have recorded matters. It would be important to record the history of Patient A's XXX symptoms and the diagnosis of XXX and for other clinicians to understand the indication of prescribing XXX. Likewise, in relation to Patient A's XXX concerns, it would be important for other clinicians to understand the rationale and indication for reducing the XXX medication. Paragraph 21 of *Good medical practice* 2013 (GMP) provides that clinical records should include relevant clinical findings.

73. Both incidents occurred when Dr Prodhan was working full time. XXX. He was, therefore, self-prescribing but working full time on the two occasions he prescribed medication for Patient A. Moreover, it is simply incorrect that, as Dr Prodhan claimed, he took steps to address XXX.

74. The Tribunal considered carefully in relation to paragraphs 1, 2(c), 3 and 5 to what extent Dr Prodhan's judgement and rationality was or may have been compromised by XXX when he accessed [Patient A]'s clinical records and consulted with him in November 2018 and/or in April 2019. Shortly beforehand in early 2018, Dr Prodhan had effectively been forced to hand over control of his two practices because the pressures were simply too much for him. The Tribunal also recognised that a XXX, and that XXX at this time may have had some impact on his judgement. However, the Tribunal is unable to find any causal connection and rejects the suggestion that Dr Prodhan's XXX might have contributed in any meaningful way to the matters in paragraph 1 or his poor record keeping in paragraphs 2(c), (3) and (5) of the Allegation. Put simply, Dr Prodhan chose to treat [Patient A] because he felt he was the best placed person to do so. The suggestion that he was unaware of the GMC's guidance which discourages doctors from treating close family members except in an emergency or when no other alternatives are available is untenable. Dr Prodhan made a conscious decision to treat [Patient A] and sought to provide a rational reason for doing so. It was a matter of family dynamics rather than XXX. His poor record keeping was in line with the poor record keeping found by Greater Manchester Combined Authority in the period February to April 2019.

75. The Tribunal, therefore, found that Dr Prodhan's actions and failings amounted to serious misconduct and XXX is not an adequate answer to these paragraphs of the Allegation.

Paragraph 6 (a) - (e)

76. In relation to paragraphs 6(a) and (b) of the Allegation, Dr Prodhan admits that he dishonestly used [Patient A]'s medical records to prescribe XXX for himself. Dr Prodhan used [Patient A]'s clinical records on seven occasions over nearly four years between 4 November 2015 and 3 June 2019, and self-prescribed a total of XXX. This is equivalent to over 2 years' supply taking one tablet per day.

77. Paragraph 16(g) of GMP states 'whenever possible, avoid providing medical care to yourself'. Paragraph 28 of GMP states 'if your judgment or performance could be affected by a condition or its treatment, you must consult a suitable qualified colleague.' Paragraph 65 of GMP states 'You must make sure that your conduct justifies... the public's trust in the profession', and paragraph 71 states 'You must be honest and trustworthy when... signing forms' and 'make sure that any documents you write or sign are not false or misleading.'

78. In his witness statement dated 21 March 2025, Dr C said:

> "10. Prescribing to yourself as a doctor goes against GMC guidance. This is set out in my report dated 13 January 2025. The fact that Dr Prodhan used [Patient A] (sic) notes for that prescribing aggravates this situation. Prescribing in this way makes it look as though [Patient A] had [XXX] when he did not. There are also notes to indicate Patient A's [XXX] were reviewed.
> 11. Any other person looking at [Patient A]'s notes would assume that he was taking medication, when he actually was not, and this could have an impact on how other medication is provided to him.
> 12. Dr Prodhan's notes would not show that he was taking the medication for [XXX] and any further prescribing from another practitioner would not take this into account. There is also the concern that if [XXX]. There would be a concern about inaccurate information being provided by Dr Prodhan [XXX]."

79. The Tribunal was in no doubt that Dr Prodhan's actions in paragraphs 6(a) and (b), and his dishonesty in paragraph 6(e) by reason of 6(b), would be regarded as deplorable by fellow practitioners. The Tribunal asked itself this question: to what extent is the evidence as to XXX and its implications capable of reducing Dr Prodhan's culpability in relation to his conduct? Or to put it another way: was his judgement and rationality distorted, or may have been distorted, by XXX on any of the occasions between 2015 and 2019?

80. XXX

81. The Tribunal noted that XXX Moreover, Dr Prodhan said in evidence that he knew at the time that his actions were wrong and dishonest.

82. XXX

83. In the case of any professional, dishonesty is a major concern. Probity and honesty are the bulwarks of the medical profession. Writing repeat prescriptions on numerous occasions over four years in the name of a patient knowing that the medication is to be used for the doctor himself goes against all recognised behaviour and norms expected of a professional. Even with his cognitive bias, and the undoubted pressures and ongoing XXX Dr Prodhan was under, particularly in the years 2018 and 2019 when XXX, the Tribunal was not persuaded that they were such as to negate in any meaningful way his honesty and probity. He was able at all times to make sound judgements, and was continuing to work except for XXX. The Tribunal was satisfied that Dr Prodhan acted with full understanding of the seriousness and culpability of his actions notwithstanding XXX.

84. Moreover, despite Dr Prodhan being XXX, he was able to produce a "detailed" (Dr Prodhan's word) response entitled Response and Reflections: CQC Reports 2019, dated 11 September 2019 which set out his contemporaneous response to the CQC findings. In July 2019 he also completed a detailed response to the Greater Manchester Combined Authority report addressing the concerns raised in so far as he could. Such actions do not sit easily with Dr Prodhan's submission that XXX had a material impact on his judgement and rationality and significantly contributed to his behaviour and dishonesty in paragraphs 6(a) and 6(b) of the Allegation.

85. In relation to paragraphs 6(c) and 6(d) of the Allegation, the Tribunal notes that the witness statement was taken by Dr Q, Clinical Investigator with Greater Manchester Health and Social Care Partnership, and was made on 2 March 2020 following an interview between Dr Q and Dr Prodhan. The witness statement was signed by Dr Prodhan and dated 11 March 2020. In other words, it was signed by Dr Prodhan some nine days after it was made which, on the face of it, gave Dr Prodhan time to review it and read its contents with care. It appears also that he saw a draft beforehand.

86. In his witness statement for the Manchester Investigation Dr Prodhan said:

"MP.17 All of the prescriptions issued for [XXX] to [Patient A] were for his own, personal use. None of the prescriptions were issued for use by anyone else and were never issued for my own, personal use.
This statement was drafted on my behalf by Dr Q, Case Investigator and I have confirmed its accuracy having seen it in draft format and having been given the opportunity to make corrections or additions.
This statement is true to the best of my knowledge. I understand that my statement may be used in any NHS England proceedings and subsequent regulatory, tribunal or court proceedings and that I may be required to attend any hearing as a witness.
Signed: Dr Masud Prodhan
Date: 11th March 2020"

87. The witness statement was intended for use in a formal NHS local performance investigation under the NHS (Performers Lists) Regulations 2013 and 2014. It contained a statement of truth. As a result of the witness statement, Dr Q concluded in his report that there was no evidence that the prescriptions for XXX issued in Patient A's name were for use by anyone else.

88. The Tribunal considered that Dr Prodhan's action in signing the witness statement, which he knew at the time was misleading and dishonest, was in plain breach of paragraphs 65, 71 and 72 of GMP. Paragraph 65 of GMP states 'You must make sure that your conduct justifies... the public's trust in the profession'. Paragraphs 71 and 72 deal with signing documents generally and in legal and disciplinary proceedings and states 'You must make sure that any documents you write or sign are not false or misleading'.

89. In his second witness statement in these proceedings, Dr Prodhan says that 'Upon submitting the witness statement, I was immediately overwhelmed by guilt, anxiety and despair. There has not been a moment since in which I have not been troubled by my actions.' Dr Prodhan told the Tribunal in his oral evidence that when he signed the witness statement in March 2020, he knew what he was doing and knew it was dishonest. Whilst adding that he was not sure he knew what he was doing, he said he made a choice.

90. At the time of completing his witness statement for the GMCA investigation in March 2020, Dr Prodhan was engaged in XXX

91. XXX. During a video interview on 18 November 2020 with XXX, Dr Prodhan repeated what he had told GMCA and said that he had not prescribed XXX for himself, and that his

access to [Patient A]'s medical notes and prescriptions XXX were for the use of [Patient A] XXX.

92. The first time Dr Prodhan admitted that his witness statement of March 2020 was untrue was in March 2024, when he disclosed his actions to XXX. The Tribunal recognised that during 2022 Dr Prodhan XXX and this would account for part of the delay. XXX. Whatever remorse Dr Prodhan may have felt at the time he signed his witness statement, he chose to repeat matters eight months later to XXX. Whilst it is true that he voluntarily decided to make a clean breast of things in 2024, which is very much to his credit, it would be wrong to say that the disclosure was shortly after signing the witness statement. It is difficult to accept that upon submitting the witness statement in March 2020 Dr Prodhan was "immediately overwhelmed by guilt, anxiety and despair".

93. In summary, the Tribunal considered that whilst Dr Prodhan was XXX in March 2020 from XXX it was not such that it overrode his dishonesty in signing the witness statement, which was a conscious decision on his part. Accordingly, the Tribunal considered that paragraphs 6(a) to (e) of the Allegation amounted to serious misconduct.

Paragraph 9(a) and (b)

94. On 5 July 2019, Ms D sent an email to NHS Trafford CCG saying that, following text messages she received from Dr Prodhan on 9 June 2019, she was off work for two days, and felt she had been left with no choice other than to leave the Practices. Dr Prodhan has admitted that he caused Ms D to leave due to his behaviour and that he called her at 1:00 am whilst she was on sick leave. The Tribunal agree with Mr Williams that in the circumstances Dr Prodhan's actions were contrary to paragraph 36 of GMP that states 'You must treat colleagues fairly and with respect', and paragraph 37 which says 'You must be aware of how your behaviour may influence others within the team'.

95. XXX

96. In the present case, the relevant date is 9 June 2019. Four days later, on 13 June 2019, Dr Prodhan XXX. Mr Butler was therefore able to point to clear evidence of Dr Prodhan being XXX at the very time he caused Ms D to resign her position as Medical Secretary at the Practices. In her evidence Ms D said that Dr Prodhan's XXX started around this time. Shortly beforehand, on 3 June 2019, Dr Prodhan had self-prescribed XXX.

97. The Tribunal considered that the emails Dr Prodhan sent to Ms D on 9 June 2019 were somewhat paranoid and vicious in their content in referring to another member of staff, and would not appear to be in keeping with his usual behaviour. The Tribunal accepted that Dr Prodhan was genuinely shocked by his behaviour in paragraph 9(a) and he has no recollection of the events in paragraph 9(b).

98. The Tribunal was satisfied that Dr Prodhan's actions in paragraphs 9(a) and 9(b) were caused or significantly contributed to by XXX at that time. The Tribunal does not consider, in the very particular circumstances whereby Dr Prodhan's actions were affected by XXX at the time, they would be regarded as deplorable by fellow practitioners so as to amount to serious misconduct. The Tribunal would add that in relation to paragraph 9(b), it is not alleged, nor is there any evidence to suggest, that Dr Prodhan knew Ms D was off work sick when he texted her at 1 o'clock in the morning. When she later texted him saying "I'm off today I'm not well" he replied "Oh! Sry".

99. Accordingly, the Tribunal did not consider paragraphs 9(a) or 9(b) of the Allegation amounted to serious misconduct.

Paragraphs 10 - 12

100. Dr Prodhan has admitted that patients at GHMC were at risk of receiving unsafe care and treatment. The CQC found numerous examples following an inspection on 7 August 2019, carried out under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulations). During his evidence Dr Prodhan accepted that due to his own failings for which he took full responsibility, and apart from any failings there may have been by others, the CQC were right to conclude that patients were at risk of receiving unsafe care and treatment and were right to cancel his registration.

101. The CQC Inspection report disclosed a catalogue of failings at GHMC and breaches of the Regulations. The CQC's overall summary was that the practice was inadequate overall. The CQC rated the practice as inadequate for providing safe services, effective services, responsive services, and well-led services. The Inspection report and the CQC's letter addressed to Dr Prodhan dated 13 August 2019, giving notice of proposal to cancel his registration, identified the evidence relied upon.

102. By way of example, in relation to failings under regulation 12(1) of the Regulations (Safe care and treatment) the CQC said that:

- On 25 July 2019 the CCG at the request of CQC found 1116 letters that required action. Within those letters they identified: 21 outstanding medicine updates had not been completed, 66 required appointments that had not been undertaken due to lack of capacity, and 320 related to outstanding tasks, including 191 which were considered a priority by the clinical lead at the CCG.
- On 7 August 2019, Dr R, General Practitioner specialist adviser CQC, identified that there were still 367 tasks unactioned. The oldest task reviewed was dated 1 August 2018.
- Safety alert requests were passed to Dr Prodhan as far back as 30 August 2018 and he declined to action them.

103. In relation to failings under regulation 13(1) of the Regulations (Safeguarding), the CQC said that the safeguarding lead was a member of staff who was only available on one day of the week. On 7 August 2019 the inspection team was told that 25 letters were identified of possible safeguarding concerns and the safeguarding lead was unaware of their existence.

104. In breach of regulation 15(1) of the Regulations (Premises), the inspection team identified that the premises and equipment being used were not clean, secure, suitable for the purpose for which they were being used, or properly maintained. This posed a serious risk to patients and staff within the building that had not been assessed. The lift in the building had not been working for more than twelve months. The basement had been closed to patients since 2016, and the large meeting room, where staff held regular meetings had a very strong odour of damp and visible large surface areas of rising damp. Infection control was not adequate at the premises and the walls throughout the practice had cobwebs in areas and a build-up of dust and grime. Clinical treatment rooms and waiting rooms were visibly dirty and dusty. There were dirty blinds throughout the premises that have been in place for over 18 years and had never been washed. A significant number of out-of-date medicines and equipment were found in various rooms and various drawers throughout the premises. Some went back to 2016, 2017 and 2018.

105. In relation to failings under Regulation 17(1) (Good Governance), the inspection team found there was no formal process to report and record any incidents at the practice. Incidents were not consistently documented. There was no clinical oversight to ensure that clinical practice was delivered safely for all patients. In relation to Regulation 18 (Staffing), the inspection team identified that staff were continuing to work outside their competencies, and were not receiving appropriate support, training, supervision or appraisal as is necessary to enable them to carry out the duties they were employed to perform.

106. Despite Dr Prodhan's disagreement with parts of the CQC findings, the Tribunal was nonetheless troubled to read the wide-ranging nature of the concerns expressed in the Inspection report and letter of 13 August 2019. The Tribunal considered that fellow practitioners would find the totality of the failings identified by the CQC was deplorable. Paragraph 12 of GMP states that doctors must follow the law and regulations relevant to their work.

107. In his first witness statement Dr Prodhan says:

> "By January 2019, recognising the urgent need for leadership stability, I began the recruitment process for a new practice manager. During the interviews, I was open and candid about the challenges the Practices were facing. I explained the difficulties with staffing, [XXX], the ongoing workload pressures, and [XXX]."

108. Regrettably the new practice manager appointed did not work out as well as Dr Prodhan had hoped. However, the passage above from Dr Prodhan's witness statement tacitly shows that by January 2019 he was well aware of the difficulties he had taken on, and recognised his own limitations, yet he continued to carry on regardless. Dr Prodhan says that he had in fact approached the CCG for support by mid-2018 and found himself '[XXX]'.

109. Notwithstanding the fact that Dr Prodhan was clearly struggling to cope with work problems in 2018 and 2019, as evidenced by his own testimony and the evidence of staff, and that XXX may have impacted his judgment at times, the Tribunal was not persuaded that the multiple failings found by the CQC can be explained away in any substantial sense by XXX On receiving the CQC report in August 2019, Dr Prodhan felt able to reply with a lengthy and detailed Response and Reflection Statement dated 11 September 2019, despite not having access to documents.

110. The Tribunal considered that Dr Prodhan's XXX did not negate his responsibility for the multiple failures in areas of safe care and treatment of patients, safeguarding, premises, good governance and staffing at GHMC. The failings identified by the CQC were numerous and extensive and occurred over a period of time during which Dr Prodhan continued to practise knowing of XXX. The Tribunal did not consider that Dr Prodhan's XXX and its implications were capable in any meaningful way of reducing his culpability in relation to the CQC failings. Moreover, XXX it was not possible to go back in time and say how much Dr Prodhan's XXX contributed to his conduct and the specific paragraphs in the Allegation.

Paragraph 13

111. The failings identified by the Greater Manchester Combined Authority cover many of the areas of poor standards found by the CQC investigation. The GMCA investigation report was limited to NHS services provided by Dr Prodhan between 1 February 2019 - 30 April 2019 at GHMC and OTMP. The GMCA identified 723 patients at Gloucester House and 507 patients at Old Trafford.

112. In its Overall summary of findings, the GMCA said that its investigation found proven the following:

- Record keeping that fell seriously below the standard expected
- Failure to undertake appropriate safety netting measures, inappropriate prescribing and poor clinical examination
- Unacceptable delegation of blood test results handling
- Inconsistent and therefore dangerous approach to allocating and managing tasks
- Unacceptable safeguarding policy and failure to act appropriately in highlighted safeguarding concerns
- Anti-biotic prescribing that fell dangerously below the standard expected
- Inappropriate prescribing of XXX and failure to adequately manage and monitor.

113. The Tribunal noted, by way of example, that Dr Q's conclusion of his review of Dr Prodhan's consultation records was that overall medical record keeping was demonstrated to be at a standard seriously below that which would be expected when compared to a reasonably competent GP working in similar circumstances. The medical records failed to meet the standards expected as set-out in GMP, most especially with regards to paragraphs 19, 21a, 21b and 21c of GMP under the heading 'Record your work, clearly, accurately and legibly'. Only five out of ten telephone consultations undertaken by Dr Prodhan had an entry in the clinical notes. The GMCA analysed 20 consultations carried out by Dr Prodhan and concluded that that only 3 were acceptable, whereas 10 raised concerns and 7 were unacceptable.

114. Throughout the period covered by the GMCA investigation, February - April 2019, Dr Prodhan was at work. He was continuing to function as a general practitioner and was not XXX Dr Prodhan had self-prescribed XXX in November 2018, and in April 2019 and again on 3 June 2019, but continued to work throughout the period investigated by the GMCA.

115. The Tribunal recognised that February to April 2019 was a challenging period for Dr Prodhan and that he was XXX. However, bearing in mind the totality of the concerns raised by the GMCA report and the period covered by them the Tribunal did not consider that Dr Prodhan's XXX absolved the identified failings or negated in any meaningful sense his culpability.

116. In summary, the Tribunal concluded that Dr Prodhan's conduct under paragraphs 1, 2(c), 3, 5, 6(a) - 6(e), and 10 - 13 of the Allegation fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment by reason of misconduct

117. Having found that the facts found proved amounted to misconduct in respect of paragraphs 1, 2(c), 3, 5, 6(a) - 6(e), and 10 - 13 of the Allegation, the Tribunal went on to consider whether as a result Dr Prodhan's fitness to practise is currently impaired by reason of misconduct.

118. In order to form a view as to Dr Prodhan's current impairment by reason of misconduct, the Tribunal took into account the way in which he acted or failed to act in the past, or may expect to act in the future. The Tribunal considered such matters, for example, as the nature, extent and seriousness of the misconduct admitted and found proved; the circumstances under which Dr Prodhan was working at the time of these events; XXX and their implications, and his ability (or rather lack of ability) to cope with two demanding medical practices; the evidence from those working with him in the Practices; the character and testimonial evidence which speaks well of him as a doctor; the level of his insight at the time and subsequently; the steps he has taken to remedy the failings that have brought him before this Tribunal; and whether the misconduct is likely to be repeated. As the LQC reminded the Tribunal, whilst dishonesty is not easily capable of being remedied, there is no rule that dishonesty is not remediable.

119. The Tribunal noted that Dr Prodhan has admitted all the paragraphs in the Allegation, including dishonesty in paragraph 6(e) once the Allegation was amended. XXX

120. XXX

121. The Tribunal agrees with Mr Butler that the issues arising from the CQC and Greater Manchester investigation reports are historic in the sense that they included leadership and management roles that have now been taken away from Dr Prodhan. Nevertheless, they

show an underlying concern about Dr Prodhan's practice as a doctor, for example, in areas of medical record-keeping and to manage patients safely. The Tribunal has little doubt that XXX. However, the Tribunal is less convinced that he has developed the same level of insight into his failings despite undertaking Continuing Professional Development courses for matters such as Documentation and Record-Keeping, Workplace Professional Boundaries and Conflict Resolution. Throughout his evidence, Dr Prodhan put all his failings and his acts of misconduct down to XXX. Whilst the Tribunal recognise that he was XXX in the years covered by the Allegation, it was Dr Prodhan's decision in 2011 to take on OTMP in addition to GHMC, which inevitably led to him being stretched and an inability to perform his responsibilities fully as a GP Principal. He has developed some insight into the particular aspects of the charges in the Allegation but it is not complete and he has a long way to go. For example, he did not appear in his evidence to fully appreciate or understand why treating [Patient A] and self-prescribing XXX using [Patient A]'s medical records to obtain medication for himself were so wrong. It all came back to XXX. In the absence of insight there is a risk of recurrence of the misconduct should Dr Prodhan find himself in the future XXX.

122. The Tribunal recognises that in his second witness statement, Dr Prodhan offers his sincere apology to everyone affected by his actions, to [Patient A] whose records he misused, the investigators he misled, to his colleagues and the profession he let down, and the public whose trust he failed to uphold. In his oral evidence, however, he appeared confused about the effect of his actions on public confidence in the medical profession. He said he was not XXX at the time of the events and that he would like his career and the good things he had done for his patients and his good intentions to be taken into consideration as well as his misconduct. XXX. For other members of the profession, those who did not know him, and the disrepute he has brought on the profession, they would judge him perhaps differently.

123. In *Council for the Regulation of Healthcare Regulatory Excellence v. Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin), a case involving misconduct by a midwife in a hospital setting, the court said at paragraph 71 of its judgment that it was essential, when deciding whether fitness to practise is currently impaired, not to lose sight of the fundamental considerations in the Nursing and Midwifery Order 2001 of the need to protect the public, and the need to declare and maintain proper standards of conduct and behaviour so as to maintain public confidence in the nursing and midwifery professions. The same over-arching objectives are set out in section 1 of the Medical Act 1983 in the case of doctors (see paragraph 43 above).

124. In the *Grant* case, Mrs Justice Cox at paragraph 74 went on to say:

> "In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

125. The Tribunal considered that all four examples of misconduct given by Dame Janet Smith apply in this case. The Tribunal agrees with Mr Williams that all three limbs of the GMC's overarching statutory objective are engaged.

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

XXX

XXX

127. XXX

128. XXX

129. XXX

130. XXX

Conclusion

131. In conclusion, the Tribunal found that Dr Prodhan's fitness to practise is impaired because of his misconduct in respect of paragraphs 1, 2(a), 3, 5, 6(a) - 6(e), and 10 - 13 of the Allegation; XXX.

Determination on Sanction - 12/11/2025

132. Parts of this hearing were heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of certain

matters under consideration. As previously set out, a redacted version will be published at the close of the hearing.

133. Having determined that Dr Prodhan's fitness to practise is impaired by reason of misconduct XXX, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

134. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

On behalf of the GMC

135. Mr Williams submitted that it was necessary in this case for erasure of Dr Prodhan's name from the Medical Register.

136. Mr Williams drew the Tribunal's attention to various paragraphs of its Facts and Impairment determination. He submitted, with reference to earlier submissions, that one of the central findings of the Tribunal was that Dr Prodhan's XXX did not remove his culpability or significantly mitigate the gravity of his actions. Mr Williams submitted that, from the public's point of view and in terms of upholding proper standards of behaviour, the Tribunal might think that it was a particularly important finding that Dr Prodhan acted with full understanding of the seriousness and culpability of his actions notwithstanding XXX. Further, Mr Williams stated that the Tribunal had grappled with the concept of the risk of recurrence of the misconduct in its Facts and Impairment determination but that it needed to do so again and consider how high the risk is.

137. Mr Williams submitted that this was not a case solely about XXX and, whilst XXX has been a factor that ran in tandem with the misconduct to some extent, the XXX did not explain away or excuse or remove the culpability of Dr Prodhan's actions.

138. Mr Williams stated that it might be suggested that a long period of suspension would be appropriate. He acknowledged that the Tribunal would consider the sanctions available, starting with the least restrictive. Mr Williams referred the Tribunal to various paragraphs

within the Sanctions Guidance (5 February 2024) ('the SG'). He referred to paragraph 97 of the SG, which was a non-exhaustive list where "Some or all of the following factors being present would indicate suspension may be appropriate", and identified (a) and (g) as relevant:

> "a. A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.
> …
> g. The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour."

139. In respect of (a), Mr Williams submitted that Dr Prodhan's actions had been a gross deviation from GMP. He submitted that the breaches of GMP identified by the Tribunal were significant breaches and that Dr Prodhan's culpability was not lessened by XXX. In respect of (g), Mr Williams submitted that the opposite was true in that the Tribunal found Dr Prodhan's insight to be limited and there is a risk of repetition. He invited the Tribunal to find that, in all the circumstances, the risk was a significant one.

140. Mr Williams referred to the paragraphs of the SG regarding erasure, including paragraph 107 in that a Tribunal may erase "where this is the only means of protecting the public". He submitted that there was a risk to patient safety in terms of Patient A and, more generally, from the findings of the CQC. Mr Williams submitted that erasure was, given the dishonesty, also necessary to maintain public confidence in the profession and high standards within the profession.

141. Mr Williams referred to paragraph 109 of the SG, which was a non-exhaustive list where "Any of the following factors being present may indicate erasure is appropriate", and identified the following factors:

> "a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.
>
> b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.
> …

h. Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

…

j. Persistent lack of insight into the seriousness of their actions or the consequences."

142. Mr Williams submitted that this case fell squarely into (a). He stated that dishonesty is generally seen to be difficult to remediate as it is a core behaviour and so remediation required considerable insight into why a person has behaved in that way. Mr Williams submitted that Dr Prodhan's dishonesty took place over a long period of time and was covered up and so it was a very difficult starting point for Dr Prodhan. He submitted that there was a persistent lack of insight shown and Dr Prodhan has not remediated.

143. Mr Williams submitted that (b), (h) and (j) were clearly applicable in this case. He stated that the dishonesty pertaining to the prescribing took place over an extended period of time and Dr Prodhan covered it up by pretending it all related to Patient A. Mr Williams submitted that Dr Prodhan did not come clean about what he had done and kept up the dishonesty for a sustained period of time after it was all discovered.

144. Mr Williams submitted that all of these factors were such that, regrettably, the Tribunal is driven towards finding that the only appropriate order in this case is one of erasure.

On behalf of Dr Prodhan

145. Mr Butler had previously submitted written submissions on sanction and a bundle of authorities. He submitted that whilst this was a very serious case and included findings of dishonesty, a suspension would be the more appropriate and proportionate sanction rather than erasure.

146. In his written submissions, Mr Butler drew the Tribunal's attention to various paragraphs of its Facts and Impairment determination and of the SG. He referred to a number of positive testimonials provided on behalf of Dr Prodhan, including one in which Dr Prodhan was described as having "made valuable contributions to the profession".

147. Mr Butler referred the Tribunal to various case law, in respect of self-prescribing and dishonesty. Mr Butler cited a number of authorities in his written submissions, including:

- the recent determination of Dr S (GMC reference number; XXX). Dr S was referred to the GMC for self-prescribing, prescribing medications for patients to use himself, failing to adequately assess patients, prescribing drugs and treatment of close family members, receiving a caution and dishonesty. The self-prescribing had taken place over five years. Dr S accepted a caution XXX. The Tribunal determined that a period of suspension of nine months would be appropriate.

- *R (Hassan) v General Optical Council* [2013] EWHC 1887 (Admin), where the court said it was wrong to approach sanction on the basis that exceptional circumstances were required to avoid striking off. He stated that dishonesty encompasses a wide range of different facts and circumstances.

- XXX

- *Professional Standards Authority v Nursing and Midwifery Council* [2017] CSIH 29, where the registrant had amended patient records to conceal that she had accidentally given the wrong medication to a patient. The panel in that case concluded that, even though she had acted dishonestly, in its view the public interest was best served by returning a capable competent and caring nurse to unrestricted practice.

148. Mr Butler submitted that Dr Prodhan's misconduct was not fundamentally incompatible with continued registration and that a period of suspension for six to 12 months, with a review, would be appropriate in this case due to the serious findings.

149. Mr Butler submitted that Dr Prodhan has had a long unblemished career prior to XXX. Mr Butler stated that XXX Dr Prodhan's XXX had an impact on his fitness to practise between 2015 and 2019. XXX.

150. Mr Butler submitted that the issues raised by the Tribunal were remediable. He stated that relevant factors were that Dr Prodhan had been frank and honest during the investigation, had assisted throughout the process, and the absence of any patient harm. Mr Butler stated that Dr Prodhan acknowledged his conduct and admitted the additional dishonesty allegation following an amendment to the Allegation. Mr Butler submitted that it was Dr Prodhan himself who openly and rightly brought the matter of dishonesty to the attention of the GMC, at a time when the GMC had not identified or even investigated any such concern. Mr Butler submitted that this demonstrated candour, insight and honesty. The

Tribunal will recall that the GMC was not interested in seeking permission to include the allegation concerning the witness statement; the allegation was not of any concern to the GMC.

151. Mr Butler invited the Tribunal to apply the principle of proportionality, balancing Dr Prodhan's interests with the public interest. He took the Tribunal through the various circumstances surrounding the misconduct found.

152. Mr Butler stated that Dr Prodhan is a highly skilled and talented doctor. He stated that it was unfortunate that Dr Prodhan's XXX led to self-prescribing medication XXX, when it was readily available from his GP. Mr Butler stated that this led to Dr Prodhan signing a witness statement denying his self-prescribing. He stated that Dr Prodhan's treatment of Patient A was done in the best interests of Patient A and that Dr Prodhan recognises that Patient A should have been treated by a different GP.

153. Mr Butler submitted that it was unfortunate that Dr Prodhan's inability to cope led to the CQC inspection and the investigation by GMCA. He stated that the evidence demonstrated that Dr Prodhan could not cope with the responsibilities. XXX.

154. Mr Butler invited the Tribunal to impose the least sanction necessary in accordance with the SG. Mr Butler stated that it was accepted that Dr Prodhan will need to be suspended from the Medical Register, including a review before the expiry of the suspension. He stated that this will allow Dr Prodhan to develop his insight and demonstrate further remediation to satisfy a future Tribunal that there was an unlikelihood of repetition and his fitness to practise is no longer impaired. Mr Butler stated that erasure does not automatically follow if dishonesty has been found. He submitted that the public would not be surprised, on the facts of the case, that Dr Prodhan's registration was suspended.

155. In his oral submissions, Mr Butler reiterated many of the points in his written submissions. XXX.

156. Mr Butler said that, whilst dishonesty may be difficult to remediate, the gravity of the dishonesty is the key matter as shown by the cases mentioned above. Dr Prodhan's case involved a pattern of behaviour rather than repeated behaviour, and that he was simply XXX. He was prescribing medication for himself, the medication being XXX.

157. As to the CQC and GMCA matters, whilst it is correct that Dr Prodhan was the lead GP he was not fully responsible for the faults, and no harm was actually caused to patients.

158. Mr Butler submitted that Dr Prodhan is now a different person, and is now fit to practise. He went wrong in his life and the case fits with suspension, not the erasure criteria.

159. In reply, Mr Williams said he agreed that erasure is not automatic for dishonesty and that, as to the authorities cited by Mr Butler, each case must be determined on its own merits.

Insight/Risk of recurrence

160. In his oral submissions on behalf of Dr Prodhan, Mr Butler referred to the final sentence in paragraph 121 of the Tribunal's determination on the Facts and Impairment where the Tribunal said: *"In the absence of insight there is a risk of a recurrence of the misconduct should Dr Prodhan find himself in the future* [XXX]*"* Mr Butler submitted that there was no risk of recurrence of the misconduct because, XXX. Mr Butler submitted that any risk of recurrence of the misconduct, which Dr Prodhan has admitted, had to be seen in the context of XXX before the Tribunal and XXX.

161. The Tribunal does not agree. In its determination at paragraphs 119-121, the Tribunal recognised that Dr Prodhan has developed XXX but only limited insight into his dishonesty and the professional failings identified in the Allegation. XXX

162. The Tribunal considered that there is a risk of recurrence of Dr Prodhan's misconduct because of his limited insight and this risk is likely to be compounded should Dr Prodhan find himself in the XXX.

The Tribunal's Determination on Sanction

163. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

164. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

Aggravating and mitigating factors

165. The Tribunal identified the following aggravating factors in this case:

- The dishonesty was covered up by the use of Patient A's medical records. Dishonest self-prescribing which was repeated on seven occasions and maintained over a period of nearly four years. It involved XXX, equivalent to over two years' supply taking one tablet per day.

- The witness statement signed by Dr Prodhan and dated 11 March 2020 with a statement of truth was intended for use in a formal NHS local performance investigation under the NHS (Performers Lists) Regulations 2013 and 2014. It had the effect of deliberately misleading the NHS investigators. The lie in the witness statement that the prescriptions were never used for Dr Prodhan's personal use was repeated eight months later to XXX.

- Disregard by Dr Prodhan of his professional obligations and standards. There were multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and NHS services provided by Dr Prodhan.

166. The Tribunal identified the following mitigating factors in this case:

- Dr Prodhan admitted the entirety of the allegations and has apologised for his actions. In his second witness statement, Dr Prodhan offered a sincere apology to everyone affected by his actions, to Patient A whose records he misused, the investigators he misled, to his colleagues and the profession he let down, and the public whose trust he failed to uphold.

- Dr Prodhan has experienced a number of stressful and difficult personal circumstances, including XXX

- Dr Prodhan has no previous history of dishonesty or disciplinary findings against him. The events in respect of the misconduct in this case go back to the period 2014 to 2019 (some six to 11 years ago now). There is no direct evidence of patient harm and there has been no repeat of the behaviour.

No action

167. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Prodhan's case, the Tribunal first considered whether to conclude the case by taking no action.

168. The Tribunal determined that, in view of the serious nature of its findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal was unable to identify any exceptional circumstances in this case.

Conditions

169. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Prodhan's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

170. The Tribunal noted, with reference to paragraph 81 of the SG, that conditions might be most appropriate in cases involving the doctor's health, where there is a lack of necessary knowledge of English, or involving issues around the doctor's performance.

171. The Tribunal determined that, in view of the serious nature of its findings on misconduct and impairment by reason of misconduct, it would be neither sufficient nor appropriate to direct the imposition of conditions on Dr Prodhan's registration.

172. For completeness, the Tribunal was of the view that, whilst the imposition of conditions on Dr Prodhan's registration might have been available to XXX, conditions are not appropriate or sufficient to deal with the misconduct issues in this case.

Suspension

173. The Tribunal went on to consider whether suspending Dr Prodhan's registration would be the appropriate and proportionate sanction. The Tribunal reminded itself that it is not exercising a punitive jurisdiction, but a prospective assessment of fitness to practise applying the public interest imperatives arising under the GMC's statutory overarching objective; see XXX.

174. The Tribunal had regard to its conclusions within its Facts and Impairment determination, as well as to the aggravating and mitigating factors listed above.

175. During its deliberations, the Tribunal carefully read the authorities bundle provided by Mr Butler. It recognised that suspension may be the appropriate and proportionate sanction in a dishonesty case and that there is no presumption in this jurisdiction that erasure is the starting point, or the appropriate sanction save in exceptional circumstances. Indeed, the Tribunal reminded itself that it must start with the least restrictive sanction and work upwards.

176. The Tribunal does not consider it necessary to comment in any detail on the authorities cited by Mr Butler. It agreed with both Mr Butler's and Mr Williams' submissions that each case must be decided on its own facts. The Tribunal would only mention that it noted that, in the case of Dr S, the Tribunal determined that Dr S had good insight in regard to his misconduct and that the risk of repetition of the misconduct was low. The Tribunal in that case did not accept that Dr S's misconduct was so serious to be fundamentally incompatible with continued registration.

177. The Tribunal had regard to the overall context of what occurred in this case. Dr Prodhan was an ambitious and successful doctor who achieved recognition in a number of ways including with his appointment to the local governance group and a cardiology contract. However, he overextended in taking on too many patients and too much work. The Tribunal was conscious of the various difficulties Dr Prodhan faced including XXX. Dr Prodhan has acted positively by XXX. He has XXX developed a support network, and shown contrition for his misconduct. Whilst the Tribunal reiterates its conclusions that it did not consider that Dr Prodhan's XXX absolved the identified failings or negated in any meaningful sense his culpability, it did recognise the above efforts. It has also noted and considered the positive written and oral testimonial evidence provided on Dr Prodhan's behalf.

178. In approaching the question whether this case could properly be concluded with a sanction, the Tribunal had regard to the various paragraphs of the SG in relation to suspension, including the following:

> "91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in

that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

93. Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions."

179. The Tribunal was clear that any sanction lower than suspension would not be adequate or consistent with the GMC's statutory overarching objective. The Tribunal recognised that paragraph 91 of the SG could be appropriate in this case. In respect of paragraphs 92 and 93 of the SG, the questions for the Tribunal to address are whether Dr Prodhan's conduct falls short of being fundamentally incompatible with continued registration, and whether the Tribunal is satisfied that the behaviour is unlikely to be repeated.

180. The Tribunal had regard to paragraph 97(a) of the SG which provides that suspension is appropriate where complete removal from the medical register would not be in the public interest but the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors. The Tribunal recognised that paragraph 97(f) applies in this case in that there is no evidence of repetition of similar behaviour since 2019.

181. However, and with reference to the matters below, the Tribunal concluded that Dr Prodhan's conduct was fundamentally incompatible with his continued registration. The Tribunal said at paragraph 125 of its determination on the Facts and Impairment that all four examples of misconduct given by Dame Janet Smith in her 5th Shipman Report apply in this case, and that all three limbs of the overarching objective in section 1(1B) of the Medical Act 1983 are engaged. The Tribunal, taking account of the various factors below, did not consider

that a sanction of suspension, even for a period of 12 months with a review, would sufficiently meet the overarching objective.

Erasure

182. In respect of erasure, the Tribunal considered that factors (a), (b), (h), and (j) within paragraph 109 of the SG, as quoted above, were relevant in this case. The Tribunal set them out again.

> "Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive)
>
> > a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.
> >
> > b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.
> > …
> > h. Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).
> > …
> > j. Persistent lack of insight into the seriousness of their actions or the consequences."

183. In respect of paragraph 109(a), the Tribunal determined that Dr Prodhan's dishonesty was a particularly serious departure from the principles set out in paragraphs 65, 71 and 72 of GMP. Additionally, Dr Prodhan deliberately breached the GMC's guidance on treating Patient A and failed to keep a proper record of treatment. In relation to the CQC allegations, the Tribunal noted substantial and serious failings of the Regulated Activities Regulations and, in terms of the GMCA matter, Dr Prodhan breached paragraphs 19, 21a, 21b and 21c of GMP under the heading *'Record your work, clearly, accurately and legibly'*. Collectively, this was behaviour that was fundamentally incompatible with being a doctor.

184. In terms of paragraph 109(b), the Tribunal was of the view that Dr Prodhan made a deliberate choice to treat Patient A and that, by not recording that treatment or his decision making around it, put Patient A at risk. The Tribunal concluded that the completion of the 11 March 2020 witness statement displayed a clear disregard by Dr Prodhan of his responsibilities to be truthful to an investigation and was, effectively, an attempt to undermine a system that is in place to protect patients.

185. In respect of paragraph 109(h), the Tribunal has found that Dr Prodhan's dishonesty was persistent in that it related to seven occasions of self-prescribing over a four-year period. Dr Prodhan covered up his dishonesty by using Patient A's records and also by misleading the NHS inquiry. Moreover, in his video interview on 18 November 2020 with XXX, Dr Prodhan again lied repeating what he had told GMCA and said that he had not prescribed XXX for himself, and that his access to Patient A's medical notes and prescriptions of XXX were for the use of Patient A.

186. In respect of paragraph 109(j), the Tribunal referred to its conclusions as to Dr Prodhan's limited insight in respect of his misconduct and assessed that there is a risk of recurrence of such behaviour.

187. The Tribunal took account of the section within the SG entitled *'Considering dishonesty'*. It was of the view that the following paragraphs were of particular relevance in this case:

> "120. Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.
> …
> 128. Dishonesty, if persistent and/or covered up, is likely to result in erasure…"

188. The Tribunal determined that this reinforced its conclusions as to paragraph 109(h) of the SG as referred to above.

189. In all the circumstances, and having regard also to the XXX and issues referred to in the Tribunal's determination on Facts and Impairment, and despite the arguments put forward cogently by Mr Butler, the Tribunal concluded that the only means of meeting the GMC's overarching statutory objective was erasure. The Tribunal considered that the factors identified by it within paragraph 109 of the SG, along with the section within the SG regarding

dishonesty in paragraph 120, made it clear that the seriousness in this case was such that Dr Prodhan's conduct was fundamentally incompatible with continued registration.

190. The Tribunal therefore directs that Dr Prodhan's name be erased from the Medical Register. It concluded that erasure was the necessary sanction to adequately address its findings and that no lesser sanction would be sufficient to uphold the overarching objective.

Determination on Immediate Order - 12/11/2025

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

Submissions

Submissions on behalf of the GMC

192. Mr Williams submitted that an immediate order was necessary for the protection of members of the public or was otherwise in the public interest. He drew the Tribunal's attention to its conclusions in the Sanction determination and referred to the paragraphs within the SG regarding immediate order, including paragraph 178:

> "Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect."

193. Mr Williams stated that the Tribunal has found this to be a very serious case and that Dr Prodhan's conduct is fundamentally incompatible with continued registration. He stated that erasure is the most serious sanction that can be imposed and it would be inappropriate for Dr Prodhan to be allowed to practise in the interim period before that order takes place.

194. Mr Williams stated that there was an interim order of conditions in place on Dr Prodhan's registration. He submitted that this would need to be revoked at the conclusion of the case.

Submissions on behalf of Dr Prodhan

195. Mr Butler stated that there were no submissions on behalf of Dr Prodhan.

The Tribunal's Determination

196. In making its decision the Tribunal had regard to the SG, including paragraph 178 as quoted above, and paragraph 172:

> "172. The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order."

197. The Tribunal had regard to the seriousness of its findings as set out in its previous determinations. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Prodhan's registration. It accepted Mr Williams' submissions. The Tribunal concluded that an immediate order was appropriate and necessary to protect members of the public and is otherwise in the public interest.

198. This means that Dr Prodhan's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

199. The interim order is hereby revoked.

200. That concludes this case.

ANNEX A - 04/04/2025

Determination on withdrawal of allegations

201. On 24 March 2025, day 1 of the hearing, on behalf of the GMC, Mr Williams, Counsel, made an application pursuant to Rule 17(6) of the Rules to amend the Allegation by withdrawing paragraphs 7 and 8 in their entirety. Paragraphs 7 and 8 are denied by Dr Prodhan.

202. Mr Williams stated that as CBD oil was available to purchase over the counter these paragraphs of the Allegation were no longer relied on by the GMC.

203. On behalf of Dr Prodhan, Mr Butler, Counsel stated that he supported the application.

204. On further questioning by the Tribunal, Mr Williams stated that a witness statement (not in the GMC's bundle) had been provided by a former patient that supported Dr Prodhan's defence to paragraphs 7 and 8 of the Allegation; that the GMC's expert had reviewed the evidence; and that the GMC's expert no longer supported these paragraphs of the Allegation.

205. Mr Butler stated that Dr Prodhan did not in any event have a company as alleged in paragraph 8(a) of the Allegation.

The Tribunal's decision

206. The Tribunal had regard to Rule 17(6) of the Rules that provides as follows:

'Where, at any time, it appears to the Medical Practitioners Tribunal that –

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and
(b) the amendment can be made without injustice,

it may, after hearing the parties, amend the allegation in appropriate terms.'

207. The Tribunal considered that in the light of the further submissions from Mr Williams and Mr Butler, and on reading the witness statements of two patients in the defence bundle which supported Dr Prodhan's defence to paragraphs 7 and 8, the withdrawal of paragraphs 7 and 8 would be appropriate and that the amendment could be made without injustice to the parties and the public interest.

208. Accordingly, the Tribunal directed that paragraphs 7 and 8 of the Allegation should be withdrawn in their entirety.

ANNEX B - 04/04/2025

Application for the hearing to be heard in Private

209. On Day 1 of the hearing, the Tribunal considered whether the hearing or any part of the hearing should be heard in private, in accordance with Rule 41 of the Rules.

210. On behalf of Dr Prodhan, Mr Butler, Counsel submitted that the whole of the hearing should be held in private XXX.

211. On behalf of the GMC, Mr Williams, Counsel stated that the GMC was neutral as to what part or parts of the hearing should be held in private.

The Tribunal's decision

4. The Tribunal had regard to Rule 41 of the Rules XXX

5. The Tribunal considered that matters relating to XXX should be heard in private in accordance with XXX Rule 41 of the Rules and that this would include any evidence given by any witness relating to XXX, but that the remainder of the hearing should be heard in public in accordance with paragraph 1 of Rule 41 of the Rules.

6. The Tribunal wished to emphasise that it would not treat the case any differently if it was sitting in private than it would if sitting in public.

ANNEX C - 04/04/2025

Amendment of the Allegation

212. On 27 March 2025, day 4 of the hearing, the Legally Qualified Chair (LQC) on behalf of the Tribunal, said that he had a matter to raise with both parties before Dr Prodhan (who was due to give evidence that morning) started his evidence, to enable the parties to consider their respective positions.

213. The matter related to paragraph 6 of the Allegation and the issue of prescriptions to Patient A for use by Dr Prodhan. According to Dr C's supplemental expert report dated 13 January 2025, the GMC had received confirmation from Dr Prodhan's defence team that the prescribing of XXX in Schedule 4 to Patient A was actually self-prescribing for Dr Prodhan himself, but via Patient A's records. The seriousness of this was highlighted in Dr C's witness statement dated 21 March 2025.

214. Moreover, the Tribunal noted that as part of the Greater Manchester Health and Social Care Partnership investigation into concerns raised in relation to Dr Prodhan, Dr Prodhan had made a witness statement with a statement of truth dated 11 March 2020 in which he said that all the prescriptions issued for XXX to Patient A were for his own personal use. Dr Prodhan repeated this when interviewed remotely XXX on 18 November 2020 for XXX.

215. The LQC drew the parties' attention to the decision of the Court of Appeal in *Professional Conduct Authority v. Health and Care Professions Council and Doree* [2017] EWCA Civ 319, at paragraphs 54-56, where it was said that a professional disciplinary committee is entitled to make necessary amendments to the allegations before it, so as to avoid "undercharging".

216. The Tribunal wished to make clear that it had formed no view on the merits of Dr Prodhan's conduct and was not "prosecuting" the case but wished to canvass with the parties as considered in the *Doree* case whether in the public interest the charges in the

Allegation should be amended without unfairness. This should be done preferably by the GMC who needed to adequately reflect in the public interest the seriousness of Dr Prodhan's conduct in the charges.

217. Following the parties' taking instructions, Mr Williams said that the GMC had decided not to amend the Allegation. He stated that the GMC was of the view that the charges were intertwined with XXX. He stated that the GMC was concerned at "overcharging" as well as "undercharging" and considered that an amendment would open up matters of evidence which one could not examine given XXX. Mr Williams stated that it was not the role of the GMC to "punish" the doctor for XXX. He stated that the GMC considered that the present charges capture the extent of Dr Prodhan's misconduct, and it could be overcharging to include a dishonesty charge.

218. Mr Williams stated that whilst he was not instructed to seek an amendment, the GMC was neutral should the Tribunal wish to amend the Allegation. He stated that should the charges be amended; consideration would need to be given to progressing the case further and there would need to be clarity as to the extent of any potential dishonesty allegation. Mr Williams confirmed that should the Allegation be amended by the Tribunal he would, as part of the GMC's case, put forward and examine with the witnesses any issues raised by the amendment.

219. On behalf of Dr Prodhan, Mr Butler said that from his prior instructions in the case, he recognised the possibility of an amendment of the Allegation. He stated that any amendment should be made at this stage and not after the evidence was called.

The Tribunal's decision

220. The Tribunal had regard to Rule 17(6) of the Rules that provides as follows:

> *'Where, at any time, it appears to the Medical Practitioners Tribunal that –*
>
> > *(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*
> >
> > *(b)the amendment can be made without injustice,*
>
> *it may, after hearing the parties, amend the allegation in appropriate terms.'*

221. In considering whether an amendment can be made without injustice in the present case, the Tribunal took into consideration that Dr Prodhan is XXX and that it is not the role of these proceedings to punish him. Equally, the allegations should in the public interest reflect the full gravamen of any misconduct to be considered by the Tribunal.

222. In *Professional Standards Authority for Health and Social Care v. General Chiropractic Council and Briggs* [2014] EWHC 2190 (Admin), (approved in *Professional Standards Authority v. GMC and Onyekpe* [2023] EWHC 2391 (Admin)), Lang J at para 21 said:

> *'On analysing these cases, the questions to be asked are:*
> *(i) on the evidence, and applying its own rules, should the GCC have included the further allegations in the charges;*
> *(ii) if so, did the failure to include those allegations in the charge mean that the Court is unable to determine whether the sanction was unduly lenient or not."*

223. In the present case, the Tribunal considered that, notwithstanding Mr William's submissions, the GMC should amend the Allegation pursuant to Rule 17(6) of the Rules to fully reflect the seriousness of the matters raised above. There is evidence on the papers to support an amendment and the Tribunal is unaware of any legitimate expectation being given to Dr Prodhan that the charges would not be amended. It is in the public interest that the allegations should cover the full gravamen of the misconduct, and in the Tribunal's view not to amend could amount to a serious procedural irregularity.

224. In the absence of the GMC seeking to amend under Rule 17(6) of the Rules, the Tribunal directed that the Allegation should be amended in accordance with the final draft agreed by Mr Williams and Mr Butler.

225. The Tribunal acceded to the joint request by Mr Williams and Mr Butler for the Tribunal to resume the hearing on Wednesday 9 April 2025, at 9:30 am. Mr Butler explained that he needs time to take instructions on the amendments, report to insurers and consider seeking further evidence. The GMC also said they need time to progress the case further in the light of the amendments.

ANNEX D - 04/04/2025

Application to adjourn

226. On 4 April 2025, Mr Williams, counsel on behalf of the GMC, and Mr Butler, counsel on behalf of Dr Prodhan, made a joint application to adjourn the remainder of the hearing under Rule 29(2) of the Rules, which states:

> *"Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the application of a party to the proceedings, adjourn the hearing until such time and date as they think fit."*

Submissions

227. Mr Williams stated that the GMC had not yet been able to identify an expert XXX to deal with the dishonesty/causation issues within the remaining hearing window. Expanding on this, Mr Williams confirmed that XXX, as well as the issue of alleged dishonesty following the amendment to paragraph 6 to the Allegation directed by the Tribunal on 27 March 2025.

3. XXX

4. Mr Butler said that he supported the GMC's application. Mr Butler stated that Dr Prodhan had been unable to obtain permission from insurers for further preparation of the defence case based on the amendment of the Allegation, although he was hopeful that permission will be obtained shortly. Mr Butler said that he anticipated that Dr Prodhan would serve a supplemental witness statement addressing the allegation of dishonesty and that he would be calling three further witnesses of fact, whose witness statements have yet to be taken and served on the GMC. Consequently, Mr Butler said that he was not ready to resume the current window hearing.

The Tribunal's Decision

5. The Tribunal had regard to the submissions from the parties and to the current position. It had regard to Rule 29(2) of the Rules and MPTS Tribunal Circular 06/22 dated 17 March 2022 '*Adjournments in MPT and IOT hearings*', which states, amongst other matters:

> *'A culture of adjournments is to be deprecated and would be contrary to the efficient delivery of regulation.*
>
> *In El-Huseini v GMC [2021] EWHC 2022 (Admin), the High Court reiterated that a tribunal's decision must be guided by all three limbs of the overarching objective to protect the public.*
>
> *Among the factors which may be relevant to those considerations include:*
>
> - *The stage the proceedings have reached;*
> - *What evidence (if any) is still to be heard;*
> - *Whether evidence and/or submissions can be given by other means;*
> - *Whether the practitioner is or was previously able to engage with the proceedings.*
>
> *Tribunals have a discretion to adjourn hearings, but must take into account the public interest in the fair, expeditious and efficient disposal of allegations.*
>
> *Tribunals must strike a proper balance between fairness to the practitioner and the public interest in the fair and efficient disposal of proceedings, including having regard to the history of the proceedings.'*

6. The Tribunal noted that the GMC required time to obtain an expert report XXX and the issue of alleged dishonesty. XXX. However, the Tribunal recognise that the GMC have only had since 27 March 2025 (6 working days) to address the issue of alleged dishonesty. XXX.

7. Equally, the Tribunal recognise that the Defence have had only a short period to respond to the allegation of dishonesty.

8. In short, whilst the parties have had since the 27 March 2025 to deal with these issues, regrettably neither side has been able to overcome them. It was clear to the Tribunal that the case could not fairly be progressed further between now and the remaining days of the scheduled hearing.

9. The Tribunal therefore determined that it had little choice but to adjourn this hearing part heard at this stage. However, the Tribunal wish to make clear that it adjourns the proceedings on the joint application of the parties very reluctantly. As the MPTS guidance document makes clear, the overarching statutory objective is a crucial factor and the need to take into account the public interest in the fair, expeditious and efficient disposal of allegations within a reasonable time-frame.

10. These proceedings have been on-going for a considerable period of time already, although the Tribunal believes this is the first time they have come before a Tribunal for a substantive hearing. The Tribunal was conscious that the charges covered by the Allegation go back to events in 2015, and up to the period March 2020. Dr Prodhan himself has not worked as a doctor or undertaken any form of employment since July 2019.

11. Notwithstanding these points, the Tribunal considered that in light of the position explained to it by the parties, it would be appropriate and in the public interest to adjourn the case but to complete the proceedings at the earliest opportunity. They will remain as an in-person hearing to be held at SJB in Manchester. It is inappropriate for the remaining evidence in the case to be taken remotely by video link.

12. Having canvassed available dates with the parties, and subject to confirmation of listing from MPTS, the Tribunal adjourns the present hearing to resume on Monday 4 August 2025 at 9:30 am for 9 days ending on Thursday 14 August 2025.

13. In the meantime, the Tribunal made the following directions:

1. The GMC must provide XXX and deal with any issues of alleged dishonesty by 30 May 2025 at 4 pm.

2. Dr Prodhan must serve any supplemental witness statements and (if so advised) further XXX evidence by 27 June 2025 at 4pm.

3. XXX

4. Any further directions should be sought on making an application to MPTS Case Management.

ANNEX E - 07/07/2025

Application for an extension of time

228. This is an application by the GMC that the date for complying with direction 1 of the Tribunal's directions dated 4 April 2025 be extended.

229. By way of background, on 4 April 2025 the Tribunal adjourned part-heard the substantive hearing of this case to resume on 4 August 2025, with a time estimate of 9 days. The Tribunal made the following directions:

1) The GMC must provide XXX and deal with any issues of dishonesty by 30 May 2025 at 4 pm.
2) The defence must serve any supplemental witness statements and (if so advised) further XXX evidence by 27 June 2025 at 4 pm.
3) The report of Dr G being agreed in relation to paragraph 15 of the Allegation, and the Tribunal having no questions to ask, Dr G is released from further attendance.
4) Any further directions should be sought on making an application to a Case Manager.

230. XXX

231. The Tribunal understands that Dr Prodhan has served supplemental witness statements of fact covering his evidence and the additional witnesses he wishes to call and XXX

232. The Tribunal regrets that it has not been possible for the GMC to comply with direction 1. However, the Tribunal is grateful for the assistance of both counsel which has enabled the current listing to be maintained in the public interest in the fair, expeditious and efficient disposal of these proceedings.

233. Accordingly, the Tribunal makes the following directions:

1) The hearing will resume on 4 August 2025 at 12 noon in person at SJB with a time estimate of 9 days until 14 August 2025. In accordance with Rule 17(2)(b) of the GMC (Fitness to Practise) Rules 2004 the Chair of the Tribunal shall enquire whether Dr Prodhan wishes to make any admissions of paragraphs 6(b), (c), (d) and (e) of the Amended Allegation.
2) The GMC's time for compliance with direction 1 of its direction of 4 April 2025 is extended to 4 August 2025 at 1pm. This date is final. XXX
3) The GMC shall provide the MPTS by 11 July 2025, at 4 pm, with copies of all supplemental witness statements and XXX received on behalf of Dr Prodhan. The evidence of Dr Prodhan and any witnesses of fact called on his behalf shall be given between Tuesday 5 August – Friday 8 August 2025.
4) XXX

234. The Tribunal does not anticipate any variation of these directions. Should it become necessary to vary these directions the Chair of the Tribunal and the MPTS must be informed forthwith and the Chair shall determine what, if any, directions should be given.

ANNEX F - 07/08/2025

Application to adduce hearsay evidence

235. On 7 August 2025, Mr Butler, Counsel on behalf of Dr Prodhan, made an application under Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') to admit evidence in the form of a witness statement, dated 30 May 2025 from Ms B. Ms B was the Business Manager at Gloucester House Medical Centre XXX.

236. Mr Butler submitted that Ms B was not able to attend the hearing today as she is the XXX. Mr Butler submitted that the witness statement was relevant, and it was fair to admit it. He submitted that the witness statement was more of a character reference and was not decisive of the facts. The question of what weight the Tribunal attach to the witness statement was a matter for the Tribunal. He submitted that if the Tribunal wished for Ms B to attend, then she may be available next week.

237. Mr Williams, Counsel on behalf of the GMC, submitted that the statement was hearsay evidence and not automatically admissible. He submitted that Ms B's witness statement was relevant as character evidence. He submitted that the GMC did not take

formal objection to its admissibility or its fairness. Mr Williams submitted that the Tribunal can assess and give the statement what weight it considers appropriate.

Tribunal's Decision

238. The Tribunal had regard to Rule 34(1) of the Rules which states:

> *"The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law."*

239. The Tribunal considered that the witness statement was relevant as Ms B had worked with Dr Prodhan for a significant length of time covering a large part of the period of the Allegation. Whilst there were questions which the Tribunal would have wished to have asked Ms B, it would not be fair to exclude her witness statement, particularly in circumstances where there was no objection from the GMC and her evidence was not the sole or decisive evidence in this case.

240. Accordingly, the Tribunal will admit the evidence under Rule 34(1) of the Rules.

SCHEDULES

SCHEDULE 1
XXX

SCHEDULE 2
XXX

SCHEDULE 3
XXX

SCHEDULE 4

Date	Detail of Prescription
4 November 2015	XXX
28 January 2016	XXX
31 August 2016	XXX
2 October 2017	XXX
30 November 2018	XXX
4 April 2019	XXX
3 June 2019	XXX