PUBLIC RECORD

Dates: 19/06/2024 - 21/06/2024; 30/08/2024; 17/10/2024

Medical Practitioner's name:	Dr Mihir CHANDARANA
GMC reference number:	7560626
Primary medical qualification:	MBBS 2006 Maharashtra University of Health Sciences - Lokmanya Tilak Municipal Medical College

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Kim Parsons
Lay Tribunal Member:	Mr Andrew Waite
Medical Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Ms Maria Khan (19/06/2024 - 21/06/2024) Ms Hinna Safdar (30/08/2024) Mrs Rachel Horkin (17/10/2024)

Attendance and Representation:

Medical Practitioner:	Present, represented (19/06/2024 - 21/06/2024; 30/08/2024) Present, not represented (17/10/2024)
Medical Practitioner's Representative:	Mr Marios Lambis, KC, instructed by Clyde & Co.
GMC Representative:	Ms Rina Hill, 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- 30/08/2024

Background

1. Dr Chandarana qualified as a doctor in 2004 from the Maharashtra University of Health Sciences - Lokmanya Tilak Municipal Medical College, in India. He moved to the UK from India in 2016 and became a Member of the Royal College of Surgeons of Edinburgh in 2017.

2. Dr Chandarana has held posts in different branches of Surgery at various hospitals in Scotland and England. At the time of the events, Dr Chandarana was practising as a Specialist Registrar in Breast Surgery at Glenfield Hospital, Leicester, and had on-call duties at Leicester General Hospital.

3. The allegation that has led to Dr Chandarana's hearing can be summarised as that, on 20 November 2023, at Chesterfield Magistrates' Court, Dr Chandarana was convicted of intentionally attempting to communicate sexually with a person under 16 for the purposes of sexual gratification contrary to section 1(1) of the Criminal Attempts Act 1981. Dr Chandarana pleaded guilty to this offence.

4. On 11 January 2024, Dr Chandarana was sentenced to a four month custodial sentence suspended for 12 months, a rehabilitation activity requirement ('RAR') up to a maximum of 25 days and an unpaid work requirement ('UPW') of 200 hours. Dr Chandarana is subject to notification requirements for a period of seven years under the Sexual Offences Act 2003.

5. On 10 May 2024 at Derby Magistrates' Court, a Sexual Harm Prevention Order ('SHPO') was made for a period of five years prohibiting him from specific activities.

6. Dr Chandarana was arrested on 26 March 2021 at his home address on suspicion of attempting sexual communication with a child, after reliable information was received by the police that he had been talking online to a law enforcement operative who was purporting to be a 13 -year-old girl called 'Paris'. The communication took place via the KIK and Snapchat

online social media platforms and consisted of both general chats and some of a sexualised nature. Devices including laptops and Dr Chandarana's mobile phone were seized by the police for examination.

7. On 29 March 2021 Dr Chandarana self-referred to the GMC via email.

8. Dr Chandarana was formally charged on 19 October 2023. He pleaded guilty to the charges against him at Chesterfield Magistrates' Court on 20 November 2023 and was sentenced on 11 January 2024. Dr Chandarana was deprived of the items taken from him i.e. laptops and mobile phone, by the court, who made a deprivation order so that he could not use social media or access any chatlines found on the devices.

The Outcome of Applications made during the Facts Stage

9. The Tribunal granted the application made Ms Rina Hill, Counsel on behalf of the GMC, pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adduce additional evidence, namely Dr Chandarana's signed Certificate of Conviction dated 7 June 2024. There was no opposition from Dr Chandarana.

10. The Tribunal granted Ms Hill's application, made on behalf of the GMC pursuant to Rule 17(6) of the Rules, that paragraph 4 of the Allegation be amended to add an apostrophe after the word 'Magistrates'. Dr Chandarana did not oppose the amendment.

The Allegation and the Doctor's Response

11. The Allegation made against Dr Chandarana is as follows:

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

1. On 20 November 2023 at Chesterfield Magistrates' Court you were convicted by reason of your guilty plea of an offence contrary to section 1(1) of the Criminal Attempts Act 1981. The particulars of the offence are that between 4 November 2020 and 26 March 2021 at Chesterfield, Derbyshire, being a person aged 18 or over, for the purpose of obtaining sexual gratification, you intentionally attempted to communicate with Paris, a person under 16 who you did not reasonably believe to be 16 or over, the communication being of a sexual nature namely asking Paris if she touches herself down there when on her own and discussing sexual positions and sexual acts.
   Admitted and found proved
2. On 11 January 2024 at Chesterfield Magistrates' Court you were sentenced to a Suspended Sentence Order comprising:
   a. a four month custodial sentence suspended for 12 months;
   Admitted and found proved

b. a rehabilitation activity requirement for a maximum of 25 days;
Admitted and found proved

c. an unpaid work requirement of 200 hours to be completed within 12 months.
Admitted and found proved

3. By reason of your conviction, you are subject to the notification requirements under the Sexual Offences Act 2003 for a period of seven years.
Admitted and found proved

4. On 10 May 2024 at Derby Magistrates' Court, a Sexual Harm Prevention Order was made for a period of five years prohibiting you from the activities set out in Schedule 1.
Amended under Rule 17(6)
Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

The Admitted Facts

12. At the outset of these proceedings, through his counsel, Mr Marios Lambis, KC, Dr Chandarana made admissions to all the paragraphs and sub-paragraphs of the Allegation, as set out above, 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 and found proved.

Determination on Impairment

13. In light of Dr Chandarana's response to the Allegation made against him, the Tribunal proceeded to determine whether Dr Chandarana's fitness to practise is impaired by reason of his conviction.

The Evidence

14. The Tribunal has taken into account all the evidence received during the facts and impairment stages of the hearing, both oral and documentary, as summarised below.

15. Dr Chandarana provided his own witness statement, dated 10 June 2024, and also gave oral evidence at the hearing. Alongside his witness statement, Dr Chandarana provided:

- His CV;
- Evidence of training and feedback between 2018 and 2022:
  - Trainee report – multi source feedback
  - ST4 trainee sign off/ARCP
  - ST5 trainee multi-source feedback

    - ST5 trainee final review – Clinical Supervisor comments
    - ST6 trainee multisource feedback;
- Pre-Sentence Report, dated 29 December 2023;
- Letter for Judge, dated 20 December 2023;
- Three character references, two dated 27 November 2023, one undated;
- Reflective Statement, undated;
- Bhagavad Gita CPD Course certificate, dated February 2023;
- Certificates of participation for the following Probity and Ethics CPD modules taken in May and June 2024:
    - Ethics and Ethical Standards for Doctors;
    - How to Ensure a Similar Mistake or Misconduct will not be repeated in Future;
    - Module on Reflection;
    - Module on Insight;
    - Module on Remediation.

Further Documentary Evidence

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

- Police Report MG5, dated 17 October 2023;
- Witness Statement of DC A, dated 10 July 2023;
- Witness Statement of DS B, dated 23 June 2023;
- Snapchat and KIK messages, dated 16-21 March 2021;
- Witness Statement of 'Paris', dated 25 March 2021;
- Email from Dr Chandarana to the GMC advising of his arrest, and subsequent email providing further details, dated 29 and 30 March 2021 respectively;
- Email from Dr Chandarana to the GMC enclosing Police Bail Form, dated 15 April 2021;
- Email from Dr Chandarana's legal representatives to the GMC advising that Dr Chandarana had been charged, and subsequent email enclosing formal notification of charge, dated 20 and 23 October 2023, respectively;
- Formal notification of charge, dated 19 October 2023;
- Email from DC A to the GMC confirming that Dr Chandarana had been charged, dated 27 October 2023;
- Email from Dr Chandarana's legal representatives to GMC dated 9 November 2023;
- Email chain between Mr C, UHL Deputy Medical Director and Responsible Officer, and the GMC confirming Dr Chandarana was dismissed from the Trust for gross misconduct, dated 13 December 2023;
- Certificate of Conviction, dated 11 January 2024;
- Sexual Prevention Harm Order, dated 10 May 2024;
- Testimonial of Ms D, Dr Chandarana's allocated Probation Officer, dated 31 May 2024;
- XXX;

- Testimonial of Miss F, Dr Chandarana's Educational Supervisor since 2021, dated 5 June 2024;
- XXX;
- Signed Certificate of Conviction, dated 7 June 2024.

Submissions

On behalf of the GMC

17. Ms Hill submitted that by reason of his admissions and the findings of the Tribunal under Rule 17(2)(e) of the Rules, Dr Chandarana's fitness to practise is impaired by reason of conviction.

18. Ms Hill referred the Tribunal to the guidance in the case of *Meadow v GMC* [2006] EWCA Civ 1390:

> *'the purpose of fitness to practise procedures is not to punish the practitioner for past misdoings but to protect the public against the actions or omissions of those who are not fit to practise. The [Panel] thus looks forward and not back. However, in order to form a view as to the fitness of a person to practise today it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.'*

19. Ms Hill also referred the Tribunal to the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin. This sets out that whilst there is no statutory definition of *'impairment'*, the Tribunal should consider whether the practitioner:

> *'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/or 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 in the future to act dishonestly in the future.'*

Ms Hill submitted that at least b. and c. of *Grant* were engaged, and that Dr Chandarana has in the past brought the medical profession into disrepute. His conviction comprised repeated attempted sexual communication with a child for sexual gratification and as such it was conduct that seriously undermined public confidence in the profession and brought the profession into disrepute.

20. Ms Hill reminded the Tribunal it must not lose sight of the aims of the statutory overarching objective to:

- *protect and promote the health, safety and wellbeing of the public;*
- *promote and maintain public confidence in the medical profession; and*
- *promote and maintain proper professional standards and conduct for the members of the profession.*

21. Ms Hill submitted that the public do not expect doctors to commit criminal offences especially, it is suggested, a criminal offence of this nature.

22. Ms Hill submitted that Dr Chandarana had breached fundamental tenets of the profession and that the following paragraphs of *Good medical practice* (2013) ('GMP') were engaged in this case:

> *1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

23. Ms Hill submitted on behalf of the GMC that all three limbs of the overarching objective are engaged in this case and that a finding of impairment is necessary to promote and maintain the health, safety and wellbeing of the public; promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for members of that profession.

24. Ms Hill said it was clear from Dr Chandarana's evidence that he felt under immense pressure both personally and professionally during the COVID-19 pandemic and found it especially difficult being away from loved ones overseas and XXX. However, she noted that the Allegation occurred at a time when he had been reunited with XXX.

25. Ms Hill drew the Tribunal's attention to the fact that on 16, 17 and 25 March 2021 Dr Chandarana was communicating with 'Paris' while at work, and that he had instigated communication on 17 March 2021 at 07:15 which continued into the afternoon. She pointed out that Dr Chandarana's conduct, did not represent an isolated error or a single lapse of judgement.

26. Ms Hill then turned to the matter of remediation and invited the Tribunal to have regard to the case of *Cohen v General Medical Council [2008]* EWHC 581 (Admin) which provides:

'It must be highly relevant in determining if a doctor's fitness to practice is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.'

27. Ms Hill acknowledged that Dr Chandarana had provided a considerable amount of documentary evidence to the Tribunal in relation to the steps he had taken towards remediation. She said it was also acknowledged by the GMC that Dr Chandarana has engaged positively with the probation service in completing the requirements of the Suspended Sentence Order and that he has completed the UPW requirement in its entirety and done all that has been asked of him in relation to the RAR, having completed 6 out of a maximum of 25 days. She highlighted that he had XXX even before he was formally charged with any offence.

28. However, Ms Hill submitted, this was a case where the seriousness of the conviction was such that it justified the Tribunal making a finding of impairment, notwithstanding the steps subsequently taken by Dr Chandarana to remediate. She said, 'these could only go so far'. Ms Hill further submitted that as Dr Chandarana still did not accept that at the time he knew he was engaged in sexual communications with a 13-year-old girl, the Tribunal may wish to consider what behaviour Dr Chandarana has sought to remediate.

29. In relation to Dr Chandarana's insight, Ms Hill acknowledged that Dr Chandarana self-reported to the GMC promptly, with full disclosure about the police investigation, and had also pleaded guilty to the charges at the first available opportunity. It was clear that he had reflected on his offending behaviour and was deeply ashamed, apologising for his behaviour and appearing to accept he should have behaved differently. However, in his evidence, Dr Chandarana told the Tribunal that he did not appreciate, until at the police station under arrest that 'Paris' was a child. This is what Dr Chandarana also told XXX, Ms Hill submitted, this flew in the face of the evidence and in the face of his guilty plea for intentionally attempting to engage in sexual communication with a child.

30. Ms Hill submitted that even if Dr Chandarana had not appreciated that 'Paris' was a child at the outset of their communication, he must have realised that she was a child by virtue of her photograph and her mentioning being in school.

31. Ms Hill said that whilst there was no evidence to suggest that Dr Chandarana had a general sexual interest in children, it was clear and unambiguous that he had a sexual interest in 'Paris'.

32. Ms Hill submitted that whilst Dr Chandarana's likelihood of repetition may be assessed at relatively low, this was dependent on his continued engagement with the probation service and on his sustained personal motivation not to reoffend. Ms Hill drew the Tribunal's attention to the probation pre-sentence report prepared for the sentencing hearing. As part of the assessment, Mr G, the report writer, conducted risk assessments assessing Dr Chandarana as having a low risk of recidivism but posing a medium risk of

serious harm at the current time. That risk being directed towards children and more specifically pubescent female children aged 11-17.

33. Ms Hill acknowledged that having considered all of the evidence the Tribunal may form the view that the consequences of Dr Chandarana's actions, namely his conviction, sentence, the loss of his employment, the impact on his family and the risk his offending conduct poses to his immigration status, all have been a salutary lesson for him and that, providing he continues to engage positively with the requirements of his sentence, he is less likely to repeat his behaviour. Notwithstanding that, it is submitted that a reasonable and well-informed member of the public would expect a finding of impairment to be made given the illegal and morally unacceptable conduct of Dr Chandarana, both to mark the seriousness of the conduct and to uphold proper standards across the medical profession.

On behalf of Dr Chandarana

34. Mr Lambis submitted that Dr Chandarana did not seek to address the Tribunal on the question of current impairment; he accepts the conviction is serious, but states that the Tribunal should not be *"blinded by the 'headlines' of the case"*. Mr Lambis asked that the context within which this occurred be carefully and forensically examined, the Tribunal asking itself '*why does a man who has never been in professional trouble previously, let alone criminal trouble, reach the age of almost 40 and suddenly get something so catastrophically wrong?'.*

35. Whilst stressing that Dr Chandarana does not seek to go behind the conviction or sentence, Mr Lambis informed the Tribunal that the sentence should, perhaps, have been appealed. He pointed out there were no statutory aggravating factors identified and credit for the guilty plea was not fully addressed.

36. Mr Lambis submitted that whilst the time span referenced in the conviction began in November 2020, up until 15 March 2021 there was little contact between 'Paris' and Dr Chandarana. He submitted the real mischief of the case occurred over a time span of days rather than weeks, in particular on 15-17 March 2021 and 22 March 2021.

37. Mr Lambis stated it was accepted that on 16 March 2021 'Paris' identified herself as a 13-year-old female from London and it is also accepted that Dr Chandarana should have stopped communicating with her at this point.

38. Mr Lambis submitted that Dr Chandarana was a truthful witness, who gave consistent evidence throughout. This was despite the stresses and anxieties of giving oral evidence and the personal nature of the evidence being given, along with English not being his first language. Further he submitted that the Tribunal should give weight to the doctor's cultural identity and how that 'may manifest itself'. Mr Lambis stated it was clear that Dr Chandarana is remorseful, ashamed and insightful.

39. Mr Lambis reminded the Tribunal of the context in which Dr Chandarana said he pleaded guilty leading to the conviction; that the communications with the person known as 'Paris' did take place on the dates alleged, 'Paris' had said that she was 13 and rather than stop he carried on and, that looking at the evidence, he accepted himself that no reasonable person would believe otherwise. Dr Chandarana simply said that at the time he did not realise that which every reasonable person would have, because of everything he was going through. That was not going behind the conviction and in terms of his own self-interest, was not an attractive position to assert.

40. Mr Lambis referred the Tribunal to Dr Chandarana's CV and the very positive Multiple Source Feedback he had received and the respect shown for him by fellow professionals in a clinical setting prior to this offence.

41. Mr Lambis referred the Tribunal to the Pre-Sentence Report prepared for the Magistrates' Court, and the letter Dr Chandarana wrote to the Magistrates after he pleaded guilty. Mr Lambis also drew the Tribunal's attention to Dr Chandarana's current probation officer's report, providing positive feedback on his progress since sentencing. He highlighted the evidence received XXX and the courses he had undertaken to develop his insight and remediate.

42. Mr Lambis drew the Tribunal's attention to the doctor's reflective statement and the factors he considered highly relevant in the context of his criminality in particular:

- that Dr Chandarana was not an experienced criminal. His conduct was unsophisticated and not surreptitious, using his own mobile phone, traceable to him and sending a photo of himself, identifying himself as working for the NHS;
- the impact of the arrest on him and his family;
- his consistency of explanation throughout, meaning it should be possible to place a degree of trust in him;
- not to forget the wider impact of the pandemic, in particular on doctors, which the GMC recognised at the time;
- also, the extra factors applying in Dr Chandarana's individual circumstances, being in a foreign country, away from XXX. Also, concern for XXX. Additionally, his working pattern having changed so he was spending more time on his own but when working, being on the front line with XXX; and
- in particular having regard to what others have to say about the low risk of repetition, for example the probation service.

Legal Advice

43. The Legally Qualified Chair (LQC) also reminded the Tribunal of the cases of *Meadow v GMC* [2006] EWCA Civ 1390 and *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin as referred to already by the GMC.

44. The LQC referred the Tribunal to the case of *Yeong v GMC* [2009] 1923 Admin where it was said that there will be occasions where impairment of fitness to practise must be found as a matter of public policy, to uphold public confidence in the profession, where to make no such finding would have an adverse impact on public confidence.

45. Further, the LQC reminded the Tribunal of the case of *Professional Standards Authority v The Health and Care Professions Council and Doree* [2017] EWCA Civ 39 where it was stated:

> *'Whether a registrant has shown insight into misconduct, and how much insight he has shown, are classically matters of fact and judgment for the professional disciplinary committee in the light of the evidence before it. Some of the evidence may be matters of fact, some of it merely subjective. In assessing a registrant's insight, a professional disciplinary committee will need to weigh all the relevant evidence both oral and written, which provides a picture of it.'*

46. The LQC also reminded the Tribunal of the wording of Rule 34(3) of the Rules:

> *'Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence, or, in Scotland, and extract conviction shall be conclusive evidence of the offence committed.'*

47. The LQC also drew the Tribunal's attention to the case of *Dr Bawa-Garba v GMC (and The British Medical Association (1) the Professional Standards Authority for Health and Social Care (2) The British Association of Physicians of Indian Origin (3) – Interveners [2018] EWCA Civ 1879*, where it is clear that the Tribunal cannot go behind a criminal conviction and substitute its own view on the seriousness of the individual's personal culpability. She reminded the Tribunal, here, that the conviction and the sentence imposed were as set out in the certificate of conviction and the Tribunal must proceed on the basis that the court accepted the doctor's guilty plea and the court considered the proportionate and appropriate sentence imposed was as shown on the certificate of conviction.

The Tribunal's Determination on Impairment

48. The Tribunal took into account the documentary and oral evidence presented before it, as well as the submissions from both parties.

49. When considering whether Dr Chandarana's fitness to practise is currently impaired by reason of his conviction, the Tribunal first had regard to Dr Chandarana's assertions throughout his oral evidence and witness statement that he had not known he was communicating with a child when exchanging text messages with 'Paris'. He told the Tribunal that his personal circumstances had clouded his judgement and it was only when he was arrested and interviewed by the police that he realised that he had been engaging in sexually motivated conversations with a 13-year-old.

50. The Tribunal took into consideration the text messages exchanged between Dr Chandarana and 'Paris'. It noted that although Dr Chandarana first contacted 'Paris' on 5 November 2020, there was minimal interaction until Tuesday 16 March 2021. At 08:11 on this date 'Paris' identified herself as a 13-year-old female located in London, in response to contact made by Dr Chandarana on the prior evening.

51. On 17 March 2021 the two engaged in general conversation regarding 'Paris' being at school. Dr Chandarana stated that 'Paris' would be punished if caught. He sent winking emojis and a GIF depicting a female on all fours and her hair being pulled from behind. He then asked 'Paris *'Tell me what nawty thing have you done?'* before recounting a sexual experience which included him describing that he *'licked her and she sucked'*. Dr Chandarana asked 'Paris' if she has been *'licked'* and if she wants to do something naughty. 'Paris' requested to move to Snapchat; on the same day Dr Chandarana added 'Paris' on to Snapchat. Dr Chandarana asked for a picture of 'Paris' and received an image of a young female fully clothed. Dr Chandarana replied with an image of himself wearing a medical face mask.

52. The Tribunal had regard to the text messages from 'Paris' that clearly indicated she was at school, and Dr Chandarana's acknowledgment of this fact, *'Are you okay to chat while in school.?..', 'School getting done soon..??..when's a good time to chat.?.'*

53. Between 18-19 March 2021 there was minimal engagement between the pair. On 22 March 2021 Dr Chandarana asked 'Paris' *'Naughty today.??..'* and then sent 'Paris' a GIF of two people massaging, stating *'Lets do something like this' , 'Yea.. am horny as hell'. 'Am hard'*. He described his favourite porn to watch is *'Girl on top'*. He asked 'Paris' *'You've been on top before.??'* and continued talking about sexual positions. Dr Chandarana stated to 'Paris' *'Blowjob is also nice'*, *'You touch yourself down there when alone.?.'* further asking *'What do you like to do in bed?'*, '*You like using your fingers ha'*, *'They can make magic if you use them well'*.

54. The Tribunal concluded that it was made clear to Dr Chandarana by 'Paris' in the messages sent over a 10-day period, that she was at school and he acknowledged this by asking about school and her lessons. The Tribunal noted Dr Chandarana developed a very sexualised conversation with her despite this, some of these conversations taking place whilst he was at work. The Tribunal noted Dr Chandarana had persisted in communicating with 'Paris' despite having a number of opportunities to stop.

55. The Tribunal did not find Dr Chandarana's account credible that he had been unaware that 'Paris' was presenting as a 13-year-old schoolgirl at the time of their exchanges. It also noted the wording of the offence he pleaded guilty to.

56. The Tribunal accepted that at the outset Dr Chandarana's intention may have just been to communicate with adult females in a sexualised way and there was no evidence he had a general interest in children. However, he did have a sexual interest in 'Paris' and when

he started getting responses he engaged more, describing in his oral evidence that he was unable to resist.

57. The Tribunal then had regard to Dr Chandarana's explanation of his personal circumstances that led to the offence. Dr Chandarana told the Tribunal that at the time the country went into lockdown as a result of the coronavirus pandemic he was working and living alone in Edinburgh, whilst XXX. He recalled the significant change in his work, being in an empty office, coming home on empty roads and coming home to live alone. He said this had carried on for a long period. He explained that there also came a time, after lockdown, when XXX was unable to travel to stay with him. Dr Chandarana was also concerned for XXX.

58. Dr Chandarana described during this time starting to watch pornography to distract his mind from reality and as a sexual outlet too. He said this increased gradually over time and eventually Dr Chandarana discovered KIK which gave him the freedom to interact in groups and also chat with individuals. Dr Chandarana told the Tribunal that his intention had been to have conversations of a sexual nature with females.

59. In August 2020, Dr Chandarana moved back to live XXX, however he said he did not stop using the KIK application. He said he would delete the app when XXX, but then reinstall the app when he was alone at home or at work. He told the Tribunal that he was getting a thrill and thought it was harmless communication. He described liking the anonymity.

60. Dr Chandarana told the Tribunal he knew contacting females was wrong and it was out of character for him. He said he was unable to have these sexualised kinds of conversations XXX and had become addicted to the online sexual conversations. At one point he said he had even started praying to God to help him to stop.

61. The Tribunal noted that at the time of most of the communication with 'Paris', Dr Chandarana was back living XXX and had resumed work. The Tribunal concluded that many of the factors that he said had led to him originally turning to pornography had fallen away by the time most of his exchanges took place with 'Paris'.

62. Further, the Tribunal noted that by his own account, Dr Chandarana had not drifted into ongoing online messaging with 'Paris' by mistake, rather he kept deleting and reloading the app to communicate with her specifically.

63. The Tribunal was of the view that what Dr Chandarana put forward as personal mitigation did not change the seriousness of what he had done or excuse his lack of judgement. The Tribunal accepted that UK doctors were under immense pressure at this time and also accepted that people may turn to sexual entertainment as an outlet, however this did not explain engaging in a course of criminal conduct for sexual gratification with a person under the age of 16 years.

64. The Tribunal acknowledged that Dr Chandarana had self-referred to the GMC as soon as possible after being arrested and had, of his own volition, sought XXX from April-October

2021. Dr Chandarana had also made sincere efforts to limit his use of social media and other internet-related activities.

65. The Tribunal acknowledged that Dr Chandarana had pleaded guilty in the criminal courts at the first opportunity and admitted his wrongdoing at this Tribunal.

66. The Tribunal considered Dr Chandarana's insight into his offending behaviour. It took into account his consistent denial that he had known 'Paris' was underage prior to his arrest. The Tribunal had regard to the remarks in the Pre-Sentence Report:

> *"To what extent Dr Chandarana's denial of the offence being sexually motivated fits in to an adopted version of events that he finds easier to associate with due to intense feelings of shame is currently unclear. It would be my assessment that his motivation was to seek sexual gratification and that he had a clear awareness throughout his message exchange as to the level of inappropriateness of his conduct, indeed the acknowledgement of the victim being at school is seemingly clear evidence of this. Perhaps the element of anonymity associated with online chat forums contributed to blurring the boundaries and his judgement. I would accept that Dr Chandarana found himself in unique circumstances in the lead up to his index offending and this is salient, especially considering his age and lack of previous convictions.*
>
> *From experience, it is not atypical or considered to be an indicator of increased risk for individuals to deny a sexual motivation behind their offending. Research suggests that denial traits are driven by feelings of shame about the offence, and that 'cognitive distortions', rather than being a trigger to offending are more likely ways of rationalising behaviour after the event.*
> *Shame (or more pertinently feelings of guilt) is a functional trait, held by people who know that they have done something bad or harmful. Furthermore and consequently, they are likely to privately make changes due to a sincere desire to avoid reoffending. Dr Chandarana presented to fall in to this category in my assessment."*

67. The Tribunal acknowledged that Dr Chandarana had demonstrated a significant level of remorse and that he was regretful and ashamed. In terms of insight, Dr Chandarana's insistence that he did not know 'Paris' was a child, despite all the remediation and XXX undertaken, led the Tribunal to conclude that Dr Chandarana's insight was incomplete.

68. The Tribunal next looked at the remediation Dr Chandarana has undertaken to address his offending behaviour. It had regard to Dr Chandarana's Probation Officer's statement in which she wrote:

> *"Since the order was imposed, I have had regular appointments with Dr Chandarana. These were initially weekly but have now moved to monthly to reflect his good progress. Additionally, Dr Chandarana has successfully completed his Unpaid Work Requirement promptly and completed additional days to ensure this could be terminated as soon as possible. [XXX]. As such, Dr Chandarana has now completed 6*

RAR days with the remainder of his RAR days to be used completing the Maps for Change toolkit. This is a strengths-based intervention that is specifically tailored to those who have committed sexual offences. This will look at goal setting, emotions, support networks, effective communication, and healthy relationships (on and offline). These rehabilitative sessions will be ongoing and completed at monthly intervals until the Order is complete. Thus far, Dr Chandarana's compliance has been positive, and he appears insightful as to how he can avoid reoffending in the future. He appears to have taken relevant steps and accessed relevant support to achieve this. There seems to have been a genuine and meaningful effort since the offence occurred some 3 years ago. Although I cannot comment on his medical ability, I have no immediate concerns about his motivation to work towards desistance and overall engagement with his order."

69. When considering remediation, the Tribunal accepted the view of Dr Chandarana's probation officer that he had engaged with the terms of the criminal court orders.

70. The Tribunal had regard to Dr Chandarana's evidence that he has been pursuing opportunities to build and developing spiritual and religious beliefs which, in his view, will enable him to choose the right path in life.

71. The Tribunal noted that Dr Chandarana had undertaken several professional courses to develop his insight and remediate.

72. The Tribunal also took into account the feedback from XXX.

73. The Tribunal acknowledged the positive support Dr Chandarana has received from XXX who, despite his conviction, considered this to be completely out of character and unlikely to be repeated. Further, the Tribunal observed that Dr Chandarana had seen the impact of his behaviour on his family, career and on his immigration status and considered that this may act as a deterrent going forward.

74. The Tribunal, on looking at the feedback provided by other professionals, recognised that until this issue arose Dr Chandarana was a well-respected and well-regarded doctor with no patient harm concerns. The feedback included comments such as:

"is an asset to the team, always willing to go the extra mile to accommodate patient, and always polite and courteous"

"Mihir is one of the best surgical registrar I had a chance to work with. His clinical care, medical practice, learning and teaching skills are all outstanding. Very professional, great knowledge, kindness and sense of humour. Surgeon you want to have to look after you"

"Mr Chandarana is extremely supportive of junior doctors. His ward rounds are very thorough and his management plans are clear. He is also easily accessible

75. The Tribunal also had regard to the comments in the Pre-Sentence Report about the risk of repetition and the likely impact if the behaviour was repeated. As part of the assessment, Mr G, the report writer, conducted risk assessments and concluded the following:

> *"The Risk of Serious Recidivism (RSR) predictor score states the likelihood of conviction for an individual of a seriously harmful offence over a 2-year period … Dr Chandarana presents a low risk of serious recidivism (0.57%). Furthermore, given their static factors, such as age, gender and known previous convictions, he/she is assessed as presenting a low risk of re-offending (OGRS 6%) when compared to individuals sharing the same characteristics. Whilst a helpful indicator, I would apply caution to such scores, noting it does not account for dynamic risk factors that can fluctuate at any time. Should Dr Chandarana fail to manage his lifestyle choices and his management of sexual thinking and urges the likelihood and opportunity for further offending would potentially increase."*
>
> *"Using the OSP (Sexual reoffending predictor), an actuarial assessment tool for adult men who have been convicted of sexual or sexually motivated offences, Dr Chandarana is assessed as a low likelihood of re-offending for both contact and non-contact offences of a sexual nature."*
>
> *"Risk of serious harm:*
>
> *Dr Chandarana is assessed as posing a medium risk of serious harm at the current time. The risk is directed towards children. More specifically this relates to pubescent female children (such as secondary school aged children aged 11-17) in light of the victim being 13.*
>
> *The nature of the risk relates to sexual harm, such as engaging children in sexual communication or sexual activity via remote means.*
>
> *In light of the evidence of Dr Chandarana taking proactive positive steps to seek support, his lack of convictions, compliance with period of bail (over 2 years) and him presenting to be deterred and sobered by the consequences of his offending behaviour, I would assess the risks to be low in imminence at the current time.*
>
> *Dr Chandarana is assessed as posing a low risk to all other identifiable groups at the current time."*

76. The Tribunal concluded that while Dr Chandarana had taken some positive steps to remediate his behaviour, there remained some risk of repetition. The Tribunal does not find it credible that in the face of all the available evidence, Dr Chandarana still maintains he was unaware that he was communicating with a 13-year-old at the time of events. However, the

steps Dr Chandarana has taken to remediate had to be considered in the context of his criminal conduct and the over-arching objective.

77. The custodial sentence imposed (albeit suspended) reflects the seriousness of Dr Chandarana's criminal conduct. The suspended sentence is due to expire in January 2025, so remains live. In addition to the Suspended Sentence Order, a SHPO was imposed for five years and also remains live. Dr Chandarana is also subject to the Notification Requirements under the Sexual Offences Act 2003 for a period of seven years (until 2031), these latter measures were taken for public protection.

78. The Tribunal concluded that paragraphs 1 and 65 of GMP were engaged and that by virtue of these and his criminal conviction, Dr Chandarana had departed significantly from the standards required of doctors, as set out in GMP. The Tribunal also took into account the test as set out in *Grant* and determined that Dr Chandarana had brought the profession into disrepute and breached fundamental tenets of the profession. It took into account that Dr Chandarana had been at work during several instances of messaging 'Paris' but saw no evidence of risk to patient safety during these times.

79. In considering whether Dr Chandarana's fitness to practise is currently impaired, the Tribunal balanced its assessment of his insight, remediation and the risk of repetition against the statutory overarching objective. It concluded that Dr Chandarana's offending behaviour had seriously undermined public trust and confidence in the medical profession and brought the medical profession into disrepute.

80. The Tribunal concluded that a finding of impairment in respect of Dr Chandarana's conviction was required in order 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.

81. The Tribunal has therefore determined that Dr Chandarana's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 17/10/2024

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

Submissions

On behalf of the GMC

83. Ms Hill submitted that erasure from the medical register would be the most appropriate sanction in this case.

84. Turning to mitigating factors, Ms Hill noted that Dr Chandarana has no previous fitness-to-practise history and that he pleaded guilty to the offence at the first opportunity before the court and admitted the Allegation before this Tribunal. He has also apologised for his behaviour, indicating some level of insight. Ms Hill noted that the Tribunal had already determined his insight is incomplete.

85. Ms Hill emphasised paragraphs 45 and 46 of the Sanctions Guidance ('SG'), which address insight.:

> *'45 Expressing insight involves demonstrating reflection and remediation.*
> *46 A doctor is likely to have insight if they:*
> *a accept they should have behaved differently (showing empathy and understanding)*
> *b take timely steps to remediate (see paragraphs 31–33) and apologise at an early stage before the hearing*
> *c demonstrate the timely development of insight during the investigation and hearing.'*

86. Ms Hill submitted that for a doctor to demonstrate insight, they must accept that they should have behaved differently, show empathy, take timely steps to remediate, and develop insight throughout the investigation and proceedings. While Dr Chandarana has admitted his guilt and apologised, she pointed out that the Tribunal found his claim that he was unaware he was communicating with a child not credible, and his insight incomplete.

87. Ms Hill submitted that remediation can take various forms, including coaching, mentoring, and rehabilitation, but some offences are so serious that they are difficult to remediate. This is particularly true where there is an ongoing risk to public protection or where public confidence needs to be maintained. She acknowledged that Dr Chandarana has undertaken some steps to address his offending behaviour, but said some risk of repetition remains. She stated that although he has provided testimonials and letters of support, these must be weighed against the nature of the offence.

88. Ms Hill then turned to aggravating factors, outlined in Paragraphs 50 to 60 of the SG. She reminded the Tribunal that it should consider whether Dr Chandarana has failed to demonstrate timely insight and has not been fully open and honest during the hearing, particularly in relation to his continued assertion that he was unaware he was communicating with a child. Ms Hill submitted that this undermines his credibility and insight.

89. In terms of the specific nature of the offence, Ms Hill highlighted paragraph 55 of the SG, which lists sexual misconduct and sexual offences as aggravating factors. Paragraph 149 defines sexual misconduct as a broad category, including criminal convictions for sexual assault and abuse involving children. Paragraph 150 states that sexual misconduct seriously undermines public trust in the profession. Ms Hill submitted that erasure is likely the appropriate sanction in such cases.

90. Ms Hill also referred the Tribunal to paragraphs 151 to 159, which provide guidance on sexual offences and child sexual abuse materials. Although these paragraphs focus on

accessing or viewing such materials, Ms Hill submitted that the principles are applicable in this case. A doctor convicted of a sexual offence is likely to have breached the principles of Good Medical Practice ('GMP') and seriously undermined public confidence. Paragraph 154 clarifies that no doctor registered as a sex offender should have unrestricted registration, and each case must be considered on its merits.

91. In considering the appropriate sanction, Ms Hill reminded the Tribunal of the need to impose the least restrictive sanction that protects the public. She argued that taking no action would be inappropriate, as there are no exceptional circumstances in this case that would justify it. Conditions would also be inappropriate due to the nature of the offence, as conditions are typically used to remedy deficiencies in practice, which is not applicable here. Similarly, suspension would not be sufficient, as the GMC argues that Dr Chandarana's behaviour is fundamentally incompatible with continued registration. Ms Hill directed the Tribunal to paragraph 93 of the SG which states that suspension may be appropriate when there is an acknowledgment of fault and a low risk of repetition, but this does not apply here, given the seriousness of the offence and the incomplete insight displayed by Dr Chandarana.

92. Finally, Ms Hill directed the Tribunal to Paragraphs 107 to 109, which discuss erasure. She set out that erasure may be appropriate even where patient safety is not directly at risk, if maintaining public confidence in the profession requires it. Ms Hill submitted that Dr Chandarana's conduct represents a particularly serious departure from GMP and that his behaviour is difficult to remediate. Furthermore, his conviction for a sexual offence and the incomplete insight into the seriousness of his actions, make erasure the only proportionate response. Ms Hill concluded by reminding the Tribunal that the purpose of the hearing is not to punish Dr Chandarana again for the offence, but to determine if restrictions are needed to protect the public and maintain the profession's reputation.

<u>On behalf of Dr Chandarana</u>

93. Mr Lambis reiterated the relevance of previous submissions, asking for a reconsideration of prior documents. He submitted that the defence's lack of a substantive challenge during the earlier stages of the hearing reflect insight and humility as further demonstrated by Dr Chandarana's admissions and cooperation.

94. Mr Lambis highlighted Dr Chandarana's consistent participation in both the regulatory and criminal processes. Mr Lambis referred to the doctor's apologies and reflections documented in various letters and statements, all framed as sincere and indicative of his commitment to the profession. Mr Lambis submitted that these actions should be to Dr Chandarana's credit, showing his insight into the situation and his active role in addressing the issues.

95. Mr Lambis set out two overarching matters: the importance of public perception of the profession and setting proper standards, and the evidence given by Dr Chandarana. He submitted that the "well-informed observer" would consider all of the evidence, and the observer should not be vindictive but rather fair and reasonable. He further stressed the

importance of considering Dr Chandarana's cultural background, the stress he was under, and the difficulties of giving evidence in a second language.

96. Mr Lambis invited the Tribunal to revisit testimonial evidence, highlighting that these testimonials offer a fuller picture of Dr Chandarana, beyond the immediate allegations. These testimonials, Mr Lambis submitted, show Dr Chandarana's long-standing good character and professional conduct, which are critical in determining a fair outcome.

97. In addressing the issue of sanctions, Mr Lambis stressed the need for proportionality. He stated that the Tribunal must balance the seriousness of the allegations with the individual circumstances of the practitioner, asserting that erasure would be unfair and disproportionate in this case. Mr Lambis referenced legal precedents, including the Bawa-Garba case, to argue that erasure is not always the necessary outcome, even in serious cases. Mr Lambis submitted that the GMC's suggested sanction does not align with public interest or the Tribunal's objectives, emphasising that a suspension, rather than erasure, would better serve the goals of justice and fairness.

98. Mr Lambis suggested several mitigating factors in this case, including Dr Chandarana's understanding of the issue, his insight, attempts at remediation, and the lapse of time since the offence occurred. He submitted that Dr Chandarana had already shown significant progress towards addressing his actions and should be credited for demonstrating insight and taking responsibility.

99. Further, Mr Lambis contended that suspension, rather than erasure, is the appropriate sanction. He set out that suspension serves as both a deterrent and a punitive measure, preventing Dr Chandarana from practising during the suspension period. Mr Lambis submitted that suspension is suitable when the misconduct is serious but not fundamentally incompatible with continued registration, and that Dr Chandarana has shown evidence of insight by apologising and making efforts to remediate his behaviour.

100. Mr Lambis also emphasised that Dr Chandarana has fully participated in the regulatory process, shown remorse, and admitted his guilt early on, which should count in his favour. He argued that Dr Chandarana's continued conduct demonstrates no risk of repeating his behaviour, and that erasure would be disproportionate, particularly given his efforts to remediate and reflect on his actions. Mr Lambis submitted that a period of suspension would be the most fair and proportionate response, suggesting that the case should be reviewed periodically to assess the doctor's progress.

101. Mr Lambis submitted that if doctors are discouraged from admitting wrongdoing, participating in the regulatory process, and showing insight due to the fear of automatic erasure in cases involving sexual misconduct, the system could become counterproductive. He stressed that the regulatory body should reward and acknowledge doctors who take steps to remediate and show insight, as failure to do so could undermine the public trust in the fairness of the process.

The Tribunal's Determination on Sanction

102. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgement. In reaching its decision, the Tribunal has taken GMP and the SG into account and has, at all times, borne in mind the overarching objective.

103. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public, uphold professional standards and to maintain trust in the profession. Sanctions are not imposed to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Chandarana's interests with the public interest. The Tribunal's position when considering any sanction was to consider the least restrictive first.

104. Before considering what action, if any, to take in respect of Dr Chandarana's registration, the Tribunal considered the mitigating factors and aggravating factors in this case.

Mitigating Factors

105. The Tribunal noted that Dr Chandarana pleaded guilty at the first opportunity before the court and admitted the Allegation before this Tribunal at the outset. It took into consideration that he had co-operated fully throughout these proceedings. Further, it noted that there has been no repetition of his behaviour, since the date of the events set out in the Allegation (well over 3 years ago).

106. The Tribunal considered that Dr Chandarana has demonstrated some insight, shown considerable remorse and shame and he began making attempts to remediate soon after he was arrested.

107. The Tribunal had regard to the positive testimonial evidence and evidence from previous stages of the hearing. It noted that, prior to his conviction, Dr Chandarana was of good character with no previous fitness to practise history. Further, he was well- respected and regarded as a competent clinician.

108. The Tribunal bore in mind that Dr Chandarana's personal circumstances were challenging prior to these events, as was the case for many due to the Covid pandemic, particularly those in the medical profession. It took account that his working patterns and living arrangements changed significantly, including XXX. Further, that he was also concerned about XXX.

109. However, weighing against this, the Tribunal observed that at the time of the offending conduct Dr Chandarana was back living XXX. It noted, by his own admission, that Dr Chandarana continued to engage in on-line exchanges of a sexual nature with females even after he returned home, feeling unable to resist.

Aggravating Factors

110. The Tribunal observed a lack of a timely development of full insight. Dr Chandarana pleaded guilty to intentionally attempting to communicate with a child under 16 years old. Yet the explanation he provided this Tribunal was that he was unaware that she was a child until arrested.

111. Dr Chandarana has been consistent in this explanation about not being aware of 'Paris'' age until arrest, including to XXX and it seems during conversations with the Probation Service. Whatever the reason behind it, the Tribunal finds Dr Chandarana's explanation given at different times, to different people, simply not credible and indicative of his lack of full insight. The Tribunal saw clear evidence in an undercover police officer's statement and in message exchanges between Dr Chandarana and 'Paris' that he was explicitly told she was 13 years old and referenced being at school.

112. The Tribunal has taken into account the serious nature of Dr Chandarana's conviction and it's long- term adverse impact on trust and confidence in the medical profession as a whole. It involves misconduct of a sexual nature, involving a purported child, some of this offending conduct occurring whilst he was at the hospital where he worked. This was not an isolated occurrence but repeated over a number of days.

113. The Tribunal had regard to the fact that Dr Chandarana was sentenced to a four-month custodial sentence suspended for 12 months, a rehabilitation activity requirement ('RAR') up to a maximum of 25 days and an unpaid work requirement ('UPW') of 200 hours. The Tribunal observed that the suspended sentence was still live until January 2025.

114. The Tribunal bore in mind that Dr Chandarana has a Sexual Harm Prevention Order in place imposed in May 2024, for 5 years (until May 2029). This order was imposed to mitigate the ongoing risk of further criminal conduct. The Tribunal notes that some of the offending behaviour, according to the information obtained from his phone, took place during the day, purportedly whilst the 'child' was at school and whilst Dr Chandarana was at his place of work, and working as a doctor.

115. The Tribunal also took into consideration that Dr Chandarana is subject to notification requirements under the Sexual Offences Act 2003 for a period of 7 years until 2031.

No Action

116. The Tribunal first considered whether to conclude Dr Chandarana's case by taking no action.

117. The Tribunal determined that in view of the nature and gravity of Dr Chandarana's conviction, to take no action on his registration would not satisfy the statutory overarching objective to protect the public, maintain public confidence and uphold the reputation of the

profession. The Tribunal concluded that there were no exceptional circumstances to justify taking no action in this case.

Conditions

118. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Chandarana's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

119. The Tribunal noted that it would be unusual to address attitudinal failings by imposing conditions. Dr Chandarana's conviction demonstrates serious offending involving sexually explicit conversations with someone purporting to be a child. Therefore, the Tribunal concluded that it would not be possible to formulate appropriate conditions that would be workable, measurable, or proportionate.

120. In any event, the Tribunal concluded that given the nature and gravity of Dr Chandarana's conviction, conditions would be insufficient to meet the public interest, maintain proper professional standards of conduct or uphold and promote trust and confidence in the profession.

Suspension

121. The Tribunal then went on to consider whether imposing a period of suspension on Dr Chandarana's registration would be appropriate and proportionate.

122. The Tribunal bore in mind 116 SG that the purpose of a sanction in a conviction case is not to punish the doctor a second time, but to consider whether their fitness to practise is impaired as a result. The Tribunal also noted paragraph

> 119 *"As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence."*

123. The Tribunal also had regard to the paragraphs 92, 93 and 97 of the SG which outline factors which would indicate suspension might be appropriate. It considered the following paragraphs and sub-paragraphs to be relevant:

> *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.*
>
> ***97*** *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
> ***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.*
> *…*
> ***f*** *No evidence of repetition of similar behaviour since incident.*
> ***g*** *The Tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.*

124. In relation to paragraphs 92 to 97(a) The Tribunal found that the conviction and Dr Chandarana's underlying conduct was so serious that it is fundamentally incompatible with continued registration and was very difficult to remediate. It determined that a period of suspension would not be sufficient to adequately address the seriousness of Dr Chandarana's conviction or uphold the statutory overarching objective.

125. In relation to 97 (f) the Tribunal noted there had been no repetition of the criminal conduct after March 2021. In relation to 97 (g), the Tribunal was not satisfied that Dr Chandarana has gained sufficient insight and as a consequence, with regard to all of the evidence, it concluded that there remained a risk of the behaviour being repeated.

126. The Tribunal determined that suspension would not be proportionate. It would not protect the public and would not address the public's trust and confidence in the medical profession.

Erasure

127. The Tribunal took into account paragraphs 109, 150, 153 and 154 of the SG and determined that these paragraphs are engaged:

> ***109*** *Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive)*
> ***a*** *A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*
> ***b*** *A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
> *…*
> ***f*** *Offences of a sexual nature, including involvement in child sex abuse materials*
> ***…***

150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.

153 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials against a registered doctor is a matter of grave concern because it involves such a fundamental breach of the public's trust in doctors and inevitably brings the profession into disrepute. It is therefore highly likely that, in these cases, the only proportionate sanction will be erasure…

154 The Tribunal should be aware that any conviction relating to child sex abuse materials will lead to registration as a sex offender and possible inclusion on the Children's Barred List by the Disclosure and Barring Service under the Safeguarding Vulnerable Groups Act 2006 (as amended).33 The Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration. The Tribunal will therefore need to make sure that, in cases where it imposes a period of suspension or conditions, the case is reviewed before the end of this period to consider whether a further period is appropriate.

128. Dr Chandarana's conviction is a particularly serious departure from the standards of GMP and is fundamentally incompatible with being a registered doctor. He undermined and breached the trust and confidence of patients, colleagues and the public and engaged in serious criminal conduct. The conviction inevitably brought the profession into disrepute. The Tribunal considered that members of the public and the profession would find the behaviour which underlies his conviction deplorable and morally reprehensible.

129. The Tribunal determined the only appropriate and proportionate sanction in this case was one of erasure. Erasure is the only sanction which will be sufficient to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of the profession.

130. The Tribunal therefore directed that Dr Chandarana's name be erased from the Medical Register.

Determination on Immediate Order - 17/10/2024

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

Submissions

132. On behalf of the GMC, Ms Hill submitted that an immediate order is necessary to protect members of the public and is otherwise in the public interest. Ms Hill submitted that an immediate order is particularly appropriate in this case and immediate action must be taken to protect public confidence in the profession.

133. Dr Chandarana informed the Tribunal that he does not have any submissions to make regarding an immediate order.

The Tribunal's Determination

134. The Tribunal considered paragraphs 172, 173 and 178 of the SG relevant. These provide:

> *'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
> …
> *178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

135. The Tribunal considered the seriousness of Dr Chandarana's conviction. The Tribunal further balanced the interests of the doctor against those of the public.

136. The Tribunal determined that an immediate order of suspension was necessary to protect the public and was otherwise in the public interest. An immediate order is also necessary to maintain public confidence in the profession.

137. This means that Dr Chandarana'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.

138. The interim order is hereby revoked.

139. This concludes the case.

Schedule 1

1. Using or possessing any electronic device capable of accessing the internet, storing images, or sending and receiving messages, unless he:
    a. notifies a representative of the Chief Constable for the appropriate area within 3 days of the make, model and serial number of the device; and
    b. he makes any such device immediately available upon request for examination (including forensic examination) by a representative of the Chief Constable for the appropriate area.
2. Using or possessing any device capable of accessing the internet unless:
    a. it has the capacity to retain and display the history of the internet use enabled;
    b. the history is set to its maximum retention capacity at all times; and
    c. no efforts are made to conceal internet activity, for example by use of 'in private browsing', the TOR browser, a Virtual Private Network (VPN), or by using apps or software which do not retain their internet history, e.g. Snapchat.
3. Deleting the history of internet access or use from any device capable or accessing the internet which he uses, possess or has possessed.
4. Using any computer or device capable of accessing the internet unless it has on it fully operational internet offending prevention and detection software, managed by the police force for the area they reside in, unless otherwise expressly agreed by a representative of the Chief Constable for the appropriate area.

(This prohibition shall not apply to a computer at his place of work, Job Centre Plus, Public Library, educational establishment or other such place.)

5. Interfering with or bypassing the normal running of any such computer monitoring software.
6. Using or possessing, on any device capable of accessing the Internet or storing images, or on any other digital storage media (for example USB stick), any:
    a. encryption software;
    b. drive cleaning software.
7. Performing reformatting of any device capable of accessing the internet or storage images, or disposing of any such device either by destruction, sale or any other method unless authorised by a representative of the Chief Constable for the appropriate area.

8. Using any social media account, online messaging service, remote or 'cloud' storage facility, or file-sharing software unless he:

   a. declares such use and provides the account details, including username and password by notifying his police offender management team within 3 days of acquiring the facility; and

   b. he provides access to it immediately upon request by a representative of the Chief Constable for the appropriate area.

9. Having any electronic communication of any kind with any child under the age of 16 (or any person he believes to be a child under the age of 16) other than with the consent of the person's parent or guardian (who must have knowledge of his conviction(s) and this Order) AND with the express approval of Social Care for the appropriate area or a representative of the Chief Constable for the appropriate area.

   This prohibition shall not apply where an electronic communication is sent from a workplace device in relation to work by or on behalf of the defendant.