

**PUBLIC RECORD****Dates:** 10/11/2025 - 03/12/2025**Doctor:** Dr Samuel STEFAN**GMC reference number:** 7080797**Primary medical qualification:** Doctor - Medic 2006 Universitatea de  
Medicina si Farmacie "Grigore T Popa"

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

**Summary of outcome**Erasure  
Immediate order imposed**Tribunal:**

Legally Qualified Chair	Ms Tehniat Watson
Lay Tribunal Member:	Ms Amanda Webster
Registrant Tribunal Member:	Dr Anup Singh

Tribunal Clerk:	Ms Keely Crabtree – 10 to 28 November 2025 Ms Ciara Fogarty 01-03 December 2025
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**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Ms Katie Nowell, Counsel
Special Counsel:	Mr Daniel Mullin, 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 - 26/11/2025

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Stefan's alleged misconduct a redacted version will be published at the close of the hearing.

## Background

2. Dr Stefan qualified as a doctor in 2006 from the Universitatea de Medicina si Farmacie "Grigore T Popa" in Romania. At the time of the events Dr Stefan was a middle grade colorectal surgeon working at the Queen Alexandra Hospital in Portsmouth ('the Hospital').

3. The allegation that has led to Dr Stefan's hearing can be summarised as that, on 5 August 2022 at the Hospital, Dr Stefan behaved inappropriately towards Mr A and that, on more than one occasion in December 2022, Dr Stefan behaved inappropriately towards Mr B. It is also alleged that, on 24 February 2022, Dr Stefan behaved inappropriately towards Mr C.

4. It is further alleged that Dr Stefan's actions were carried out without the consent of Mr A, Mr B and Mr C and occurred whilst he was working and/or on shift, that they were an abuse of his more senior position, constituted sexual harassment and were sexually motivated.

## The Outcome of Applications Made during the Facts Stage

5. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended. The Tribunal determined to proceed with the hearing in Dr Stefan's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

6. The Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the Rules, that the identities of four witnesses giving evidence on behalf of the GMC, should not be revealed publicly. The four witnesses are Mr A, Mr B, Mr C and Mr D. The Tribunal's full decision on the application is included at Annex B.

7. The Tribunal granted the GMC's application, made pursuant to Rule 34(1) of the Rules to adduce a written record of an investigation interview which took place on 5 May 2023 between Dr Stefan and Dr E. The Tribunal concluded that it would be fair and relevant to adduce this evidence as it relates to the Allegation regarding Mr B and provides Dr Stefan's version of events. The Tribunal was mindful that it had little evidence before it of Dr Stefan's account and was satisfied that this evidence was relevant and would be fair to Dr Stefan.

### The Allegation and the Doctor's Response

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

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

1. On 5 August 2022, at the Queen Alexandra Hospital ('the Hospital') you:

- a. arranged to meet with Mr A in the toilets at the Hospital via the XXX application;

**To be determined**

- b. attended the toilets and placed yourself within a cubicle and after Mr A entered the toilets, you:

- i. opened the door to the cubicle you were in;

**To be determined**

- ii. had removed your clothes;

**To be determined**

- iii. masturbated your penis to make it erect;

**To be determined**

- iv. gestured with your hand for Mr A to enter the cubicle;

**To be determined**

- v. looked at your penis and Mr A on one or more occasion, which gave the impression that you wanted Mr A to perform oral sex on you.

**To be determined**

- 2. On 9 December 2022, whilst working at the Hospital with Mr B, you:

- a. grabbed the crotch area of your pants;

**To be determined**

- b. readjusted your penis in front of Mr B;

**To be determined**

- c. looked Mr B in the eyes whilst carrying out the actions described at paragraphs 2a and 2b.

**To be determined**

- 3. On 12 December 2022, whilst working in the Hospital with Mr B you:

- a. asked Mr B to look into your eyes after suggesting there was something in your eye and whilst Mr B stood close to you, you:

**To be determined**

- i. patted Mr B's testicles and/or penis with your hand on one or more occasion;

**To be determined**

- ii. grazed against his penis with your hand;

**To be determined**

b. after Mr B stepped away from you, you:

- i. put your hand on Mr B's shoulder;

**To be determined**

- ii. pulled Mr B towards you;

**To be determined**

- iii. kissed Mr B on the lips;

**To be determined**

- iv. asked Mr B "how was that?" or words to that effect;

**To be determined**

- v. complimented B's hair

**To be determined**

- vi. asked Mr B:

1. about his previous experience with sexuality;

**To be determined**

2. about his preferences;

**To be determined**

3. whether he was bisexual or homosexual;

**To be determined**

4. whether he had done stuff with a guy before and if he liked it, or words to that effect.

**To be determined**

c. following a consultation with a patient you:

i. kissed Mr B;

**To be determined**

ii. touched and/or groped Mr B's penis and/or testicles;

**To be determined**

iii. on one or more occasions touched and/or groped your own penis;

**To be determined**

iv. took Mr B's hand and:

1. placed it on your penis;

**To be determined**

2. kept your hand on top of Mr B's hand whilst it was on your groin;

**To be determined**

3. held your grasp over Mr B's hand/wrist when he tried to pull it away from your groin;

**To be determined**

v. made comments to Mr B to the effect of:

1. that you liked oral sex;

**To be determined**

2. that you liked being discreet and private about your sexual encounters;

**To be determined**

3. asking Mr B what sexual things he had done before;

**To be determined**

4. complimenting Mr B's lips;

**To be determined**

5. that you were a "top that likes to fuck";

**To be determined**

6. that Mr B "was lucky as [he was] still young";

**To be determined**

7. that "men aren't as interested in [you]";

**To be determined**

8. it's "hard to find guys like [Mr B]";

**To be determined**

9. you knew places during the Christmas break where you could meet up such as XXX;

**To be determined**

10. asked Mr B if he would like your phone number;

**To be determined**

vi. stood in front of Mr B whilst Mr B was sitting and you:

1. touched and/or groped your penis through your trousers;

**To be determined**

2. pulled out your penis from your scrubs;

**To be determined**

3. stared at Mr B whilst massaging your penis with your hands;

**To be determined**

4. asked Mr B to “suck it” or words to that effect;

**To be determined**

5. told him to “come on” or words to that effect whilst waving your penis around;

**To be determined**

6. after Mr B indicated his refusal, you gestured with your hand for Mr B to perform oral sex;

**To be determined**

7. pulled your trousers down;

**To be determined**

8. masturbated your penis;

**To be determined**

9. moaned in a sexual manner;

**To be determined**

10. asked Mr B to “pull out his penis” or words to that effect;

**To be determined**

11. asked him why he would not “play with you” or words to that effect;

**To be determined**

- vii. asked Mr B for a hug;

**To be determined**

- viii. whilst hugging Mr B, you:

1. grabbed Mr B’s bum;

**To be determined**



2. pulled Mr B towards you;

**To be determined**

ix. complimented Mr B's skin;

**To be determined**

x. complimented Mr B's hair;

**To be determined**

xi. touched Mr B's arm;

**To be determined**

xii. touched Mr B's hair;

**To be determined**

xiii. placed your hand on his knee;

**To be determined**

xiv. told Mr B that "we should keep this between us" or words to that effect;

**To be determined**

xv. told Mr B that this would be "our secret" or words to that effect.

**To be determined**

4. On 24 February 2023, whilst working at the Hospital with Mr C, you:

a. on one or more occasion whilst standing by patients' bedsides you positioned yourself close to Mr C and:

i. touched Mr C's thigh;

**To be determined**

ii. touched Mr C's penis over his clothes.

**To be determined**

5. Your actions as set out in paragraphs 1 to 4:

- a. were carried out without the consent of Mr A, Mr B and/or Mr C

**To be determined**

- b. occurred whilst you were working and/or on shift;

**To be determined**

- c. were an abuse of your more senior position;

**To be determined**

- d. constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Mr A, Mr B and Mr C, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Mr A, Mr B and Mr C;

**To be determined**

- e. were sexually motivated.

**To be determined**

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

**To be determined**

**The Admitted Facts**

9. Dr Stefan was neither present nor legally represented at this hearing and no admissions were made in writing. Dr Stefan did not provide a witness statement.

**Witness Evidence**

10. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Mr A, by video link;
- Mr B, by video link;
- Dr F, Transplant and Vascular surgeon at the Hospital by video link;
- Ms G, General Manager in XXX by video link;
- Dr E, Substantive Consultant Geriatrician at the hospital, by video link;
- Mr C, by video link;
- Ms I, friend of Mr B, by video link.

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

- Ms H, XXX at the Hospital;
- Ms J, XXX at the Hospital XXX;
- Ms K, XXX at the Hospital;
- Mr L, senior lecturer at XXX;
- Dr M, respiratory fellow, working at registrar level at the hospital;
- Dr N, Director of XXX at the Hospital.

### Documentary Evidence

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

- Trust interview with Mr C dated 2 October 2023;
- Written account of Mr B (undated)
- Emails between Mr B and Mr L dated February 2023;
- CCTV footage dated 5 August 2023;
- Transcript of Police interview with Dr Stefan 12 August 2022;
- Notes from meeting between Dr F and Dr Stefan (undated);
- Meeting notes with Ms H and XXX dated 15 August 2022;
- Email chain between Ms G and Mr A dated 8 August 2022;
- Emails from Ms G regarding CCTV and door access dated 5 August 2022;
- Email chain with Ms G and Ms O (Associate Director Safeguarding) with attached informal meeting notes, dated 9 August 2022;
- Text messages between Ms I and Mr B dated 12 December 2022;
- Email chain between Dr F and Dr M dated 25 August 2023;

- WhatsApp messages between Dr N and Dr M dated August to September 2023 and June to August 2023;
- Email chains between Dr N, Dr F and others dated 25 August 2023 and September 2023;
- Email chain between Dr E, Ms P and others dated 17 March 2023;
- Email chain between Dr F, Ms J and others with relevant attachments dated 28 March 2023;
- Email chain between Dr F and Ms Q about CCTV dated 5 August 2023;
- Email chain between Dr F, Ms Q and others dated 8 August 2023.

### The Tribunal's Approach

A summary of the LQC's advice to the Tribunal, which was accepted is as below.

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

14. The Tribunal was advised that it must consider all the evidence before it, before making findings as to the credibility of any witness. When assessing a witness's credibility, it should not rely exclusively on a witness's demeanour when giving evidence as per the principles from the cases of *Dutta v GMC (2020) EWHC 1974 (Admin)* and *Khan v GMC [2021] EWHC 374 (Admin)*.

15. The Tribunal was advised that in a case such as this, where the allegations relate to sexual misconduct, it should be cautious not to apply stereotype images of how an alleged victim or alleged perpetrator ought to have behaved at the time, or how they ought to have appeared when giving evidence. Instead, the Tribunal needs to judge the evidence on its intrinsic merits and without prejudice.

16. The Tribunal was advised that, when considering whether Dr Stefan's actions were sexually motivated, it should have regard to the case of *Basson v GMC [2018] EWHC 505* which states:

*"A sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship...*

*The state of a person's mind is not something that can be proved by direct*

*observation. It can only be proved by inference or deduction from the surrounding evidence”.*

17. The Tribunal was further advised that it must consider whether there was a plausible alternative explanation before determining if the conduct was sexually motivated. It was directed to consider the case of *Haris v General Medical Council [2021] EWCA Civ 763*.

#### Unlawful harassment

18. In regard to the allegation of unlawful harassment by virtue of Section 26(2) of the Equality Act 2010, as particularised at paragraph 5(c) of the Allegation, the LQC advised that the law states that:

*‘A person (A) harasses another person (B) if—*  
*(a) A engages in unwanted conduct of a sexual nature, and*  
*(b) the conduct has the purpose or effect referred to in subsection (1)(b).*  
*(1)(b):*  
*(i) violating B's dignity, or*  
*(ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for B.*  
*(4) In deciding whether conduct has the effect referred to in (1)(b), each of the following must be taken into account*  
*(a) the perception of B;*  
*(b) the other circumstances of the case;*  
*(c) whether it is reasonable for the conduct to have that effect’*

19. In respect of cross admissibility, the Tribunal must first ensure that there is a sufficient connection and similarity between the facts of the allegations and remain cautious not to elevate this test to a higher threshold. Further, where there are two or more allegations, the Tribunal needs to be satisfied to the required standard, i.e the balance of probabilities, that one allegation took place before relying on the evidence in respect of that allegation to deduce propensity for the other allegation. The Tribunal should not find an allegation made in respect of a different complainant to be proved solely or mainly on the basis of propensity. A reliance on one complainant’s evidence for an earlier finding alone cannot amount to determinate proof of another allegation without other evidence.

### **The Tribunal’s Analysis of the Evidence and Findings**

#### Paragraph 1 of the Allegation

20. The Tribunal considered Mr A's contemporaneous account, his statement to the police and also his statement made to the GMC. At the time of the alleged index events Mr A was XXX at the Hospital. On 5 August 2022 Mr A arrived at the C level toilets at the Hospital for a pre-arranged meeting with a man who he believed to be a doctor and later knew to be Dr Stefan. After that time Mr A knew him as 'XXX'. According to Mr A, this was Dr Stefan's username on the social networking application 'XXX'.

21. Mr A said that he had met Dr Stefan the day before on XXX and they had chatted by message and had arranged to meet in the Hospital toilets on B level once it had become apparent that they both worked for the same hospital. Mr A said that Dr Stefan had first suggested meeting at night in a woodland area for 'sexual actions' but that he had declined this and said he wanted to see Dr Stefan's face first and did not do sex in public. Mr A said that he thought they were simply meeting in the toilets to get to know each other and that they would go for coffee afterwards. Mr A stated that it now sounds silly, but he had thought that perhaps in wanting to meet at the toilets, Dr Stefan had wanted to stay hygienic and maybe wanted to wash his hands or for Mr A to wash his hands. Mr A denied that he had any intention of sexual acts whilst at work.

22. Mr A said that on the morning he had woken up to a message from Dr Stefan saying that there was a late change of plan and to meet at the C level toilets. When Mr A entered the toilets that day, he said that one of the three cubicles was occupied. Therefore, he waited a couple of minutes, and no one emerged. Mr A stated that he approached the door and opened the door to see a man who was quite tanned and around the age of 36 to 38. In his interview with the Trust Mr A had stated that Dr Stefan had opened the door and his statement to the police, he maintained that he had heard a toilet door unlock, he waited around 2-3 minutes, the toilet door had then opened, and Mr A had seen a hand come and gesture towards him. Mr A had maintained this in his statement to the GMC, in that he had seen a hand come around the cubicle door. In his oral evidence, Mr A further clarified that after he had been in the toilet for a minute or two, Dr Stefan had put his hand out of the cubicle and gestured for him to enter the occupied cubicle. Mr A said that when he went over to the cubicle and peered inside, he could see that Dr Stefan was naked and playing with his penis in an attempt to make it erect. Mr A said that he could see Dr Stefan's scrubs hanging on the cubicle door.

23. Mr A said that Dr Stefan was looking at his own penis and then looking at Mr A which he felt was a suggestion that he perform oral sex on Dr Stefan. In his statement to the GMC, Mr A stated that Dr Stefan was 'nodding his head downwards, as if to say, 'go on' 'go on'. Mr A said that at this point he noted that Dr Stefan was XXX and therefore asked Dr Stefan if XXX,

to which he nodded. Mr A said that he expressed disgust at this and left the toilets to go and start work. Mr A said that there was no physical contact between himself and Dr Stefan during the alleged incident. Mr A said that he was shocked by the incident and had told three colleagues what had happened and ultimately, he was encouraged to report it.

24. Mr A first reported the incident to his team leader Ms J. This was then raised with Ms G, the general manager, and Ms R, HR manager. On the night of 9 August 2022 Mr A's father reported this matter to Hampshire police and Mr A made a statement.

25. The Tribunal had regard to Ms H's (XXX at the Hospital at the time of the index events) GMC witness statement dated 2 May 2025. Ms H recalled that she had been in the wards' kitchen, with another XXX, when Mr A came in looking worried, and they asked him what was wrong. Mr A told them that immediately beforehand, he had just gone to meet a man that he had spoken to on a dating site. Ms H said that Mr A had come from the incident straight to them and she thought that he was shocked by what had happened.

26. Ms H recalled that Mr A said that the incident had taken place in the toilets near the north entrance of C Level of the Hospital, which is the second floor of the Hospital. She said that Mr A told her that while in the toilets, the man had walked out of the toilet cubicle and was naked. Ms H said that she and her colleague were shell shocked at this.

27. Ms H said that Mr A had told her that the man was a doctor and when she asked him how he knew that – he had said because the man had his scrubs on the floor. Ms H recalls saying that anyone could pose as a doctor from the public and asked Mr A if he was sure to which Mr A said that he had the impression that he was a doctor.

28. The Tribunal had regard to Ms K's (XXX at the Hospital at the time of the index events) GMC witness statement dated 20 May 2025. Ms K said that she was with a colleague and had seen Mr A on a corridor on B-Level, the first floor of the Hospital. She said that Mr A looked shook up and she asked him what happened as she could see he was quite agitated, shocked, numb, and scared.

29. Ms K said that Mr A told her and her colleague that a doctor dragged him into a toilet and assaulted him. She said that Mr A did not explain what he meant by being dragged or assaulted and thought that he felt embarrassed that it happened, ashamed, and scared that he could not say anything because no one would believe him because he was young.

30. Ms K said that Mr A told her that the incident took place on E-Level, the fifth floor of the Hospital, by the Education Centre. She said that although she did not know these toilets

specifically – there are toilets opposite the Education Centre and others around the corner from it, out of sight. Ms K said that Mr A did not say which toilets the incident took place in or how he met this doctor. Mr A did not say the identity of the doctor either.

31. The Tribunal had regard to Ms J's (Mr A's team leader at the time of the index events) GMC witness statement dated 1 May 2025. Ms J said that Mr A had approached her during his shift in the small kitchens on the wards saying that he wanted a private conversation with her, therefore she brought him to a separate room in the XXX offices, which was also shared by colleagues in HR and management. Ms J said that Mr A told her that, earlier that day, he had arranged to meet someone from online, a doctor, although he did not tell her Dr Stefan's name, and she did not know of Dr Stefan at that time. She said that Mr A had told her that he had arranged to meet this doctor in the toilets in the Hospital, and although Mr A may have told her which toilets, she could not recall. Ms J said that when they met, Mr A and the doctor may have spoken, and then the doctor acted inappropriately, however she could not recall the details. She said it may have been that the doctor dropped his trousers and told Mr A to get on his knees. Ms J recalled that Mr A had said that he was frightened and ran out of the toilets.

32. Ms J said she was shocked by what Mr A had told her and that this was a serious allegation. She said that Ms G, general manager, and Ms R, HR manager, were in the wider XXX offices at the time and they brought Mr A and her into another room, and she handed over to them. Ms J said they then asked Mr A follow up questions as she sat next to him. She said that after the meeting concluded she felt that Ms G and Ms R would deal with the matter and maybe escalate it.

33. Ms J recalled that Mr A was sent home and did not continue his shift, therefore, she walked him to the bus stop just outside of the Hospital. She said that Mr A did not say any more about the matter on the walk.

34. The Tribunal had regard to Ms G's (General Manager in XXX) GMC witness statement dated 27 December 2024. Ms G recalled that on Friday 5 August 2022, late in the afternoon, she was approached by Ms J one of the team leaders that she manages, and Mr A, one of the XXX that she managed. Ms J explained to her that Mr A had informed her of an incident that had taken place and that he was very upset.

35. Ms G recalled that Mr A had told her that he had been talking to someone earlier that day on a dating app called XXX and the person had asked to meet him in a park near a local sports centre, the XXX. Mr A had refused to meet, the person mentioned they worked at the



Hospital and Mr A told him that he did as well, so the person asked if they could meet at work.

36. Ms G said that Mr A continued to explain to her that, as he started work on that day at 1:30pm, he arranged to meet with the person prior to his shift starting, at the B-Level toilets. However, Mr A then received a text to meet at the C-Level toilets on the third floor of the Hospital from the Main Entrance on A-Level. Mr A told her that he then sent a message to the person to say that he was at the toilets, and one of the cubicle doors inside the toilets then proceeded to open. He then saw a man naked, with scrubs hung up, and playing with himself. The man gestured down with his head, nodding towards his own penis and Mr A understood that this meant for him to do something to the person or watch what he was doing.

37. Mr A told her that the man looked nothing like the XXX profile, in looks or age. The profile had stated that he was a 28-year-old white male, but that the person in the toilet was at least 10 years older than that and not white. Mr A said that he had seen XXX, panicked, and left the toilets.

38. Ms G said that during this meeting she took brief notes in her diary of what Mr A had told her. She said that she had told Mr A to go home and that she would be in contact with him after the weekend, for them to formally address the incident. Ms G said that evening, Mr A sent her an account of what had happened.

39. The Tribunal noted that there were slight inconsistencies between Mr A's, Ms H, Ms K and Ms J's accounts of the incident. The Tribunal was of the view that it was understandable that some changes can come from the statements of others and was mindful Ms H, Ms K and Ms J had said that they did not clearly recall the incident.

40. The Tribunal also noted some inconsistencies in Mr A's accounts, in particular, whilst Mr A's email account to Ms G referred to himself opening the toilet door, his other accounts were clear and maintained that it was Dr Stefan who put his hand out of the cubicle and gestured for Mr A to come to the cubicle. However, Mr A was asked to clarify this in his oral evidence to the Tribunal, and it accepted that his evidence was consistent with his GMC statement that Dr Stefan opened the cubicle door and gestured for Mr A to come over.

41. The Tribunal also noted that Mr A had set out in his GMC witness statement, the impact the incident had on him at the time, particularly in light of his history and the consequences of that history on his mental health generally. The Tribunal was mindful that Dr A has been asked to repeat the circumstances of this incident on multiple occasions and

accepted, given the nature of the allegations, for there to be some minor inconsistencies and/or for facts to be left out of some accounts. The Tribunal concluded that this was not an indication of Mr A making facts up or being in any way an unreliable witness. The Tribunal concluded that Mr A was broadly consistent in his accounts, credible and a reliable witness.

42. The Tribunal noted that Mr A did not know the identity of Dr Stefan at the time of the index events. The Tribunal had regard to Ms G's oral evidence and GMC witness statement dated 27 December 2024 in which she described how she was able to identify Dr Stefan via CCTV and his hospital ID swipe card.

43. Ms G said that Mr A had told her what time he had arrived at the Hospital and described the person in the toilets to her. She said that using this information she found on the CCTV recording who she believed was the person Mr A described entering the toilets. Ms G said that she then saw Mr A entering the toilets a couple of minutes later, then a couple of minutes after that Mr A very quickly leaving, looking flustered, followed by the same person leaving the toilets in scrubs.

44. Ms G said that she asked a colleague in the CCTV control room to follow this person's route from the toilets through the Hospital using the CCTV cameras and he was found walking towards the E-Level male theatre staff changing room. She said that this room required card access, by swiping in and out. Ms G said that she and her colleague then checked the records of the ID swipe card access for the room that was accessed, at the time that the person entered it; this gave the name and job title of the person it belonged to, in this case Dr Samuel Stefan - a locum SHO in the Hospital at the time. She said that all of the ID badges were held on a database with a copy of the ID badge with a photograph of the person.

45. Ms G said that she later emailed Ms Q, Deputy Divisional Nurse Director, as part of her escalation as she was concerned at the time that the person Mr A saw was potentially a doctor. She said that this email chain set out the timestamps for each time that Dr Stefan appeared on the various cameras through the Hospital. Ms G said that in a further email to Ms Q, she attached pictures of the person in the CCTV footage and the staff picture of Dr Stefan and also sent the card reader access report. This report was generated by her colleague, who ran a door access report against the ID card number issued to Dr Stefan and shows all instances that the card registered to Dr Stefan was used between 7:00am and 6:00pm on Friday 5 August 2022.

46. Ms G said that she also provided this to Ms P for the Trust investigation. She said that the instance of Dr Stefan using his card to enter the male changing rooms was shown on the

report, timestamped 13:07:15, and this matched the time that he could be seen walking towards the changing rooms on CCTV, confirming that it was Dr Stefan using his own card.

47. Ms G said that she had also called Ms Q, who informed Dr F of the incident. She said that on the same day, Friday 5 August 2022, she met both Ms Q and Dr F in person and they viewed the same CCTV footage that she had found, and Dr F confirmed that it was Dr Stefan.

48. Ms G's oral evidence was consistent in the detail of how Dr Stefan was identified as the male in the incident with Mr A. When asked if anybody else entered the toilets in the two or three minutes that Mr A could be seen to be in the toilet area before he left, Ms G said that nobody else had entered the toilets and she had gone back (on the CCTV) about 10 to 15 minutes before the first entry of Dr Stefan. She confirmed that Dr Stefan was the first person to enter those toilets in that time frame.

49. Ms G in her oral evidence stated that there were three toilets in that recess that you could see Dr Stefan and Mr A going into. Firstly, there was a female toilet, then a male toilet and then there was a disabled toilet. After that, there was a set of secure doors that went into the back of X-ray department and there is a camera inside those doors covering the X-ray department. She said that there was no door access of anyone coming in or out because those doors were mainly just used in an event for fire.

50. The Tribunal had regard to Dr F's oral evidence and GMC witness statement dated 22 July 2025. Dr F said that he was contacted by the Deputy Divisional Nurse Director, Ms Q on 5 August 2022, who asked if he could have a face-to-face chat with her. He said that they met up that same day, and she explained to him that Mr A had made an accusation of sexual misconduct against a doctor at the Hospital who she thought was Dr Stefan. Dr F was then forwarded an email from her that she had received from Ms G who had obtained CCTV images from the Hospital, after requesting proof of the individual accused, so that she could confirm whether this was Dr Stefan or not.

51. Dr F referred to one photograph, captured via CCTV, in the vicinity of the area where the accusation had taken place, which showed an image of an individual wearing a face mask. He also referred to another image was of Dr Stefan's Hospital ID badge. Dr F stated that Ms Q told him the complainant Mr A had identified the person as being Dr Stefan. Mr A's statement confirmed this also.

52. The Tribunal noted the handwritten note of Dr F dated 10 August and his GMC witness statement dated 22 July 2025. Dr F spoke with Dr Stefan (with Ms P Corporate HR manager) on 10 August 2022 to ask him about the Allegation made by Mr A, and why he was

at the Hospital on 5 August 2022. Dr F could not recall exactly what Dr Stefan said but remembered that he had explained that he had been watching cases in theatre that day and that Dr Stefan had agreed that he was in the C level toilets on 5 August 2022 at the relevant time. He had stated that he had been doing admin on that day. Dr F said that Dr Stefan told him that he had gone to those particular C level toilets as he had had too many jalapeno chillies and did not want to use a toilet near the theatres. Dr F thought that Dr Stefan had also confirmed that he had his headphones on while in the toilets, therefore he could not hear whether anyone else entered the toilets while he was there or not. Dr F said that Dr Stefan did not deny being at the Hospital that day. However, he did deny being gay and being involved in the incident as described by Mr A. He also denied having any interaction with another member of staff at the toilets.

53. In his oral evidence Mr F said that Dr Stefan was not rostered to be in any theatres that day and was possibly doing administrative work in his own time. He said Dr Stefan was scheduled to be doing the night shift as an SHO on the following Friday afternoon and Saturday evening.

54. The Tribunal also noted the Police interview transcript with Dr Stefan dated 12 August 2022. Dr Stefan denied the allegation made by Mr A. He said that it sounded like it was *‘someone else in another cubicle that Mr A had interacted with... or that Mr A was expecting to meet someone and noticed that there was someone in the cubicle and decided to expose this person...’* Dr Stefan said that he knew that there were whistleblowing policies in which people working at the Hospital can say things and are protected by law. Dr Stefan said, *‘I think maybe he [Mr A] thought someone had put him in a trap, and that someone would report him for having fixed a meeting in the toilet’*. Dr Stefan said that as far as he was aware he did not have any enemies or someone against him at the Hospital, therefore, he did not think someone had set him up intentionally or wanted to do something bad against him. Dr Stefan said that he thought it was just bad luck to be in that place at the time.

55. Dr Stefan recalled that while he was in the toilets he had been wearing headphones and was listening to relaxing music from his phone as it was a difficult day. He said it was unlikely that he would have been able to hear anybody else coming and going in the toilets while he was in the cubicle/stall. Dr Stefan said that while in the cubicle he probably closed his eyes for two or three minutes and overall was not in there more than five minutes, then washed his hands and left. He said that he did not see anyone else in the toilets while he was in there.

56. Dr Stefan said that on that day he had been doing lots of admin such as letters for patients, checking investigations, which took all morning. He said that he had took a break and was passing by and needed to go to the toilet and that level C was the closest one.

57. Dr Stefan denied that he had a XXX account or had sent messages to Mr A, nor had he arranged to meet anyone in the toilets. He said that he had no idea who Mr A was.

58. The Tribunal was mindful that the evidence of Mr A and Dr Stefan's responses to the allegation given to Dr F and the Police were fundamentally opposed. It has borne in mind that there are no independent witnesses as to what took place in the Hospital toilets.

59. In assessing whether the GMC has discharged its burden of proof, the Tribunal has taken into account that the incident described by Mr A was overall supported by the very early reports from Mr A to Ms H, Ms K, Ms J and Ms G and the Tribunal's assessment of Mr A's credibility. The Tribunal considered that Mr A's prompt reporting of the incident supported the Tribunal's conclusion that his account of events was credible and reliable.

60. The Tribunal concluded that there was also no evidence before it to suggest that Mr A would have fabricated allegations against Dr Stefan, someone he did not know. It also found that there was nothing to be gained by Mr A in making a false allegation, in fact the Tribunal was of the view that he had a lot to lose by reporting such a sensitive issue candidly that could have caused issues with his employment at the Hospital.

61. The Tribunal was satisfied that the identity of Dr Stefan had been confirmed by Mr A and corroborated with reference to CCTV images and his key card information. The Tribunal noted that Dr Stefan admitted to Dr F and the Police that he was in the Hospital at the time and that he used the relevant toilets at the time. It also noted that no other person was seen on the CCTV to enter the toilets at that time other than Mr A. The Tribunal therefore rejects Dr Stefan's denial made to Dr F and the Police.

62. In all the circumstances, the Tribunal preferred the evidence of Mr A in relation to the allegation. Accordingly, the Tribunal found paragraph 1 of the Allegation determined and found proved.

Paragraph 5(a) in respect of paragraph 1 of the Allegation

63. Having found the facts of paragraph 1 of the Allegation proved, the Tribunal has gone on to consider whether Dr Stefan's actions were carried out without the consent of Mr A.

64. In his police statement Mr A said that when he had received a message from Dr Stefan asking him to meet in the woods and a photo of an erect penis, he had replied that he did not randomly meet with strangers and liked to get to know people first, nor did he do things in public. When Dr Stefan suggested meeting places, Mr A said that he had replied that they could have a chat and get to know each other. Mr A said to Dr Stefan that it was a good thing that they were not looking to do anything private as he was quite loud. Mr A said that this had been a joke.

65. In his oral evidence, Mr A said that when arranging to meet Dr Stefan he had been concerned about safety and felt safer, meeting in a public place. He said that he had never expected anything sexual to happen as that was not something he would do in a public place. Mr A said he thought that they would meet and then go for a coffee to get to know each other. Mr A described being shocked by the incident such that he was unable to move away to begin with but then left the toilets in a hurry. The Tribunal noted that this was corroborated by the CCTV footage.

66. In all the circumstances, with the exception of agreeing to meet up in the toilets with Dr Stefan, the Tribunal concluded that the incident that took place on the 5 August 2022 was unwanted and carried out without the consent of Mr A.

67. Accordingly, the Tribunal found paragraph 5(a) in regard to paragraph 1 of the Allegation determined and found proved.

Paragraph 5(b) in respect of paragraph 1 of the Allegation

68. The Tribunal noted that Dr Stefan had stated to the police and Dr F that on 5 August 2022, he had been completing admin work such as letters for patients, checking investigations and watching cases in theatre at the Hospital.

69. In his oral evidence Dr F said he believed that Dr Stefan was not rostered to be in any theatres on 5 August 2022 and was doing administrative work and may have been observing theatres, as he was seen wearing scrubs and a mask.

70. When asked if Dr Stefan was rostered to do admin on certain days or were they to be fit in and around those days where he was rostered to be in clinics and surgery, Dr F said that they would have because his role had a research element to it. He said that there would have been official days when he would have been rostered to be on non-clinical administrative research work. However, he said that without reviewing Dr Stefan's job plan, he could not say whether there was any non-fixed admin time within his job plan that he could do either at

home or in work flexibly which he would have been paid for. Dr F also said that Dr Stefan may have been just catching up as most professionals do.

71. Dr F confirmed that Dr Stefan was on a permanent contract as a locally employed doctor with no fixed end date and would have been paid at a similar training level to a senior SHO or a junior registrar.

72. The Tribunal concluded that the evidence suggested that whilst Dr Stefan was in his place of work and carrying out admin work, as part of his employment contract with the Hospital, he was not on the roster on 5 August 2022. However, the fact that Dr Stefan admitted to having been at his workplace completing admin tasks and observing theatres that day the Tribunal concluded that this was sufficient for Dr Stefan to have been “working” at the time.

73. Accordingly, the Tribunal found paragraph 5(b) in regard to paragraph 1 of the Allegation determined and found proved.

#### Paragraph 5(c) in respect of paragraph 1 of the Allegation

74. Having found the facts of paragraph 1 of the Allegation proved, the Tribunal considered whether Dr Stefan’s actions were an abuse of his more senior position.

75. The Tribunal noted that Mr A was XXX at the time of the incident, which was younger than Dr Stefan. It also noted that Mr A was XXX which was a junior position in comparison to Dr Stefan, who was a surgical registrar at the time. Further, the incident took place at both their workplace and where Dr Stefan was in scrubs worn by doctors that was clear for Mr A to see. Dr Stefan had also been the person who decided the meeting point, being the C level toilets. The Tribunal was of the view that in these circumstances there was a considerable imbalance of power, and the proven conduct was an abuse of Dr Stefan’s more senior position.

76. Accordingly, the Tribunal found paragraph 5(c) in regard to paragraph 1 of the Allegation determined and found proved.

#### Paragraph 5(d) in regard to paragraph 1 of the Allegation

77. Having found the facts of paragraph 1 of the Allegation proved, the Tribunal has gone on to consider whether Dr Stefan’s actions amounted to unlawful sexual harassment related to sex by virtue of section 26(2) Equality Act 2010.

78. For the reasons set out earlier in this determination, the Tribunal has concluded that the incident that took place on the 5 August 2022 was unwanted and carried out without the consent of Mr A. It also considered that Dr Stefan's actions were inherently of a sexual nature.

79. The Tribunal noted Mr A's GMC witness statement which describes him having a panic attack immediately after the incident and when commencing his shift, he stated *'however after that I started to get more panicky, found I couldn't feel my legs and I was struggling to stand up and to breathe'*. Mr A also said that he had *'confided in my mum and dad after it had happened and told them [XXX]'*.

80. In her oral evidence, Ms G was asked about Mr A's demeanour after the incident. She said that had been quite concerning, and that she was very concerned for his health and wellbeing. Ms G said that Mr A was physically shaking, his whole body was shaking and that it had took quite a while to calm him down. She said that was why she made sure they got him home safely. Ms G said that she thought that the situation had properly shocked him. The Tribunal noted that this reaction was corroborated by the statements of Ms H, Ms K and Ms J.

81. The Tribunal concluded that it was objectively reasonable for Dr Stefan's actions to have had this effect on Mr A.

82. In all the circumstances, the Tribunal determined that Dr Stefan's actions were unwanted by Mr A and that they violated his dignity and created an intimidating, and hostile environment for him. The Tribunal therefore determined that Dr Stefan's actions amounted to unlawful sexual harassment by virtue of section 26(2) Equality Act 2010.

83. Accordingly, the Tribunal found paragraph 5(d) in regard to paragraph 1 of the Allegation determined and found proved.

Paragraph 5(e) in respect of paragraph 1 of the Allegation

84. Having found the facts of paragraph 1 of the Allegation proved, the Tribunal went on to consider whether Dr Stefan's actions were sexually motivated.

85. The Tribunal considered if there were any plausible alternative explanations for Dr Stefan's conduct. It concluded that by removing his clothes, masturbating his penis to make it erect and looking at his penis and Mr A, which gave the impression that he wanted Mr A to



perform oral sex on him, Dr Stefan was actions were sexually motivation, in that they were in pursuit of his sexual gratification.

86. Accordingly, the Tribunal found paragraph 5(e) in regard to paragraph 1 of the Allegation determined and found proved.

Paragraphs 2 and 3 of the Allegation

87. Mr B was a XXX at the hospital. The alleged incident occurred whilst attending XXX.

88. In his GMC witness statement dated 18 March 2024, Mr B described an incident of concern with Dr Stefan on 9 December 2022. He said that he had been in the room with Dr Stefan XXX, and they were talking afterwards. Mr B said that Dr Stefan was sat in a swivel chair, turned towards him as he was sat behind him on a regular Chair, and they could both fully see each other without obstruction. Mr B said that Dr Stefan grabbed the crotch area of his pants and readjusted himself in front of him, while looking at him, for a couple of seconds. He said that Dr Stefan did not say anything about it but was speaking about something alternative while doing so. Mr B said that he did not think anything of it at the time and did not say anything about it. Mr B referred to this as an initial slight concern. He said that he only saw it as a concern because of the incident that followed on 12 December 2022.

89. Once Mr B had reported the matter, there was an investigation by the Trust. Mr B attended an investigation interview on 27 April 2023 with Dr E (Case investigator/ Consultant Geriatrician), Mr S (Mr B's Support from XXX) and Mr T (HR Manager). The Tribunal had regard to the investigation interview notes date, in which Mr B was asked by Dr E about Dr Stefan:

*'Of the times you had worked with Dr SS previously, how was Dr SS behaviour and communication with you?*

*This wasn't the 1st time that I have worked with Dr SS. I worked with him [XXX]. In the previous time that I was with him, he had readjusted himself (adjusted his trousers) but didn't think anything of it.'*

90. The Tribunal also had regard to Mr B's account of the incident (on 9 December 2022) in an email he sent to Dr E on 25 May 2023, as follows:

*'The week before the interaction with Dr SS the interaction wasn't unusual, it was a normal conversation about [XXX] or what I do, if I bumped into him within the clinic he*

*would ask if I was okay. The [XXX] and would as me to bring it in for the doctors including Dr SS but once again nothing unusual happened within that interaction. The only unusual behaviour at the end of [XXX] where I mentioned about him readjust himself in-front of me (one hand just adjusting his trousers) and his legs were open (man spreading) while he was sat down talking to me, I just thought he was very relaxed and didn't think anything of it...'*

91. In his oral evidence Mr B consistently recounted this event. He described how he and Dr Stefan were having communication. He said that Dr Stefan was sat in front of him with very open posture and body language. While he was talking Dr Stefan readjusted himself in front of him. Mr B reiterated that he did not think much of it and considered that it may have been an accident. He stated however that there was a lot of eye contact during that event which is what led him to believe that there was more to that incident, and that it was not accidental, when reassessing it, after the second incident on 12 December 2022.

92. Mr B referred to his 'primary concern' having taken place on 12 December 2022 at approximately 5pm. Mr B was in the XXX room with Dr Stefan. XXX, Mr B said that Dr Stefan claimed to have something in his eye and asked Mr B to check his eye with his phone torch. Mr B said that he could not find anything untoward in Dr Stefan's eye, but Dr Stefan insisted he kept checking and also use a torch.

93. Mr B said that on the first two occasions that Mr B was checking Dr Stefan's eye, having stood leaning over him as he was a 'XXX, he noted Dr Stefan patting the back of his hand over Mr B's crotch area and also used the back of his hand to gently graze across his crotch. Mr B said that he thought it was an accident to begin with but on the third occasion it became more obvious. It was at that point Mr B said to Dr Stefan that there was nothing in his eye whereupon Dr Stefan grabbed and kissed him in an intimate way before sitting back down at the computer and saying nothing about the kiss. Mr B stated that Dr Stefan put his hand on Mr B's shoulder and 'was fast to pull me in'. Further that patients are by appointments and that there were no patient appointments for a couple of minutes – Dr Stefan therefore had time to compliment his hair and ask him about his previous experience with sexuality and preferences. Mr B stated that he responded vaguely.

94. Mr B said that a XXX. XXX Mr B said that Dr Stefan kissed him once more, intimately again, but this time for longer. Mr B said 'The kiss lasted a bit longer than the first, 7 to 8 seconds this time. This time, while kissing, he was groping himself and me simultaneously; the palm of his right hand was on my groin, in a stronger grasping motion this time, and the palm of his left hand was on his groin. He then took my right wrist and put my right hand against his groin and kept his hand on top of mine. He said he attempted to pull away and

using his free left hand to push against the right hand he was grabbing me with. He held his grasp on both my crotch and my right wrist on his crotch for a small while and eventually let go. Mr B said he sat down afterwards - he would not say that he froze, but he did not move. Dr Stefan sat in front of him, smiled again, and began to grope himself while speaking in sexual terms. He did not grab me at that point but was sitting in his chair in a more relaxed position with one hand on his crotch on top of his trousers, rubbing himself occasionally through his scrubs while looking at me. Nothing was said at this time. A little while after, he complimented my lips and then he asked me sexual questions and what sexual things that I had done before, to which I stayed silent. He started telling me his own sexual preferences and stories and confessed that he is a 'top that likes to fuck'. He said that he knows places where we could meet up during the Christmas break, such as XXX. He asked me if I wanted his number as a form of contact. I was breaking eye contact throughout his questions'.

95. Mr B said that Dr Stefan then got up, walked over to Mr B's chair, took his penis out and asked Mr B to suck it. Mr B confirmed that no words were used but it was inferred in the form of eye contact and holding out his penis. Mr B said that he tried to ignore Dr Stefan and at that point, he was encouraged further to do so with the words 'go on'. Mr B said that Dr Stefan tried to persuade him to suck his penis. Mr B said these were the only words used. Mr B said that Dr Stefan pulled down his trousers slightly and began moaning whilst masturbating himself next to Mr B.

96. Mr B said that Dr Stefan asked him to pull out his penis and when Mr B refused, he asked for a hug, during which time he groped Mr B's bottom. Mr B said that when he sat back down, he stared at the floor and tried to avoid any eye contact at all with Dr Stefan. Mr B said that Dr Stefan then asked him questions and complimented his skin and hair, and when he remained unresponsive. Mr B stated that Dr Stefan stated that he did not mean to stress him out and placed his hand on Mr B's knee. Dr Stefan started typing on his computer again and told Mr B, that it would be their little secret.

97. In his email clarifications to Dr E on 25 May 2023, Mr B stated, *'on the 3<sup>rd</sup> time, he then pulled me to kiss him and then after he was like how was that? And I didn't know what to say. ...after the first kiss.....he had asked me if I had done stuff with a guy before and if I like it...he began telling me about himself...that he was a top and "liked to fuck", he stated that I was attractive and lucky as I'm still young and men aren't as interested in him, it's hard to find guys like me.'*

98. The Tribunal noted that in his supplementary GMC statement dated. Mr B stated that Dr Stefan also told him that he likes oral sex and being discreet, or private about his sexual encounters. He also clarified that when Dr Stefan had asked him, *'why I [Mr B] would not*

*play with him'*, that these were his exact words to his memory. Further that Mr B believed this to mean, 'why I would not join in and suck his penis'. He said that he did not reply to Dr Stefan.

99. Mr B said that he initially reported the incident to a close friend Ms I who had encouraged him to write down the events and persuaded him to report Dr Stefan. The Tribunal noted the contemporaneous texts he had said to Ms I at 3:37 pm the same day – 12 December 2022:

*'Hey [Ms I], something not very slay just happened, if i see you on Saturday i will tell you but for now i just cant wait for the week to be over : )'*

100. In her oral evidence Ms I confirmed that Mr B had spoken with her about the incident a week later when she saw him in person, and she had suggested that he write down his account.

101. The Tribunal also noted the written account made by Mr B which he confirmed he did so in February 2023. Mr B also reported the incident to XXX Mr L (at the XXX) on 21 February 2023 when he returned to XXX.

102. The Tribunal noted that in his account that Mr B wrote in February 2023, Mr B stated, *'I sat back down afterwards and so did he, I didn't freeze but I was trying to think of what to do next and how to stop the situation'*. In his GMC statement, he stated *'I sat down afterwards – I would not say that I froze, but I did not move..'* the Tribunal noted that Mr L in his statement, when recounting what he was told by Mr B, he stated. *'I recall from how he explained it, that [Mr B] froze for the kiss...'*

103. The Tribunal had regard to the notes taken by Mr L and considered that whilst his reference to 'froze' could appear inconsistent with Mr B's accounts, it considered that both Mr L and Mr B were talking about different parts of the incident when referring to 'freezing'. Mr B was talking about sitting down, after the kiss, he did not freeze but was thinking of what to do next and stop the situation, whilst Mr L was talking about the actual kiss. In any event, it considered that Mr L was recounting what he was told by Mr B from then notes he had made, and it was understandable that there may be some miscommunication or confusion. The Tribunal consider that Mr L's account was overall consistent and supportive of Mr B's account, and this did not take away from the core allegation.

104. The Tribunal had regard to Dr Stefan's investigation interview with Dr E on 5 May 2023. In response to the allegation made by Mr B, Dr Stefan denied that any kissing took

place, that he paid Mr B any compliments, that he used language of an assertive sexualised nature, or that he touched his own genitals or Mr B's. Dr Stefan said that he thought Mr B had been rude when he left the clinic and did not say thank you and thought these allegations were an attack on his reputation but could not 'recall anything as to why'. He said that he did not want to build up stories as to why Mr B was making these allegations but thought that he maybe had some sort of sexual fantasy.

105. Dr Stefan also stated:

*'I defined myself as straight [XXX]. I am in a monogamous heterosexual relationship. [XXX].*

*I believe that within the clinic area anyone could walk into the room and also that any noise like moaning would be heard from outside the room as referred to within the statement. But normal talking would not be heard for confidentiality.*

*I believe that any grown-up adult would leave the room straight away if these alleged things happened, I do not believe that they would have stayed.'*

106. In his oral evidence, Mr B was asked whether the door of the XXX room was locked and if it was possible for anyone to walk into the room. Mr B stated '*...potentially yes. However, on the unit, we have a strict rule that before entering a [XXX] room, you should knock first. But if someone is unaware that an individual is in there, they could easily just walk in.*'

107. The Tribunal accepted as plausible, the evidence of Mr B that people would generally knock and wait before entering the XXX room, however there may be time where someone may walk in without knocking. It examined what Dr Stefan had stated in his interview and considered it inconsistent that one would be able to hear moaning from outside the XXX room, but '*normal talking would not be heard due to confidentiality*'.

108. The Tribunal had regard to Dr E's GMC witness statement, she stated:

*'My conclusion from my interpretation of this information is that there was a period between 15.02 and 15.52 when it would have been possible for the alleged events to have taken place.'*

109. In her oral evidence, Dr E explained that there was clearly a time when the patients had left the room, and the dictation/update of the system was happening because the

administration tasks are not carried out whilst the patients are in the room. Therefore, the patient would have been released but it was very difficult to track absolutely at what point the patient entered the room and left the room. Dr E also positively confirmed that there were time periods in between each of the XXX in the room, where interactions could have happened between Dr Stefan and Mr B.

110. The Tribunal also examined a potential inconsistency in Mr B's accounts. It considered that in his written account dated February 2023, Mr B stated *'he continued for a short period and I decided to pull his trousers up myself to which he moaned,'* whilst in his GMC statement Mr B stated *'Dr Stefan then went on to pull down his trousers slightly and began moaning while playing with himself next to me. After a minute or two, he pulled his trousers back up and sat in front of me, groping himself again, asking me why I would not play with him'* and *'Dr Stefan asking me questions at the end after he pulled his trousers up'.*

111. The Tribunal questioned Mr B about this inconsistency during his oral evidence. Mr B clarified that initially Dr Stefan had pulled down his trousers slightly, towards the thigh area, and that was when he began to pull out his penis. Mr B said that when he did this he did not comply and vaguely remembered attempting to pull up the side of his trousers of the scrubs. He said that because it was a vague recollection, he did not refer to it in his GMC statement. Mr B said he recalled when he did touch the side of Dr Stefan's trouser, he had moaned and whimpered so he let go and did not continue or interact with him at all, and that was when he pulled down his trousers further down.

112. The Tribunal considered that throughout all recorded accounts of Mr B, the level of detail was consistent and clear. The Tribunal also noted that in his oral evidence Mr B had candidly recounted that, although he was not aware that the kiss was going to happen, but when it did, he had consented to it before withdrawing his consent when Dr Stefan started to get more intimate. The Tribunal was of the view that this added to Mr B's credibility. It accepted Mr B's clear explanation on this issue.

113. The Tribunal concluded that the incidents overall were supported by the early reports from Mr B to Ms I. The Tribunal rejected Dr Stefan's denial of the incident.

114. The Tribunal noted that Mr B had made appropriate concessions to the Tribunal when he accepted that the kisses had been consensual and when his memory had been vague. The Tribunal also accepted Mr B's explanation, that until the incident on 12 December, he had not appreciated that the actions on 9 December 2022 were of concern or worthy of complaint.

115. Overall, the Tribunal preferred the cogent and consistent evidence of Mr B and determined that on the balance of probabilities the incident happened how Mr B recollected it.

116. Accordingly, the Tribunal found paragraphs 2 and 3 of the Allegation determined and found proved.

Paragraph 5(a) in respect of paragraphs 2 and 3 of the Allegation

117. The Tribunal considered whether Dr Stefan's actions as set out in paragraphs 2(a) to (c) of the Allegation were carried out without the consent of Mr B. The Tribunal determined that seeking consent was not a feature in the facts as found proved. Dr Stefan had grabbed his own crotch area of his pants, readjusted his penis in front of Mr B and looked at Mr B in the eyes whilst carrying out these actions. It considered that Mr B did not have a say in these events and was something that he was subjected to by Dr Stefan. It therefore determined that Dr Stefan's actions were carried out without the consent of Mr B.

118. The Tribunal further considered whether Dr Stefan's actions as set out in paragraph 3 of the Allegation were carried out without the consent of Mr B.

119. It had regard to Mr B's investigation interview with Dr E on 27 April 2023, as follows:

*'I shined the light in his eye and couldn't see anything, which I told him. This happened about two or 3 times. On the 3rd time he then pulled me to kiss him and then after he was like how was that? And I didn't know what to say.'*

120. Mr B was asked how long was the kiss? He answered *'this would be for a few seconds and also included tongues. I did kiss him back'*.

121. The Tribunal had regard to Mr B's GMC witness statement as follows:

*'I took a step back and told Dr Stefan, 'there's nothing in your eye' - at this point Dr Stefan kissed me. He put his hand on my shoulder and was fast to pull me in, it was quite surprising. The kiss lasted two or three seconds and included tongues. He smiled and we both sat down in our chairs...*

*[XXX]. Dr Stefan and I stood up and kissed again, including tongue, but I became more uncomfortable as it did not feel right and I did not want to get in trouble...'*

122. In his oral evidence Mr B was candid in saying that the initial kiss with Dr Stefan was consensual, although he was not aware that it was going to happen. In respect of the second kiss, Mr B said this was also consensual but as the encounter became more intimate and Dr Stefan started touching him with his hands, and touching each other simultaneously, he became uncomfortable about it and attempted to pull away.

123. The Tribunal also had regard to Ms I's GMC witness statement as follows:

*'I think they started to kiss. I think [Mr B] then realised that Dr Stefan was older than and senior to him and he wasn't sure about what was happening, so [Mr B] essentially withdrew consent. I do not know if he verbally said no to Dr Stefan. From what I remember, [Mr B] may have then told me that Dr Stefan continued to act sexually'.*

124. The Tribunal noted Mr B's account from February 2023, as follows:

*'...I became more uncomfortable, after I began to pull away he grabbed onto my crotch and used his other hand to place mine against his, he held on for a little while and I did attempt to pull away again but he continued for a little.*

*I sat back down afterwards and so did he, I didn't freeze but I was trying to think of what to do next and how to stop the situation. He continued to grope himself and stare at me while doing so, he began talking to me about himself but speaking in sexual terms, stating that he is a "top" and "likes to fuck" he asked if I was willing to take his phone number and to meet up in areas around town over Christmas, I stopped speaking and began to break eye contact, staring at the floor or the wall when he was talking to me, he asked why I wouldn't cooperate to which I tried to say it was unprofessional but couldn't really get the words out, he then complimented my lips, afterwards he stood up and walked to the right side of the chair I was sitting on which meant his back was facing the door, he then pulled out his dick and tried to encourage me to suck it, I looked at him and shook my head then continued to stare at the ground or the wall, he continued for a short period and I decided to pull his trousers up myself to which he moaned, I began staring at the floor again and he then walked over to the door, stood in front of it, pulled his trousers down and began to masturbate in front of me, I continued to look at the floor and after a minute or two he pulled his trousers back up and sat in-front of me groping himself again and asking me why I wouldn't play with me, he asked for a hug and grabbed me by my ass pulling me in tight. I sat back down and he started complimenting me again, talking about my skin and my hair while touching my arm and my hair, he asked me more questions and then asked me to pull my dick out, I didn't answer and he asked me again. He then*



*said that he “didn’t means to stress me out”, placing his hand on my knee, and said we should keep this between us, he then turned back to his computer and started working again...’*

125. The Tribunal concluded that save for the two kisses which Mr B conceded were consensual, Dr Stefan’s actions after this were not. Mr B had pulled away from Dr Stefan, stopped speaking to him and broke eye contact, and had stared at the floor or the wall when he was talking to him, the Tribunal concluded that this was indicative of a lack of consent.

126. Accordingly, the Tribunal found paragraph 5(a) in regard to paragraphs 2 and 3 of the Allegation determined and found proved, with the exception of 3(b)(iii) and 3(c)(i).

Paragraph 5(b) in respect of paragraphs 2 and 3 of the Allegation

127. The Tribunal considered whether Dr Stefan was working and/or on shift at the time of the incidents with Mr B.

128. The Tribunal concluded that the evidence was very clear that Dr Stefan at the time of the incidents on 9 and 12 December 2022, had been consulting with patients as part of his usual work as a colorectal doctor on shift.

129. Accordingly, the Tribunal found paragraph 5(b) in regard to paragraphs 2 and 3 of the Allegation determined and found proved.

Paragraph 5(c) in respect of paragraphs 2 and 3 of the Allegation

130. The Tribunal considered whether Dr Stefan’s actions were an abuse of his more senior position.

131. The Tribunal noted that Mr B was XXX at the time of the incident and XXX younger than Dr Stefan. It also noted that Mr B was XXX which was a junior position to Dr Stefan, who was a surgical registrar at the time. Mr B was XXX and XXX Dr Stefan, who was in a position of responsibility and seniority to him.

132. Mr B said in his evidence that Dr Stefan had stated that they should keep what had happened between them as their secret and keep it between them.

133. The Tribunal concluded that Dr Stefan’s seniority, XXX, put him in a position of power over him which he abused by acting in the manner he did.

134. Accordingly, the Tribunal found paragraph 5(c) in regard to paragraphs 2 and 3 of the Allegation determined and found proved.

Paragraph 5(d) in respect of paragraphs 2 and 3 of the Allegation

135. The Tribunal went on to consider whether Dr Stefan's actions constituted sexual harassment.

136. It considered that Dr Stefan's actions within paragraphs 2 and 3 were inherently of a sexual nature. It had accepted Mr B's reassessment of the events of 9 December 2022, in that Dr Stefan's actions in readjusting his penis in from of Mr B were not accidental.

137. For the reasons set out earlier in this determination, the Tribunal had also concluded that the incidents that took place on 9 and 12 December 2022, with the exception of the kisses on 12 December 2022, were not consented to by Mr B. It further considered whether the incidents were unwanted and what effect, if any, they had on Mr B.

138. The Tribunal noted Mr B's GMC witness statement, as follows:

*'After the incident, Dr Stefan and I did not talk or discuss what had happened. If I saw him, I would just avoid him. Initially I felt very guilty, and that I had made a mistake. I tried to not acknowledge it, put it to the back of my mind, and continued with what I was doing [XXX]. But then I would get upset about it on different nights or occasions, and I realised that it was pretty serious. This led me to raise what had happened.'*

139. In her oral evidence Ms I said that she thought the incident had impacted Mr B a lot. She said that he was a very upbeat and very kind person and so he takes everything in his stride, but she could tell that he feels very beaten up about it, confused and felt he was to blame. It had also made him feel very confused and upset.

140. In her GMC witness statement, Ms I stated that Mr B had felt a lot of shame about the incident.

141. Ms I recalled in her oral evidence that Mr B had told her that after the incident, Dr Stefan had tried making eye contact and smiled at him while passing in the corridors, just trying to get his general attention. She said that Mr B had told her that he had avoided this eye contact.

142. The Tribunal noted Mr L's written statement dated 22 February 2023, as follows:

*'...[Mr B] sat on the table opposite me and his hands were visibly shaking as he referred to notes that he had taken on his phone...*

*[Mr B] stated that he felt strongly that what was happening was wrong, did not want this to happen and stopped kissing SAM...*

*Throughout the telling of the story I could see his hands shaking and there were pauses during his telling of the story, particularly at the moments when SAM touched his penis and when SAM exposed his penis to [Mr B].'*

143. In all the circumstances, the Tribunal determined that Dr Stefan's actions were unwanted by Mr B. Whilst Mr B had consented to the kisses, he had not instigated any of the actions nor was there any evidence before the Tribunal that he had invited them in any way. It further considered that the effect of the incident was such that it had violated Mr B's dignity, in having been asked personal questions about his sexuality and preferences and previous experiences and in also being asked to 'suck' Dr Stefan's penis. Further, it considered that the incidents of both 12 December 2022 and also of 9 December 2022, from his reassessment of that incident which took place after the events of 12 December 2022, created an intimidating, humiliating and hostile environment for him. The Tribunal therefore determined that Dr Stefan's actions amounted to sexual harassment.

144. Accordingly, the Tribunal found paragraph 5(d) in regard to paragraphs 2 and 3 of the Allegation determined and found proved.

Paragraph 5(e) in respect of paragraphs 2 and 3 of the Allegation

145. The Tribunal considered whether Dr Stefan's actions were sexually motivated.

146. The Tribunal could not find a plausible alternative explanation to explain Dr Stefan's deliberate and overtly sexual actions. It considered the proven fact of Dr Stefan looking Mr B in his eyes whilst grabbing his crotch area and readjusting his penis and further considered the proven conduct at paragraph 3 of the Allegation. It therefore concluded that Dr Stefan was acting with sexual motivation which was his own sexual gratification.

147. Accordingly, the Tribunal found paragraph 5(e) in regard to paragraphs 2 and 3 of the Allegation determined and found proved.

Paragraph 4 of the Allegation

148. At the time of the alleged index event on 24 February 2023, Mr C was a XXX. He stated that he does not recall when he first met Dr Stefan and thought that it was around XXX 2022. Mr C stated that he had heard stories that Dr Stefan had stood very close to people inappropriately on XXX, and this was on his mind when he first met Dr Stefan, as it was one of the few things that he knew about him at the time. Mr C does not recall who told him about this, but it was generally spoken about, and he could not pinpoint one specific person who told him. Mr C said it was told to him in a jovial manner and was never confirmed. Mr C said that he probably heard about it between August and November 2022, before he started XXX. Mr C said that the only incidents that he experienced personally took place in the early morning on or around 24 February 2023 and it was at least three instances that he could recall. He stated that Dr Stefan was a staff-grade registrar who worked ad hoc shifts, so he did not meet him often XXX.

149. Mr C said that he and Dr Stefan had started the XXX, with no other staff present initially, and more colleagues only joined the XXX later on. He said that it was not unusual for a registrar to XXX with others joining in later. Mr C said that during this XXX, he was XXX.

150. Mr C said that the first incident occurred when Dr Stefan and he were both standing by a patient's bedside. This was on a ward, with multiple beds, each surrounded by a curtain. XXX. Mr C said that XXX, however he did not recall the specific details of the patient but there was no one else was present. Mr C said that he was XXX, blocking his vision of his lower body. Mr C said he felt something brush his crotch XXX. He said that he could then see that Dr Stefan, from where he was stood on his right, had lifted his hand at a strange angle XXX and Dr Stefan's hand was directly over his genitals. Mr C said that he could not recall which hand Dr Stefan used. Mr C described the action as 'brushing' and did not recall seeing what position Dr Stefan's hand was in, but it was not a 'grabbing' motion. Mr C said that Dr Stefan was stood far enough away from him that he had no reason for his hand to be touching him, and it seemed like a deliberate effort to reach XXX. Mr C said that Dr Stefan did not acknowledge it at all when he saw this, which he thought was odd. Mr C said that Dr Stefan dropped his hand and continued as if nothing had happened.

151. Mr C said that he did not raise this as they were at a patient's bedside, and it could be explained away. He said that he *'did not definitely feel at that time that something had happened'*. He stated that the further incidents had not yet happened for him to consider that the action was deliberate. Mr C said that he did not recall what Dr Stefan was doing at the time and did not know if the patient saw it happen although they could have, but if they did, they made no indication.

152. Mr C said that the second and third incidents took place XXX, after other members of staff had joined and there were five or six of people in the group. Mr C did not recall who else was on XXX with him and Dr Stefan, he did not believe that they would have seen what happened. Mr C detailed that each time, Dr Stefan would manoeuvre in front of him, with his hands behind his back and brushing against his crotch, either side of his groin.

153. Mr C said that for the second and third incidents, he did not see Dr Stefan's hands as he was XXX and only felt them. Mr C said that Dr Stefan would have had his hands clasped behind his back and made contact with him with his fingers as a gentle brush. Mr C said that Dr Stefan was not looking at him but would make contact with his thigh or leg first and Mr C would move. Mr C remembers seeing the top of Dr Stefan's arms move without looking, to try to find the centre of his crotch, and each time he would brush him in repeated movements. Mr C said that Dr Stefan did make contact with his crotch.

154. Mr C also said that he would deliberately move back each time, so Dr Stefan never made sustained contact. He recalled that when he tried to move back or sideways, Dr Stefan would move as well and try again. Mr C remembered being surprised that Dr Stefan was simultaneously speaking and engaging with people or patients. On each occasion, Dr Stefan did not acknowledge anything had happened, and aside from Mr C moving away, he did not acknowledge it.

155. Mr C said that around the patients' bedsides, there were curtains drawn, and it was a very tight space, especially with a group of people and there was limited space to move away. Mr C could not recall the order of the second and third incidents, but for one of them he could not move away without walking around the patient's bed, which would have been strange.

156. Mr C said that considering how busy the XXX was, he did not think he realised that what had happened was what he had heard about previously until afterwards.

157. Mr C said that he spoke to his colleague Dr U about the incident but did not recall if this conversation was in person or over the phone. Mr C reported the matter to a Dr M, respiratory fellow working at registrar level and deputy chief registrar working with the clinical leadership team at the time of the incident. Mr C said this was during a social occasion rather than a formal recorded or minuted meeting. Mr C said that Dr M encouraged him to speak up. Therefore, Mr C contacted Dr N, Director of education and they had a meeting on 2 October 2023, where his full account was given.

158. The Tribunal had regard to Dr M's GMC witness statement dated 9 June 2025 referring to the XXX which took place on 22 August 2023. Dr M stated:

*'...the [XXX]. There were probably another four or five people standing in the group, listening to the conversation – I cannot recall who they were. Dr Stefan's name somehow came up and [Mr C] said he had been 'inappropriately touched in the crotch, on a number of occasions' by Dr Stefan. I was shocked as I had only ever heard that previous junior doctors got on well with him and he had a good relationship with them. They said he did it to 'everyone' however I later clarified that it was only confirmed to have happened to [Mr C] and one or two other people... I encouraged [Mr C] to report the allegations. I was reassured that he didn't feel he needed well-being support. We talked about the importance of raising concerns in the context of colleague and patient safety and our duty as doctors. We talked about the possibility of Dr Stefan doing this again in the future to more vulnerable doctors, or patients, and our culpability if we didn't speak up now. He was concerned his testimony didn't carry much weight as there was no physical evidence. I assured him that witness testimony is powerful even without other evidence. I gave him the phone numbers of Mr F and Dr V...  
Following this meeting I updated Dr N ... I thought that [Mr C] was going to report it.  
....'*

159. The Tribunal noted thereafter Mr C's email dated 19 September 2023 sent to Dr N, as follows:

*'...I wish to raise concerns about Mr Sam Stefan, who acted inappropriately to me. On or around the 24th February 2023, on [XXX], Mr Stefan made several attempts to touch my crotch whilst standing very close to me. He concealed his attempts whilst I was distracted [XXX] or by standing right in front of me with his hands behind his back. The repeated nature of these attempts made me doubt these were all accidents; they numbered 4 or 5 times. When I moved away each time, he would reposition himself to try again.  
After [XXX], Mr Stefan left the ward and I did not hear from him again...'*

160. The Tribunal also had regard to Mr C's Investigation interview with Dr E which took place on 2 October 2023:

*'[Mr C] So I got in contact with Dr N after I'd been having some discussions with Dr M who's the deputy chief reg because on or around 24 February 2023, [XXX], I was on*

*[XXX] with Sam Stefan. [XXX]. On [XXX] he made several attempts to touch my crotch whilst I wasn't aware of it, without any clear reason to do so...*

*On that day, the first time it happened I was by a patient's bed and [XXX]. I was [XXX] and I felt something touch my crotch. [XXX] and he was standing with his arm outstretched. He was at an angle that wouldn't really ... you wouldn't stand like that*

*AB: This was at a patient's bedside?*

*[Mr C] Yeah. And I thought it was strange. He stepped in and moved his hand away and yeah. Bit weird, but could be someone stepping over. So, I thought nothing of it. On multiple occasions throughout the rest of [XXX] and people around, he would stand right in front of me with his hands behind his back, kind of crossed behind his back as you would do, and then deliberately step back and touch me. And quite a few times to the point where I thought it was no accident. This doesn't happen more than once or if it does you'd say "I'm so so sorry". But there was no contact to explain that behaviour. And there were times when he would do that, and I would take a step back, but you're so crowded you couldn't take a big step back and when I tried to move even a little bit he would stop and readjust and you could see him try again. Then I thought this is very very odd. There was no way for me to raise it with him at the time apart from try to stand on the other side of the bed to him, [XXX]. You don't have the time to fully avoid somebody. At the end of [XXX] he announced he was off and just left. I didn't have a chance to look at him or say anything. It was really strange. I didn't see him again for the rest of the day. And that was my sole time I've ever met Sam Stefan apart from in passing or seeing him in a corridor. Never saw him again properly or had the opportunity to raise it*

*AB: So that was the only time you had that close contact?*

*[Mr C]: Totally. Never met him apart from that.*

*AB: Afterwards did you try to speak to anyone about that?*

*[Mr C]: I spoke to my colleague Dr M who has been in touch with Dr N as well...and he said that it happened to him [XXX]... Questioning if it happened and then had limited contact with him again. The reason I knew the date is because I text a [XXX] colleague of mine who's now left the trust and was like oh what you were saying before, I think it happened to me. That's how I knew the date. It was either on that day or the day before. That's who I spoke to after.*

AB: Did you speak to anyone supervision-wise or in surgery?

*[Mr C]: No. I think it's one of those difficult things where ... I know it sounds bad I didn't raise it. No, I didn't because for a little while I thought that's so strange but it's so easily explained at a crowded bedside and I didn't know if anyone else was going to come forward because at the time you're only ever in small groups. I thought about it but didn't know what I'd say had happened because it's so easily explained. He could say oh sorry I bumped into you and that's the end of that. I didn't feel comfortable as an F1 to raise that to senior people and make a statement. I laughed it away with humour. As guys that's how we took it.'*

161. In his supplemental GMC witness statement dated 23 June 2024, Mr C clarified the following:

*'In paragraph 11 of my statement, I state, 'I felt something brush my crotch and I [XXX]' and that Dr Stefan's 'hand was directly over my genitals'. His hand was making contact with my penis, through my scrubs.*

*In paragraphs 13 and 14 of my statement, I explain the second and third incidents that Dr Stefan had 'his hands behind his back and brushing against my crotch, either side of my groin'. I set out that he 'would make contact with my thigh or leg' and that he would 'try to find the centre of my crotch'. I confirm that he 'make contact with my crotch'. To clarify, for the second and third instances, he placed his hands on either side of my penis, next to it and trying to touch it. I did feel him make contact with my thigh, and then he would move and try again. He may very well have made contact with my penis but I cannot recall in particular - it could be that he touched in my inner thigh, still a very intimate place.'*

162. In his oral evidence, Mr C clarified that whilst he did refer to Dr Stefan touching him four to five times, it was the 3 discreet incidents he could recall in his mind, which he referred to in the GMC statement. He said that he thought it happened more than three times but could only clearly and specifically recall those three.

163. In response to panel questions, Mr C said that he had not felt comfortable as a XXX to raise the matter with more senior people, this was because at that time he was not that confident and had not fully reflected on the incident and how it had made him feel. He stated that it was a lack of maturity on his part at that point in not reporting it, even though there were processes in place to do so.



164. Mr C further explained his reference to there being ‘no contact from Dr Stefan to explain his behaviour’, he had meant that there had been no verbal contact between them, i.e no apology or acknowledgment from Dr Stefan.

165. The Tribunal noted that the allegations made by Mr C were not explored with Dr Stefan by the Hospital as he had left the Trust by the time Dr Stefan made the alleged disclosures.

166. The Tribunal considered all the evidence before it and examined Mr C’s written and oral accounts. It considered Mr C to be a credible witness who gave clear and cogent evidence without embellishment.

167. The Tribunal was satisfied that, on the balance of probabilities, it was more likely than not that on 24 February 2023, whilst working at the Hospital with Mr C, Dr Stefan on one or more occasion whilst standing by patients’ bedsides, positioned himself close to Mr C and touched Mr C’s thigh and Mr C’s penis over his clothes.

168. Accordingly, the Tribunal found paragraph 4 of the Allegation determined and found proved.

Paragraph 5(a) in respect paragraph 4 of the Allegation

169. The Tribunal considered whether Dr Stefan’s actions as set out in paragraph 4 of the Allegation were carried out without the consent of Mr C.

170. The Tribunal noted in Mr C’s email dated 19 September 2023, sent to Dr N when reporting the incident, Mr C said that he had moved away when Dr Stefan would attempt to touch his crotch, however, Dr Stefan would reposition himself to try again. Mr C said that the repeated nature of these attempts made him doubt these were all accidents.

171. The Tribunal also noted Mr C had stated in his GMC witness statement that he had thought about moving to the other side of patient’s bed.

172. In all the circumstances, the Tribunal concluded that it was clear that Dr Stefan’s actions were unwanted, uninvited and carried out without the consent of Mr C.

173. Accordingly, the Tribunal found paragraph 5(a) in regard to paragraph 4 of the Allegation determined and found proved.

Paragraph 5(b) in respect of paragraph 4 of the Allegation

174. Having found the facts of paragraph 4 of the Allegation proved, the Tribunal has gone on to consider whether Dr Stefan was working and/or on shift at the time of the incident with Mr C.

175. The Tribunal concluded that the evidence was very clear that Dr Stefan at the time of the incidents was XXX, therefore he was working at the Hospital on shift.

176. Accordingly, the Tribunal found paragraph 5(b) in regard to paragraph 4 of the Allegation determined and found proved.

Paragraph 5(c) in respect of paragraph 4 of the Allegation

177. Having found the facts of paragraph 4 of the Allegation proved, the Tribunal has gone on to consider whether Dr Stefan's actions were an abuse of his more senior position.

178. The Tribunal noted that Mr C was XXX at the time of the incident. This was a junior position to Dr Stefan, who was a surgical registrar at the time. It also noted that Mr C was XXX Dr Stefan and assisting with the XXX where patients were present. This indicated to the Tribunal that Dr Stefan's actions were bold, and he acted with impunity as he was the most senior person on XXX. The Tribunal concluded that Dr Stefan's seniority put him in a position of power over Mr C which he abused by acting in the manner he did.

179. Accordingly, the Tribunal found paragraph 5(c) in regard to paragraph 4 of the Allegation determined and found proved.

Paragraph 5(d) in respect of paragraph 4 of the Allegation

180. Having found the facts of paragraph 4 of the Allegation proved, the Tribunal considered whether Dr Stefan's actions constituted sexual harassment.

181. For the reasons above the Tribunal had already concluded that it was clear that Dr Stefan's actions were carried out without the consent of Mr C and that the actions were unwanted by him.

182. The Tribunal considered the impact that this incident had upon Mr C. In his GMC witness statement, Mr C stated:

*'I did not see Dr Stefan's hands as I was [XXX]; I only felt them. He would have had his hands clasped behind his back, and made contact with me with his fingers as a gentle brush. As he was not looking at me, he would make contact with my thigh or leg first and then I would move. I remember seeing the top of his arms move without looking, to try to find the centre of my crotch, and each time he would brush me in repeated movements. He did make contact with my crotch.*

*I would deliberately move back each time so he never made sustained contact. If I tried to move back or sideways, I recall that he would move as well and try again.*

*I remember being surprised that he was simultaneously speaking and engaging with people or patients.'*

183. In his oral Mr C clearly recounted how he had moved every time he had been touched by Dr Stefan and how he had initially considered that it may have been an accident on his part but then realised after the repeated nature of the attempts that Dr Stefan was deliberately seeking opportunities to touch him. He further stated that there were others around while Dr Stefan was manoeuvring himself so that Mr C would not be able to back out due to the curtain in the way. Mr C said that whilst he would not say that he was scared, his initial reaction was to be shocked and stunned.

184. The Tribunal considered that in light of this evidence by Mr C, Mr C's dignity was violated, he kept moving and repositioning himself to avoid contact with Dr Stefan. In making this determination, it considered Mr C's perception and the circumstances of the case and was of the view that this effect was reasonable in light of the proven facts.

185. Accordingly, the Tribunal found paragraph 5(d) in regard to paragraph 4 of the Allegation determined and found proved.

#### Paragraph 5(e) in respect of paragraph 4 of the Allegation

186. Having found the facts of paragraph 4 of the Allegation proved, the Tribunal went on to consider whether Dr Stefan's actions were sexually motivated.

187. The Tribunal noted that it was a crowded and tight space around patients' beds XXX.

188. The Tribunal considered whether there was any alternative plausible explanation for Dr Stefan's conduct other than sexual motivation. It was of the view that it was possible to brush over a person's thigh or penis and for this to be an accidental one off. However, the

Tribunal concluded that it was highly unlikely and improbable that the sustained and repeated attempts as described by Mr C could be accidental or due to recklessness on Dr Stefan's part.

189. The Tribunal also considered that propensity had been established on Dr Stefan's part to act in a sexual motivated way from the previous allegations found proved in respect of Mr A and Mr B. It therefore concluded that Dr Stefan was acting with sexual motivation and in pursuit of his own sexual gratification.

190. Accordingly, the Tribunal found paragraph 5(e) in regard to paragraph 4 of the Allegation determined and found proved.

### The Tribunal's Overall Determination on the Facts

191. The Tribunal has determined the facts as follows:

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

1. On 5 August 2022, at the Queen Alexandra Hospital ('the Hospital') you:
  - a. arranged to meet with Mr A in the toilets at the Hospital via the XXX application; **Determined and found proved**
  - b. attended the toilets and placed yourself within a cubicle and after Mr A entered the toilets, you:
    - i. opened the door to the cubicle you were in; **Determined and found proved**
    - ii. had removed your clothes; **Determined and found proved**
    - iii. masturbated your penis to make it erect; **Determined and found proved**
    - iv. gestured with your hand for Mr A to enter the cubicle; **Determined and found proved**
    - v. looked at your penis and Mr A on one or more occasions, which gave the impression that you wanted Mr A to perform oral sex on you. **Determined and found proved**
2. On 9 December 2022, whilst working at the Hospital with Mr B, you: a. grabbed the crotch area of your pants;
  - b. readjusted your penis in front of Mr B; **Determined and found proved**

c. looked Mr B in the eyes whilst carrying out the actions described at paragraphs 2a and 2b. **Determined and found proved**

3. On 12 December 2022, whilst working in the Hospital with Mr B you:

a. asked Mr B to look into your eyes after suggesting there was something in your eye and whilst Mr B stood close to you, you:

i. patted Mr B's testicles and/or penis with your hand on one or more occasions; **Determined and found proved**

ii. grazed against his penis with your hand; **Determined and found proved**

b. after Mr B stepped away from you, you:

i. put your hand on Mr B's shoulder; **Determined and found proved**

ii. pulled Mr B towards you; **Determined and found proved**

iii. kissed Mr B on the lips; **Determined and found proved**

iv. asked Mr B "how was that?" or words to that effect; **Determined and found proved**

v. complimented B's hair **Determined and found proved**

vi. asked Mr B:

1. about his previous experience with sexuality; **Determined and found proved**

2. about his preferences; **Determined and found proved**

3. whether he was bisexual or homosexual; **Determined and found proved**

4. whether he had done stuff with a guy before and if he liked it, or words to that effect. **Determined and found proved**

c. following a consultation with a patient you:

i. kissed Mr B; **Determined and found proved**

ii. touched and/or groped Mr B's penis and/or testicles; **Determined and found proved**

iii. on one or more occasions touched and/or groped your own penis; **Determined and found proved**

iv. took Mr B's hand and:

1. placed it on your penis; **Determined and found proved**
2. kept your hand on top of Mr B's hand whilst it was on your groin; **Determined and found proved**
3. held your grasp over Mr B's hand/wrist when he tried to pull it away from your groin; **Determined and found proved**

v. made comments to Mr B to the effect of:

1. that you liked oral sex; **Determined and found proved**
2. that you liked being discreet and private about your sexual encounters; **Determined and found proved**
3. asking Mr B what sexual things he had done before; **Determined and found proved**
4. complimenting Mr B's lips; **Determined and found proved**
5. that you were a "top that likes to fuck"; **Determined and found proved**
6. that Mr B "was lucky as [he was] still young"; **Determined and found proved**
7. that "men aren't as interested in [you]"; **Determined and found proved**
8. it's "hard to find guys like [Mr B]"; **Determined and found proved**
9. you knew places during the Christmas break where you could meet up such as XXX; **Determined and found proved**
10. asked Mr B if he would like your phone number; **Determined and found proved**

vi. stood in front of Mr B whilst Mr B was sitting and you:

1. touched and/or groped your penis through your trousers; **Determined and found proved**
2. pulled out your penis from your scrubs; **Determined and found proved**

3. stared at Mr B whilst massaging your penis with your hands; **Determined and found proved**
4. asked Mr B to “suck it” or words to that effect; **Determined and found proved**
5. told him to “come on” or words to that effect whilst waving your penis around; **Determined and found proved**
6. after Mr B indicated his refusal, you gestured with your hand for Mr B to perform oral sex; **Determined and found proved**
7. pulled your trousers down; **Determined and found proved**
8. masturbated your penis; **Determined and found proved**
9. moaned in a sexual manner; **Determined and found proved**
10. asked Mr B to “pull out his penis” or words to that effect; **Determined and found proved**
11. asked him why he would not “play with you” or words to that effect; **Determined and found proved**
- vii. asked Mr B for a hug; **Determined and found proved**
- viii. whilst hugging Mr B, you:
  1. grabbed Mr B’s bum; **Determined and found proved**
  2. pulled Mr B towards you; **Determined and found proved**
- ix. complimented Mr B’s skin; **Determined and found proved**
- x. complimented Mr B’s hair; **Determined and found proved**
- xi. touched Mr B’s arm; **Determined and found proved**
- xii. touched Mr B’s hair; **Determined and found proved**
- xiii. placed your hand on his knee; **Determined and found proved**
- xiv. told Mr B that “we should keep this between us” or words to that effect; **Determined and found proved**
- xv. told Mr B that this would be “our secret” or words to that effect. **Determined and found proved**

4. On 24 February 2023, whilst working at the Hospital with Mr C, you:
  - a. on one or more occasions whilst standing by patients' bedsides you positioned yourself close to Mr C and:
    - i. touched Mr C's thigh; **Determined and found proved**
    - ii. touched Mr C's penis over his clothes. **Determined and found proved**
5. Your actions as set out in paragraphs 1 to 4:
  - a. were carried out without the consent of Mr A, Mr B and/or Mr C  
**Determined and found proved with the exception of paragraphs 3(b)(iii) and 3(c)(i) which were found not proved**
  - b. occurred whilst you were working and/or on shift; **Determined and found proved**
  - c. were an abuse of your more senior position; **Determined and found proved**
  - d. constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Mr A, Mr B and Mr C, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Mr A, Mr B and Mr C; **Determined and found proved**
  - e. were sexually motivated. **Determined and found proved**

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

#### Determination on Impairment - 01/12/2025

192. 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 Stefan's fitness to practise is impaired by reason of misconduct.

#### The Evidence

193. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

#### Submissions



194. On behalf of the GMC, Ms Nowell submitted that Dr Stefan's fitness to practice is impaired by reason of his misconduct due to his actions as found proved by the Tribunal.

195. Ms Nowell reminded the Tribunal of the two-stage process: first whether the facts as found proved amounted to misconduct; and then, whether the finding of that misconduct, could lead to a finding of current impairment. She referred the Tribunal to the cases of *Cheatle v General Medical Council [2009] EWHC 645 (Admin)* (paragraphs 19 and 21) and *Roylance v General Medical Council (No 2) [2000] 1AC311* (paragraph 331B onwards). She submitted that the proven allegations when taken separately or together amount to serious misconduct.

196. Ms Nowell invited the Tribunal to accept that Good Medical Practice 2013 (GMP) is the relevant guidance for this case, not the recent 2024 Guidance, given the timing of the allegations found proved. However, it is notable that whilst the newer guidance specifically refers to sexual harassment and sexual misconduct with colleagues, the 2013 Guidance is silent on this point. Nevertheless, she said that paragraphs 138, 149 and 150 of the Sanctions Guidance 2024 (SG), mirrors those of the 2020 SG. Ms Nowell referred the Tribunal to the appeal case of *General Medical Council and Professional Standards Authority for Health and Social Care v Dugboyele [2024] EWHC 2651 (Admin)*, Mr Justice Murray, opined that, whilst the SG were not directly applicable in that case (as sanction was never under consideration), it was still relevant as underlining the seriousness of sexual harassment, sexual misconduct and abuse of power. She reminded the Tribunal that it is not possible to impose any sanction without a finding of impairment.

197. Ms Nowell said that the Tribunal had found that Dr Stefan's actions were not isolated to one event but impacted on three different individuals on four separate occasions. Therefore, she submitted that the severity and number of acts make the misconduct very serious.

198. Ms Nowell referred the Tribunal to the overarching objective and the case of *Cheatle* (paragraph 17) which reiterates the four examples given by Dame Janet Smith in the Shipman enquiry setting out what a decision maker should take into account when concluding that a doctor's fitness to practice was impaired.

199. Ms Nowell said that insight was described by Collins J in *Sawati v GMC [2022] EWHC 283* at paragraph 76 as follows:

*“an acknowledgment and appreciation of a failing, its magnitude, and its consequences for others – it is essential for that failing to be properly understood, addressed and eliminated for the future. Future risk – to patients or to public confidence in general – is a proper preoccupation of Tribunals. If a doctor’s performance or conduct is faulty, but they don’t have insight into that, that can give good grounds for concern that they are unlikely to be able to address and remediate it, and hence that they pose a continuing risk.”*

200. Ms Nowell said that later in her Judgment, Collins J dealt with the tension between the doctor’s right to defend himself against the GMC’s charges and the need to protect patients. Known as the “rejected defence”. She said that at paragraphs 104 to 109 of the Judgment the following factors were set out and relevant for the Tribunal to consider:

- i) *What was the primary nature of the allegation. A rejected defence of honesty will be more relevant to the overall assessment of conduct where dishonesty is the primary allegation, ie. fraud or forgery;*
- ii) *What is the Registrant denying? Is it primary facts (ie. what happened and what he or she did not do? Or the evaluation of those primary facts? If the latter, its more likely to be unfair to hold their denial against them;*
- iii) *Is there evidence of insight other than the rejected defence?*
- iv) *The nature and quality of the rejected defence. Is the defence a “blatant and manufactured lie, a genuine act of dishonesty, deceit or misconduct in it’s own right...or was it just a failed attempt to tell the story in a better light than eventually proved warranted?”*

201. Ms Nowell submitted that the severity of Dr Stefan’s misconduct alone justified a finding of impairment. She said that Dr Stefan’s actions were likely to place the profession into disrepute and damage the public’s confidence in the profession. Ms Nowell submitted that a right-minded member of the public would be shocked to hear that Dr Stefan’s fitness to practice was found not to be impaired and that no action had therefore been taken. Furthermore, she said that the allegations in respect of Mr B took place between patient appointments; and those in respect of Mr C, at patients’ bedsides. Ms Nowell submitted there was therefore a risk of patient safety being compromised by distraction and lack of attention on the part of Dr Stefan. Therefore, she submitted that all three limbs of the overarching objective were relevant to the issue of impairment in this case.

202. Ms Nowell submitted that the continued lack of any cooperation with the GMC or the MPTS, coupled with a complete lack of insight and regret (apparent from the total denials provided to the Police and the Trust) provides no comfort that there will not be repetition in

Dr Stefan's misconduct. She reiterated that the GMC therefore invites the Tribunal to find that Dr Stefan's fitness to practice is currently impaired.

### The Relevant Legal Principles

203. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

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

205. The Tribunal must determine whether Dr Stefan's fitness to practise is impaired today, taking into account Dr Stefan's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

206. In relation to misconduct, the Tribunal was reminded of the case of *Remedy UK v GMC* [2010], which identified two principal categories of misconduct: (a) serious professional misconduct arising in the course of professional practice, and (b) conduct of a morally culpable or otherwise disgraceful kind occurring outside professional practice but which brings the profession into disrepute.

207. The Tribunal was also referred to *Roylance v GMC (No.2)* [2000] 1 AC 311, where misconduct was described as a "word of general effect involving some act or omission which falls short of what would be proper in the circumstances". The standard of propriety is to be judged by reference to the rules and standards ordinarily expected of a medical practitioner.

208. The Tribunal was advised that "serious professional misconduct" should be given its ordinary meaning and has been described in *Nandi v GMC* [2004] EWHC 2317 (Admin) as conduct which would be regarded as "deplorable by fellow practitioners". The Tribunal was reminded that, where guidance in GMP relied upon, it must consider the edition in force at the material time, which in this case was the 2013 version.

209. The Tribunal was advised that there is no statutory definition of "impairment". However, the test formulated by Dame Janet Smith in *CHRE v NMC and Grant* [2011] EWHC 927 (Admin) provides assistance. The Tribunal should consider whether its findings show that the doctor: (a) has in the past acted, or is liable in the future to act, so as to put a patient or patients at unwarranted risk of harm; (b) has in the past brought, or is liable in the future to bring, the medical profession into disrepute; (c) has in the past breached, or is liable in the future to breach, one of the fundamental tenets of the profession; and/or (d) has in the past acted dishonestly.

210. The Tribunal was advised that it must determine whether Dr Stefan’s fitness to practise is impaired today, taking account of his conduct at the time of the events as well as any subsequent developments. In doing so, the Tribunal should consider whether the matters found proved are remediable, whether they have been remedied, and the likelihood of repetition. It should also assess the doctor’s level of insight.

211. The Tribunal was advised that insight is relevant to the assessment of future risk and must not be equated simply with an admission of wrongdoing. A doctor who maintains his innocence is not necessarily without insight.

212. In *Meadow v GMC* [2007] QB 462, it was observed that the purpose of fitness to practise proceedings is not to punish past misconduct but to protect the public against the acts and omissions of those who are not fit to practise. The assessment of impairment is therefore forward-looking, though it must be informed by past behaviour.

213. In *Sawati v GMC* [2022] EWHC 283 (Admin), it was noted that doctors are properly entitled to defend themselves, and the Tribunal must consider whether any apparent lack of insight is merely a reflection of a rejected defence rather than genuine attitudinal risk.

214. The Tribunal was referred to *GMC v Shah* [2025] EWHC 899, which confirmed that the Tribunal must form its own reasonable view as to whether the proven conduct would be regarded as “deplorable” by members of the profession and the public. The case also emphasised that there exists a spectrum of misconduct, and even sexual harassment may, in certain circumstances, not reach the threshold of seriousness. The *Equality Act 2010* is not determinative of seriousness.

215. The Tribunal was further advised that, in assessing the risk of repetition, it may consider the doctor’s circumstances in the round, including the improbability of the practitioner jeopardising their career or reputation. The absence of risk need not depend solely on remorse or shame. Insight, remediation and risk of repetition are distinct concepts but often overlap.

216. The Tribunal was advised that it must consider all three limbs of the overarching objective in determining impairment. Even in cases of low risk of repetition, a finding of impairment may be required to maintain public confidence and proper professional standards. In *Yeong v GMC* [2009] EWHC 1923 (Admin), it was observed that there will be occasions where a finding of impairment must be made, notwithstanding remediation, to maintain public confidence in the profession and its regulatory processes.

217. Finally, the Tribunal was reminded that it must provide full and reasoned written reasons for its decision.

## The Tribunal’s Determination on Impairment

### Misconduct

218. The Tribunal first considered whether the facts found proved amounted to a sufficiently serious departure from the standards of conduct reasonably expected of Dr Stefan as a registered medical practitioner, so as to amount to misconduct. It reminded itself of the findings made.

Mr A

219. The Tribunal had regard to the fact that Dr Stefan, arranged to meet with Mr A in the toilets at the Hospital via the XXX application. Whilst in the toilets, Dr Stefan placed himself within a cubicle and removed his clothes. After Mr A entered the toilets, Dr Stefan opened the door to the cubicle he was in and was masturbating his penis to make it erect. Dr Stefan gestured with his hand for Mr A to enter the cubicle and looked at his penis and Mr A on one or more occasion, which gave the impression that he wanted Mr A to perform oral sex on him.

220. The Tribunal had determined that Dr Stefan's actions were unwanted and were carried out without the consent of Mr A. Also, that Dr Stefan's actions were sexually motivated and occurred while he was working. The Tribunal had concluded that there was a considerable power imbalance between Dr Stefan and Mr A and an abuse of his position. It has also concluded that Dr Stefan's actions had the effect of creating an intimidating, and hostile environment for Mr A and determined that his actions amounted to unlawful sexual harassment.

Mr B

221. The Tribunal had regard to the fact that Dr Stefan, whilst working at the Hospital with Mr B, grabbed the crotch area of his pants and readjusted his penis in front of Mr B whilst looking at him in the eyes.

222. The Tribunal also had regard to the fact that Dr Stefan, whilst working at the Hospital with Mr B, groped him, suggested that Mr B perform oral sex on him, asked him inappropriate questions about his sexual preferences, and masturbated his penis in front of him and told him that the incident would be their secret.

223. The Tribunal had determined that Dr Stefan's actions were carried out without the consent of Mr B. Also that Dr Stefan's sexually motivated behaviour occurred within a clinical setting in between consultations with patients as a colorectal doctor. In addition, Dr Stefan's seniority, XXX, put him in a position of power over him which he abused by acting in the

manner he did. It has also concluded that Dr Stefan's actions had violated Mr B's dignity and had the effect of creating an intimidating, humiliating and hostile environment for Mr B and had determined that his actions amounted to unlawful sexual harassment.

Mr C

224. The Tribunal had regard to the fact that Dr Stefan, whilst working at the Hospital with Mr C, on one or more occasions whilst standing by patients' bedsides, positioned himself close to Mr C and touched his thigh and penis over his clothes. The Tribunal had determined that Dr Stefan's actions were carried out without the consent of Mr C.

225. The Tribunal had also concluded that Dr Stefan's sexually motivated behaviour occurred within a clinical setting, whilst completing XXX with Mr C XXX. In addition, Dr Stefan's seniority put him in a position of power over Mr C which he abused by acting in the manner he did. It has also concluded that Dr Stefan's actions violated Mr C's dignity and determined that his actions amounted to unlawful sexual harassment.

226. The Tribunal considered that the proven conduct on part of Dr Stefan was serious on the spectrum of misconduct. It had regard to GMP, in particular paragraphs 1, 35, 36, 37 and 65 of GMP, as follows:

*'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*

*35. You must work collaboratively with colleagues, respecting their skills and contributions.*

*36. You must treat colleagues fairly and with respect.*

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

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

227. The Tribunal determined that by reason of Dr Stefan's sexually motivated conduct, abuse of his more senior position and unlawful sexual harassment towards three junior

colleagues (Mr A, Mr B and Mr C), on four separate occasions, these paragraphs of GMP were engaged.

228. In all the circumstances, the Tribunal concluded that, Dr Stefan's conduct fell far below the standards expected of a doctor. The Tribunal concluded that the facts found proved both individually and collectively amounted to a serious falling short of the standard expected. The Tribunal was of the view that fellow members of the medical profession would consider Dr Stefan's behaviour deplorable and seriously below the standard expected of medical practitioner.

229. The Tribunal therefore concluded that Dr Stefan's conduct as found proved amounted to misconduct.

#### Impairment

230. Having found that the facts found proved amounted to misconduct, the Tribunal went on to consider whether Dr Stefan's fitness to practise is currently impaired by reason of that misconduct. The Tribunal considered that Dr Stefan had breached a fundamental tenet of the medical profession which had the potential to undermine patient's and the public's trust in the profession. As such, it concluded that limbs b and c of the approach taken in *Grant* were engaged.

231. It considered whether Dr Stefan's misconduct was remediable, had been remedied and whether there was any likelihood of any repetition.

232. The Tribunal considered that sexually motivated behaviour of the type found in this case is difficult to remediate but not impossible. The Tribunal recognised that the mere fact that Dr Stefan had denied the allegations during the Hospital's investigations in respect of Mr A and B, and to the police in respect of Mr A, were not necessarily demonstrative of lack of insight on his part. Dr Stefan was entitled to defend himself. However, the Tribunal at this stage had no meaningful evidence of any insight, or even any developing insight by Dr Stefan or any indication that he appreciated the gravity of the misconduct. Dr Stefan's conduct had not been a single nor an isolated incident. In fact, it had been conduct towards three junior colleagues on four different occasions. There was no evidence in respect of any steps to remediate, nor had there been any apology or expression of remorse from Dr Stefan. The Tribunal also noted that there was a continued lack of any engagement with the GMC and the MPTS from Dr Stefan and there was no information before it as to how Dr Stefan could prevent this behaviour from recurring. In the circumstances, the Tribunal concluded that there remained an ongoing risk of repetition.

233. The Tribunal was mindful of public protection and the wider public interest in this case. It concluded that Dr Stefan's sexually motivated conduct had been of a kind which is liable to bring the profession into disrepute. The Tribunal therefore concluded that a finding of impairment is necessary in order to protect, promote and maintain the health, safety and wellbeing of the public; maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. It determined that Dr Stefan's fitness to practise is impaired by reason of his misconduct on each of the three limbs of the overarching objective.

#### **Determination on Sanction - 03/12/2025**

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

#### **The Evidence**

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

#### **Submissions**

236. On behalf of the GMC, Ms Nowell submitted that the appropriate and only proportionate sanction in this case is erasure. She directed the Tribunal throughout to the Sanctions Guidance (2024) ("the SG").

237. Ms Nowell first reminded the Tribunal that paragraph 21 of the SG, i.e that any sanction imposed must be necessary to protect the public. Ms Nowell submitted that there is no mitigation available to Dr Stefan. She noted the absence of any apology, any evidence of insight, any remediation, any testimonials, or any indication that Dr Stefan had taken steps to maintain his knowledge or skills since these allegations arose. In those circumstances, she submitted that the principles set out at paragraphs 24–49 of the SG cannot be engaged, as there is no evidential basis upon which mitigation could properly be found.

238. Conversely, Ms Nowell submitted that the aggravating features are clear, substantial, and significantly outweigh any mitigating considerations. In doing so, she referred to paragraphs 50–55 of the SG and identified: the lack of insight demonstrated by Dr Stefan, as articulated in paragraphs 51–52, including his refusal to demonstrate understanding of wrongdoing, apologise, or meaningfully engage with the regulatory process; his abuse of his professional position as a senior colleague working alongside XXX; the seriousness of the



sexual misconduct, as defined in paragraphs 149–150, which involved multiple incidents across three individuals in the workplace; conduct amounting to discrimination and harassment, consistent with the findings under the Equality Act 2010; and his failure to work collaboratively with colleagues, as addressed in paragraphs 136–138. In respect of working with colleagues, she reminded the Tribunal that paragraph 137 defines “colleagues” broadly to include any person a doctor works with, whether clinically or non-clinically, and paragraph 138 expressly states that sexual harassment represents a serious breach which may justify more serious sanctions, including erasure.

239. Turning to the genre of sexual misconduct, Ms Nowell directed the Tribunal to paragraphs 149–150, submitting that such conduct seriously undermines public trust and is particularly grave where, as here, there has been an abuse of a position of trust. She noted that paragraph 150 states expressly that in such circumstances erasure is likely to be the appropriate sanction.

240. In considering the available sanctions in ascending order, Ms Nowell submitted that taking no action would be inappropriate. She referred to paragraphs 66–70, observing that where impairment is found, as it plainly is here, it will usually be necessary to take action unless there are exceptional circumstances, and none exist. The misconduct is serious, repeated, and encompasses all three limbs of the overarching objective.

241. She submitted that conditions are similarly inappropriate. Referring to paragraphs 79–90, she highlighted that paragraph 80 provides that conditions are intended to address remediable deficiencies in knowledge, health, or English language. They are not designed to address repeated sexual misconduct, harassment, or the abuse of professional position found in this case. She further noted that paragraph 82 requires engagement, compliance, and insight for conditions to operate effectively; none of these elements are present. Given Dr Stefan’s total non-engagement, she submitted that conditions could not be appropriate, workable, or proportionate.

242. Turning to suspension, Ms Nowell submitted that this too is not an appropriate response. Under paragraphs 91–99, suspension may be considered where the misconduct, although serious, does not render the doctor’s behaviour fundamentally incompatible with continued registration. Paragraph 92 makes clear that suspension is appropriate only where erasure is not required. She submitted that the conduct of Dr Stefan is fundamentally incompatible with continued registration, particularly given his persistent lack of insight, the Tribunal’s findings regarding the risk of repetition, and the conduct was such that supervision and training would not assist. Paragraph 93 identifies that suspension may be suitable where there is acknowledgement of fault, remediation, and a low risk of repetition, but Ms Nowell submitted that none of these features apply. She also referred to paragraphs 97(e) and 97(g), which emphasise that where remediation is unlikely to be successful and the doctor lacks insight, suspension is not sufficient.

243. Finally, addressing erasure, Ms Nowell submitted that paragraphs 107–110 make clear that erasure may be appropriate where the conduct is incompatible with continued registration. Paragraph 109 identifies factors that justify erasure, including a particularly serious departure from Good Medical Practice; serious harm to others; abuse of position or

trust; offences of a sexual nature; and a persistent lack of insight into the seriousness of the misconduct. She submitted that all of these factors are present in the case of Dr Stefan.

244. Ms Nowell closed her submissions by stating that Dr Stefan engaged in repeated sexual harassment involving three individuals over multiple incidents in the workplace, demonstrating a significant power imbalance and causing harm, particularly to Mr A. There has been no insight, remorse, remediation, or engagement with the GMC or the Tribunal. Having regard to the SG, the Tribunal's impairment findings, the seriousness of the sexual misconduct, and the need to maintain public confidence and uphold professional standards, she submitted that the only proportionate sanction is erasure.

### The Tribunal's Approach

245. The Tribunal was advised that, when considering sanction, it must have particular regard to its statutory overarching objective. The Tribunal was reminded that the objective must be considered as a whole, and that no individual limb should be given disproportionate weight.

246. The Tribunal was advised that the decision as to the appropriate sanction is a matter for the Tribunal, exercising its own independent judgment. In doing so, the Tribunal should first consider the objective features of the case and assess the gravity of the doctor's actions, taking into account any aggravating features. The Tribunal should then consider any mitigating features, giving careful thought to the weight properly to be attached to each. The correct approach is to balance the aggravating and mitigating factors against one another and determine what sanction, if any, best meets the overarching objective.

247. The Tribunal was further advised that it must apply the principle of proportionality, balancing the interests of the doctor with the wider public interest. The purpose of a sanction is not to be punitive, although it may have a punitive effect.

248. The Tribunal was reminded that it must consider the least restrictive sanction first and, only, if necessary, move to consider the more restrictive options, taking into account all of the evidence and submissions it has heard. The Tribunal must also have regard to its own determination on impairment and ensure that those findings are reflected in its deliberations on sanction.

249. The Tribunal was advised that it should have regard to the SG, which is intended to assist tribunals in reaching fair, proportionate and consistent decisions. If the Tribunal departs from the Guidance, it must give clear reasons for doing so. The Tribunal should also ensure that it does not reach a final decision on sanction until it has carefully considered the sanctions immediately above and below the outcome ultimately chosen.

250. The Tribunal was further advised that any sanction must be proportionate to the gravity of the misconduct and the impairment found. Reference was made to *GMC v Ahmed* [2022] EWHC 403, in which the Court confirmed that erasure for sexual misconduct is not automatic; rather, the Tribunal must assess the seriousness of the misconduct on a case-by-

case basis, appropriately evaluating the relevant aggravating and mitigating factors before imposing a sanction.

## The Tribunal's Determination on Sanction

### Aggravating features

251. Before considering what action, if any, to take in respect of Dr Stefan's registration, the Tribunal considered whether there were any aggravating and/or mitigating factors in this case.

252. The Tribunal identified the following aggravating factors, with reference to paragraphs 55(b), 56(e), of the SG.

*55 Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:*

*....*

*b a failure to work collaboratively with colleagues*  
*e sexual misconduct*

253. The Tribunal considered that Dr Stefan failed to work collaboratively with colleagues, who were XXX and junior to him. His actions towards all three junior colleagues went against the expectation that doctors are expected to work collaboratively with colleagues to maintain or improve patient care. His conduct had been sexually harassing towards those junior colleagues and represented a serious breach of this expected standard. The proven sexual misconduct and acting in a sexually motivated way towards his junior colleagues, on four different occasions, was a failure to work collaboratively with them, in his more senior capacity. The Tribunal found paragraphs 149–150 of the SG, concerning sexual misconduct, were also engaged; Dr Stefan's sexually motivated conduct, involved repeated acts, and occurred in the workplace. Such conduct is recognised by the SG as particularly serious and capable of undermining public trust in the profession, which the Tribunal agreed with.

254. The Tribunal also noted that there was no evidence before it, of any insight on part of Dr Stefan and therefore had considered there to be a lack of insight.

### Mitigating Factors

255. The Tribunal next considered whether any mitigating features were present. It determined that, notwithstanding Dr Stefan's non-engagement and lack of attendance, there was no evidence before the Tribunal of any mitigating factors. There was no apology, no expression of remorse, no recognition of the seriousness of the misconduct, and no evidence of even developing insight before it. The Tribunal could not identify any remediation, and there was no indication that Dr Stefan had taken steps to address or reflect upon the behaviour found proved.

256. In those circumstances, the Tribunal concluded that the aggravating features were present whilst there were no mitigating features of any weight.

### No action

257. The Tribunal first considered whether to conclude the case by taking no further action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that there are no exceptional circumstances in this case to justify taking no action.

### Conditions

258. The Tribunal went on to consider whether imposing conditions upon Dr Stefan's registration would be appropriate in this case. It was unable to identify any appropriate, proportionate, workable or measurable conditions.

259. The Tribunal concluded that in light of its findings, a period of conditional registration would not be an appropriate or proportionate sanction to satisfy the public interest or uphold standards for the profession.

### Suspension

260. The Tribunal next considered whether a period of suspension would be sufficient and proportionate in this case. In doing so, it had regard to the following paragraphs of the SG:

261. The Tribunal considered the relevance of the following paragraphs of the SG:

*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.*

*'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.*

...

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

*f No evidence of repetition of similar behaviour since incident.*

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour*

262. The Tribunal noted paragraph 91, which states that suspension has a punitive effect but may be appropriate for conduct that falls short of being fundamentally incompatible with continued registration. The Tribunal reminded itself that suspension is applicable only where the misconduct, though serious, does not require erasure in order to satisfy the overarching objective.

263. The Tribunal noted that the misconduct in this case was serious. It considered, however, whether suspension might represent the least restrictive sanction capable of addressing the gravity of the behaviour and protecting the public. The Tribunal noted that suspension may be appropriate in cases where the concerns can be remedied and where the doctor had taken steps to mitigate their conduct. In this case, the Tribunal found that there was no evidence of such steps having been taken. There was no evidence of insight, no remediation, and no indication that Dr Stefan had reflected upon or sought to address his behaviour to prevent recurrence.

264. In its consideration of paragraph 97 of the SG, the Tribunal determined that there had been a serious departure from the principles of GMP. Its view was that misconduct of this nature is difficult but not impossible to remediate. However, in the absence of any engagement, acknowledgment, or remedial effort from Dr Stefan, the Tribunal could not identify any basis on which successful remediation might realistically occur.

265. Under paragraph 97(f), the Tribunal accepted that there was no evidence before it of similar behaviour since the events in question. The Tribunal observed however, that the misconduct involving Mr B and Mr C occurred after the initial incident involving Mr A, including after Dr Stefan had been interviewed by both the Trust and the police.

266. The Tribunal determined that paragraph 97(g) was not engaged in a manner weighing in favour of suspension, as it had already found that there remained a risk of repetition, arising principally from Dr Stefan's complete lack of insight and lack of engagement with the regulatory process.

267. Accordingly, taking account of the seriousness of the misconduct and the considerations noted as above, the Tribunal went on to consider erasure from the medical

register, as the next available sanction, and whether it was the appropriate and proportionate sanction to meet the overarching objective.

## Erasure

268. The Tribunal had regard to the following paragraphs of the SG.

*108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

*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.*

....

*d Abuse of position/trust (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’)*

*f Offences of a sexual nature, including involvement in child sex abuse materials (see further guidance below at paragraphs 151–159).*

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

269. The Tribunal noted paragraph 108, which states that erasure may be appropriate where a doctor’s behaviour is fundamentally incompatible with continued registration. The Tribunal reminded itself that this sanction is reserved for serious cases, where no lesser sanction would sufficiently maintain public confidence in the profession, uphold proper standards, or protect the public.

270. The Tribunal found that several of the factors listed at paragraph 109 of the Sanctions Guidance were engaged. In particular, the Tribunal considered that paragraph 109(a) was applicable, as the misconduct amounted to a particularly serious departure from the principles of GMP. Paragraph 109(b) was also engaged, given its findings on the adverse effect of Dr Stefan's actions on his three junior colleagues and in particular Mr A. The Tribunal determined that paragraph 109(d) also applied because Dr Stefan's conduct constituted an abuse of his more senior position and occurred whilst he was at work. It noted, in particular that Dr Stefan's conduct in respect of Mr B was in between patient consultations and in respect of Mr C, during XXX with patients. Further, the behaviour involved repeated acts of a sexual nature, engaging paragraph 109(f). Finally, the Tribunal concluded that paragraph 109(j) was engaged, as there was a persistent and continuing lack of insight into the seriousness of the misconduct.

271. The Tribunal was particularly concerned by the chronology of the behaviour. It noted that Dr Stefan was investigated at Trust level and interviewed by the police in August 2022 following the incident involving Mr A. Notwithstanding that, further incidents occurred in December 2022 and February 2023, involving Mr B and Mr C respectively. The continuation of misconduct after intervention by both the Trust and the police further demonstrated a blatant disregard for professional boundaries and suggested an entrenched pattern of behaviour.

272. The Tribunal considered that there was no evidence of insight or remorse, and no evidence of any attempt to remediate or prevent future recurrence. Its findings revealed a pattern of behaviour incompatible with the standards expected of a registered medical practitioner. In the Tribunal's judgment, this strengthened the need for the most serious sanction. It was satisfied that the behaviour found proved was fundamentally incompatible with continued registration.

273. Overall, having regard to the SG, the seriousness of the misconduct, the aggravating features found, and the absence of any mitigating factors, the Tribunal concluded that suspension would not be sufficient to meet the overarching objective and that erasure is the only appropriate and proportionate sanction capable of fulfilling the need to protect the public and the wider public interest.

274. Accordingly, the Tribunal has determined to erase Dr Stefan's name from the medical register.

#### **Determination on Immediate Order - 03/12/2025**

275. Having determined to erase Dr Stefan'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

276. On behalf of the GMC, Ms Nowell submitted that an immediate order should be imposed in this case. She submitted that an immediate order is necessary in this case to protect the public and was in the public interest, particularly in light of the Tribunal's findings that all three limbs of the overarching objective are engaged. She submitted that, in the circumstances, immediate action needs to be taken to protect public confidence and uphold proper professional standards. She stated that it would not be appropriate for Dr Stefan to have the opportunity to partake in unrestricted practice before the substantive order can take effect. She confirmed that there was an interim order of conditions currently in place.

277. No written representations were received from Dr Stefan.

## The Tribunal's Determination

278. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

**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. ...*

**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.'*

279. The Tribunal determined that an immediate order was necessary to protect members of the public and is otherwise in the public interest. Further, it was necessary in order to uphold proper professional standards. The Tribunal was of the view that public confidence



would be undermined if Dr Stefan was permitted to practise unrestricted, given its finding that Dr Stefan's conduct was incompatible with continued registration, the serious nature of his misconduct, and the assessed risk of repetition.

280. This means that Dr Stefan's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

281. The interim order is hereby revoked.

282. That concludes this case.

## **ANNEX A - 13/11/2025**

### **Service and Proceeding in Absence**

283. The Tribunal outlined that in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, namely where they involve XXX. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX removed.

## Service

284. Dr Samuel Stefan is neither present nor legally represented at this hearing.

285. At the outset of these proceedings, on behalf of the GMC, Ms Katie Nowell, counsel, made submissions in relation to service. The Tribunal was also provided with a copy of a GMC Service bundle which included but was not limited to:

- A GMC screenshot of Dr Stefan's registered address and email contact details;
- Rule 34(9) letter and hearing bundles sent by email dated 17 September 2025;
- Letter from the GMC to Dr Stefan attaching final rule 15 allegations sent by special delivery dated 10 October 2025 with proof of service;
- Notice of hearing letter (NOH) from the Medical Practitioners Service (MPTS) to Dr Stefan sent by first class post dated 8 October 2025;
- Letter from the GMC to Dr Stefan attaching final rule 15 allegations sent by first class post dated 9 October 2025;
- Email from the MPTS to Dr Stefan with NOH attached dated 9 October 2025;
- Letter from the MPTS to Dr Stefan with NOH sent by first class post dated 9 October 10 2025;
- NOH from the MPTS to Dr Stefan sent by special delivery dated 10 October 2025 with proof of service;
- Email sent from the MPTS to Dr Stefan regarding special counsel dated 23 October 2025;
- Letter from the GMC to Dr Stefan with sanction submission (redacted) and final hearing bundles/witness schedule dated 27 October 2025 with proof of service;
- Email from the MPTS to Dr Stefan with reduced hearing dates dated 31 October 2025;
- Reminder sent from the MPTS by email to Dr Stefan of reduced hearing dates dated 3 November 2025;
- Letter sent by special delivery from the MPTS to Dr Stefan with reduced hearing dates dated 3 November 2025;
- Letter sent by first class post from the MPTS to Dr Stefan with reduced hearing dates.

286. Ms Nowell referred to the relevant documentation and submitted that service of the notice of hearing had been effected. She said that the necessary information had been provided to Dr Stefan, which included the date, time and venue of this hearing and also possible hearing outcomes.

287. Ms Nowell confirmed that Dr Stefan has never provided an alternative postal address.

288. In its deliberations, the Tribunal bore in mind that it was Dr Stefan's responsibility to keep his registered address and his contact details up to date. It considered all the information and documentation within the Service bundle and was satisfied that all reasonable efforts had been made by the GMC and MPTS to serve Dr Stefan with notice of this hearing. The Tribunal determined that notice of this hearing had been effectively served on Dr Stefan in accordance with Rules 15 and 40 of the Rules' and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

### **Proceeding in Absence**

289. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Stefan's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest.

290. Ms Nowell submitted that it would be appropriate in all circumstances to proceed with the hearing in Dr Stefan's absence. She said that Dr Stefan had not corresponded with either the GMC or the MPTS since 27 December 2023.

291. Ms Nowell referred the Tribunal to emails received from Dr Stefan dated 11 and 27 December 2023 and his application for voluntary erasure dated 21 October 2023 which remained incomplete. She said that within this correspondence Dr Stefan had made it clear that he did not wish to defend himself and wanted the GMC to take such steps as it felt appropriate in all the circumstances and essentially stopped corresponding with the view that he wished to apply for voluntary erasure from the medical register as he had decided to give up medicine. Ms Nowell said that Dr Stefan had also stated that XXX. However, he had not provided any evidence to support this.

292. Ms Nowell said that the Allegation deals with important issues which must be determined for the safety of the public and the profession. She submitted that there was no likelihood that Dr Stefan would engage and either represent himself /or be represented at any future hearing if the Tribunal was to postpone this hearing today.

293. In deciding whether to proceed with this hearing in Dr Stefan's absence, the Tribunal carefully considered all the information before it and the submissions provided by Ms Nowell.

294. The Tribunal noted that Dr Stefan had stated that XXX, however he has not provided any evidence to support this and did not give this as a reason why he could not attend the hearing.

295. The Tribunal noted that witnesses had been scheduled, and it would be inappropriate to adjourn the hearing without any indication that it would produce engagement from Dr Stefan.

296. The Tribunal determined that it was appropriate to proceed in Dr Stefan's absence in the specific circumstances of this case. It noted that no request for an adjournment has been submitted by Dr Stefan to enable him to attend on a later date. The Tribunal was of the view that any adjournment would be unlikely to result in Dr Stefan's participation in the hearing given his emails dated 11 and 27 December 2023 and a lack of engagement with the GMC and MPTS since.

297. The Tribunal balanced the public interest against Dr Stefan's interests and concluded that the wider public interest in the case proceeding expeditiously outweighed Dr Stefan's own interests and it is therefore in the public interest for this hearing to proceed in Dr Stefan's absence.

## **ANNEX B – 13/11/2025**

### **Application to Anonymise Witnesses**

298. Ms Nowell, on behalf of the GMC, applied under Rule 35(4) of the Rules, that the identities of three witnesses giving evidence on behalf of the GMC, should not be revealed publicly. She said the three witnesses were Mr A, Mr B and Mr C.

299. Ms Nowell said that all three witnesses were complainants of sexual assault against Dr Stefan which is an extremely sensitive issue. She said that all three individuals were young at the time of the allegations; Mr A was XXX years of age, Mr B was XXX years of age, and Mr C was a XXX at the time.

300. Ms Nowell submitted that it would be damaging both to their mental health and also their potential careers if their names were to be published in association with the allegations that they raise. Furthermore, she submitted that it was also likely to put people off in the future raising such allegations if anonymity orders are not to be granted. She said that the allegations all involve embarrassing upset relating to the sexual allegations.

301. Ms Nowell referred the Tribunal to all three of the witnesses' statements which detail the impact this has had upon them, in particular Mr A and Mr B, and their reluctance in coming forward so far. She said that Mr B and Mr C had not approached the police because of their embarrassment. However, Mr A had but reluctantly so. Ms Nowell said that these were young individuals who had already been impacted by the alleged conduct and will be further impacted both by reliving it and also by having it published in their name and therefore that is why the GMC seek anonymity.

302. Ms Nowell said that in terms of Mr A's father, she also invited anonymity to apply to him. She said that he could be known as Mr D assuming that this application is granted for the purposes of opening and future submissions. Ms Nowell submitted that this was to avoid jigsaw identification because he is the father of one of the complainants and to have his name out there with evidence as to what his son told him would enable identification of Mr A.

303. Ms Nowell referred the Tribunal to the European Convention on Human Rights, which gives everyone the right to respect his or her private and family life. In addition, she said that in an earlier MPTS case management decision Mr A, Mr B and Mr C had all been deemed vulnerable witnesses and this was why special counsel had been instructed.

### **The Tribunal's Decision**

304. The Tribunal considered that the substance of the Allegation that Dr Stefan faces is based on complaints of sexual assault from Mr A, Mr B and Mr C. The Tribunal noted that all three witnesses have been deemed to be vulnerable witnesses by a MPTS case manager.

305. The Tribunal has received written evidence from Mr A, Mr B and Mr C and the intention is that they are going to give oral evidence in the hearing. Considering the nature of the Allegation, the Tribunal concluded that it would be fair, in the public interest and in the interests of justice for witnesses to be able to give their best evidence to ensure that decisions are made appropriately for all concerned. It was also of the view that this decision was appropriate in terms of the principles of open access to justice and would not have any impact on any complainants coming forward.

306. The Tribunal next considered the anonymisation of Mr D. It concluded that by reason of his relationship to Mr A that jigsaw identification was a clear possibility which needs to be avoided.

307. In all the circumstances, the Tribunal therefore determined to grant the Rule 35(4) application, made on behalf of the GMC, in relation to Mr A, Mr B, Mr C and Mr D.