

PUBLIC RECORD**Date:** 10 February 2025**Doctor:** Dr Atila MORLOCAN**GMC reference number:** 7463991**Primary medical qualification:** Doctor - Medic 2012 Titu Maiorescu
University of Bucharest**Type of case** **Outcome on impairment**

Misconduct Not impaired

Summary of outcome

Order revoked

Legally Qualified Chair:

Legally Qualified Chair:	Mrs Rebecca Miller
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Review on the Papers

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

Overarching Objective

Throughout the decision making process the chair 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

1. I have noted the background to Dr Morlocan's case, which was first considered by a fitness to practise medical practitioners tribunal between June and August 2024.
2. At the time of events, Dr Morlocan was practising as Specialty Doctor in A&E at Epsom and St Helier University. Concerns were initially raised with the GMC regarding Dr Morlocan's practise in March 2020, by Ms C, Patient A's daughter.
3. Dr Morlocan's case was subsequently considered at a Medical Practitioners Tribunal (MPT) hearing between June and August 2024. The Tribunal determined Dr Morlocan had failed to provide good clinical care to two patients on two separate occasions, and as such had put patient safety at risk.
4. The Tribunal found that in 2018, Dr Morlocan had failed in his duties to consult British National Formulary (BNF) guidance regarding the correct dose of Fentanyl to prescribe to an elderly patient (Patient A). This led to him prescribing four times the recommended dose. Dr Morlocan was also found to have prescribed three times the recommended dose of Diazepam to the same patient.
5. In addition, the Tribunal found that Dr Morlocan had failed to provide sufficient safety netting advice when issuing the prescription for Fentanyl. He was therefore found to have put the patient at risk of harm.
6. In relation to record keeping in the case of Patient A, the Tribunal determined that Dr Morlocan had kept inadequate records on more than one occasion. Dr Morlocan was found to have failed to provide an adequate record of the consultation, including of their history taking, assessment and diagnosis and differential diagnoses.
7. The Tribunal found that in 2021, in a consultation where Patient D had presented with leg pain, Dr Morlocan failed to consult the most up to date Trust protocol and failed to consult NICE Guidelines at all, resulting in a failure to spot red flags. Dr Morlocan also failed to refer the patient for an urgent MRI scan, which was recommended in both guidelines.
8. On August 2024 the Tribunal found Dr Morlocan's fitness to practice to be impaired by reason of his misconduct and deficient professional performance. The findings regarding Patient A and Patient D included failures to consult relevant guidance; serious prescribing errors; and failure to provide sufficient safety netting. The Tribunal therefore determined that Dr Morlocan had breached several paragraphs of GMP. It noted these were very serious failings which fell far below the standards expected of a competent medical practitioner.

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9. In considering the doctor's remediation, the Tribunal believed Dr Morlocan's remedial work could have been more extensive, but accepted Dr Morlocan would have gained insight and had been remediated by these efforts.
10. The Tribunal noted that, in regard to his notetaking, Dr Morlocan had fully reflected and had completed sufficient remediation work through courses. The Tribunal noted a marked improvement in his note taking. It therefore determined it was unlikely that there was any risk of future repetition. The Tribunal determined that the need to uphold professional standards and public confidence in the medical profession would be undermined if a finding of impairment was not made. The Tribunal therefore determined that Dr Morlocan was impaired by reason of his misconduct and considered that a period of suspension was appropriate.
11. That tribunal determined to suspend Dr Morlocan's registration for a period of seven months.
12. In order to provide assistance at this review the tribunal at the previous hearing recommended that Dr Morlocan provide information and evidence to demonstrate how he had developed insight into the impact his misconduct had on public confidence in the profession and that he had maintained his knowledge and skills.
13. Dr Morlocan and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of an order which I could make at this review.
14. I have considered all of the evidence presented to me, and the agreed submissions made on behalf of Dr Morlocan and by the GMC. In the submissions, Dr Morlocan and the GMC agree that Dr Morlocan's fitness to practise is not impaired and that the sanction currently in place should be revoked.
15. I have taken into account that since the previous order was made Dr Morlocan has successfully made all efforts to keep his skills up to date through relevant CPD and study. I have considered the determination of the previous Tribunal that the sanction was imposed on public interest grounds and that there was a low risk of repetition:

'reflections demonstrate that Dr Morlocan has developed insight and understanding into his actions and the effect they have had on the public's confidence in the profession. This coupled with his extensive work on remaining clinically up to date and the support of his previous employer demonstrate that the public interest is best served in allowing this respected clinician to return to unrestricted practice.'

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16. I have borne in mind the statutory overarching objective which is 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 the medical profession.
17. I have determined that Dr Morlocan's fitness to practise is no longer impaired by reason of his misconduct.
18. In reaching this decision, I have considered the submissions of the GMC who are satisfied that the evidence provided is satisfactory to allow consideration of a review on the papers with a view to revoke the suspension. The GMC noted that the public interest has been protected by the period of suspension and accept the original Tribunal's determination that the clinical misconduct was remediated and unlikely to be repeated. The GMC's position is that Dr Morlocan is no longer impaired and that revocation of the suspension would now be appropriate.
19. I have also carefully considered the Defence Bundle which includes a list of CPD undertaken since his suspension; a recent appraisal of the Doctor and a number of reflective statements. I am satisfied that Dr Morlocan has demonstrated that he has reflected on his past wrongdoing and has actively taken steps to improve his knowledge and understanding in areas of his practise that fell below that expected.
20. In particular, Dr Morlocan has reflected on how his misconduct has impacted public confidence in the medical profession and harmed the trust that the public places in the medical profession. He has demonstrated significant insight into the harm that his misconduct had on the public perception of a physician's integrity and professionalism. He has considered the impact of his misconduct not only on himself, but the wider medical profession recognising that the profession's reputation is built on the pillars of trust, integrity and responsibility. He has demonstrated that a loss of confidence in the profession can have a direct impact on patients' health:

"My actions fuelled doubt about physicians' integrity and professionalism. Patients may now question whether their doctor is acting in their best interest and adhering to ethical standards of practice. This erosion of trust makes patients less likely to be forthcoming about sensitive health issues, follow treatment advice, and seek timely care—all of which can lead to poorer health outcomes."

21. Dr Morlocan has shown clear remorse and a commitment to continuing to ensure integrity and accountability in his practise in the future:

"I deeply regret that my misconduct damaged the public's confidence in physicians, individually and collectively. I am committed to continually cultivating insight, integrity and accountability, never again undermining the sacred trust between doctors and

society. My unwavering focus will be rebuilding and safeguarding that trust through ethical, patient-centred practice."

22. I have considered the lengthy CPD record which includes reflections on how the Doctor's knowledge has been extended and how he will ensure that this is developed further when he is able to return to work. Of particular note is the reflection on patient safety and prescription of controlled drugs, in which it is clear that Dr Morlocan has developed an in-depth understanding of his responsibility in this area of practice and how to ensure that he does not repeat his mistakes again. He records:

"Prescribing controlled drugs is more than a technical skill; it is a profound responsibility that intertwines clinical knowledge, ethical decision-making, and a commitment to patient safety."

And

"This journey into the intricacies of prescribing controlled drugs has left me more conscious of the delicate balance between addressing individual patient needs and safeguarding against broader risks like misuse and addiction. Above all, it reaffirmed my belief that every prescription carries with it an ethical weight and a commitment to act in the best interest of the patient."

23. Dr Morlocan has also considered further his failure to safety net his patient and the impact that this has on his practise. Dr Morlocan demonstrates additional reflection and remediation through his work on his Clear Diagnosis project to provide patients with a printed summary of their presentation; a clear language explanation of their diagnosis and information on what to do and what not to do. The Doctor's involvement in this project highlights his commitment to improving patient safety and ensuring that he is bridging any communication gaps that may arise during his role as an Emergency Doctor.
24. I am satisfied that Dr Morlocan has remediated and that the risk of repetition of his misconduct is extremely low. I am satisfied that Dr Morlocan has developed significant insight into the adverse impact of his misconduct on public confidence in both himself and the wider profession.
25. In light of my decision, I direct that Dr Morlocan's current period of suspended registration be revoked with immediate effect.
26. Notification of this decision will be served on Dr Morlocan in accordance with the Medical Act 1983, as amended.