

PUBLIC RECORD

Dates: 28/05/2024 - 17/06/2024
14/08/2024 - 22/08/2024

Medical Practitioner's name: Dr Abdullatif ABDULHADI

GMC reference number: 4562388

Primary medical qualification: MB BS 1977 University of Punjab (Pakistan)

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	Mrs Linda Lee
Lay Tribunal Member:	Mr Geoff Brighton
Medical Tribunal Member:	Dr Sarah Woodford
Tribunal Clerk:	Nate Caruso-Kelly 28/05 - 10/06/2024 Mr Andrew Ormsby 11/06 - 17/06/2024 Mr Larry Millea 14/08 - 22/08/2024

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Rina Hill, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 16/08/2024

Background

1. Dr Abdulhadi qualified as a doctor in 1977 at the University of Punjab (Pakistan).
2. The Allegation that has led to Dr Abdulhadi's hearing can be summarised that between July 2019 and August 2019, whilst working as a locum surgical registrar at John Radcliffe Hospital, Dr Abdulhadi allegedly behaved inappropriately towards Miss A. It is alleged that Dr Abdulhadi's actions were sexually motivated and constituted sexual harassment, and that Miss A was vulnerable due to her age.
3. It is also alleged that Dr Abdulhadi, between December 2021 and January 2022, whilst working as a locum registrar at Kettering General Hospital ('the Hospital'), behaved inappropriately towards Dr B and Dr C. It is alleged that his actions were sexually motivated and constituted sexual harassment.
4. It is further alleged that in January 2022, whilst employed at the Hospital, Dr Abdulhadi shouted at Ms D and acted in an aggressive and threatening manner towards Ms E.
5. Dr Abdulhadi was referred to the GMC on 28 August 2019 by the Chief Medical Officer at Oxford University Hospitals ('the Trust'), who raised concerns about the doctor's conduct towards [Miss A]. The matter was also referred to Thames Valley Police on 20 August 2019.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted Ms Hill’s application on behalf of the GMC, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), that, service has been effected and to proceed in Dr Abdulhadi’s absence. The Tribunal’s full decision on the application is included at Annex A.
7. The Tribunal granted the GMC’s application, made at the outset of the hearing and pursuant to Rule 17(6) of the Rules, to amend the Allegation. The Tribunal’s full decision on the application is included at Annex B.
8. The Tribunal granted Ms Hill’s application, made on behalf of the GMC, pursuant to Rule 35(4) of the Rules that Miss A, Dr B and Dr C be granted anonymity throughout proceedings. The Tribunal’s decision on the application is included at Annex C.
9. The Tribunal granted Ms Hill’s application, made on behalf of the GMC, pursuant to Rule 17(6) of the Rules, to further amend the Allegation. The Tribunal’s full decision on the application is included at Annex D.
10. Miss Hill, on behalf of the GMC, made an application under Rule 31(13) of the Rules to hear oral evidence by video link from Miss A while she resides in XXX. The Tribunal determined that it had not received clear and cogent reasons for deviating from normal procedure and refused this application. The Tribunal’s full decision on the application is included at Annex E.
11. Ms Hill also made further applications, in the alternative, for Miss A’s witness statement to be entered into evidence under Rule 34(1), or to be admitted into evidence as hearsay evidence, also under Rule 34(1). The Tribunal determined to refuse these alternative applications. The Tribunal’s full decisions are included at Annex E.

The Allegation and the Doctor’s Response

12. The Allegation made against Dr Abdulhadi is as follows:

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

Miss A

1. On 25 July 2019, whilst working at John Radcliffe Hospital, you behaved inappropriately towards Miss A, in that you:
 - a. on one or more occasion:
 - i. took hold of Miss A's wrist/hand;
To be determined.
 - ii. attempted to feed Miss A food with your hand;
To be determined.
 - b. deliberately drank from the same glass Miss A had drunk from;
To be determined.
 - c. said to Miss A that 'people who drink from the same glass will become friends or lovers', or words to that effect; **To be determined.**
 - d. suggested that you and Miss A could visit a pretty coastal town together; **To be determined.**
 - e. said to Miss A that she 'shouldn't worry because I won't do anything untoward to you', or words to that effect; **To be determined.**
 - f. hugged Miss A:
 - i. putting both your arms around her back holding her tightly;
To be determined.
 - ii. and held her in that hug for a period of time;
To be determined.
 - g. kissed Miss A on the neck. **To be determined.**
2. You telephoned Miss A's mobile telephone number on one or more occasion as set out in Schedule 1. **To be determined.**

3. Between 26 July 2019 and 3 August 2019, you sent emails to Miss A as set out in Schedule 2. **To be determined.**
4. Your actions as described in paragraphs 1-3:
- a. 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 Miss A, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Miss A.
Amended under Rule 17(6).
To be determined.
- b. were sexually motivated. **To be determined.**
5. At all material times:
- a. Miss A was vulnerable due her age; **To be determined.**
- b. you knew that Miss A was vulnerable due to her age.
To be determined.

Dr B

6. On one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), you behaved inappropriately towards Dr B, in that:
- a. you made inappropriate comments to Dr B as set out in Schedule 3;
To be determined.
- b. on 12 December 2021, you touched Dr B on the side of her neck with your index finger; **To be determined.**
- c. you sent a number of inappropriate WhatsApp messages to Dr B as set out in Schedule 4; **To be determined.**

d. on 20 or 21 December 2021, you cooked food and brought it into the Hospital for Dr B; **To be determined.**

~~e. on 20 December 2021, you asked Dr B to assist you with discharge papers which you knew was not their responsibility;~~

Withdrawn under Rule 17(6)

f. on or around 21 December 2021, you offered a Christmas card to Dr B and attempted to persuade her to take the card despite her refusing to accept it. **To be determined.**

7. Your actions as described in paragraph 6:

a. 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 Dr B, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Dr B;

Amended under Rule 17(6).

To be determined.

b. were sexually motivated. **To be determined.**

Dr C

8. On one or more occasion between December 2021 and January 2022, whilst working at the Hospital, you behaved inappropriately towards Dr C, in that you:

a. made inappropriate comments to Dr C as set out in Schedule 5;

To be determined.

b. bought Dr C a Christmas present; **To be determined.**

c. gave Dr C a card which said 'to someone special with love';

To be determined.

- d. attempted to call Dr C on their personal mobile via WhatsApp video late in the evening; **To be determined.**
- e. cooked food for Dr C and brought it into the Hospital;
To be determined.
- f. told Dr C you:
- i. would be ‘offended’ and ‘upset’ and that it would ‘hurt your feelings’ if they did not try the food or words to that effect;
To be determined.
 - ii. wanted to buy them a ‘rose bush or an olive tree’ or words to that effect; **To be determined.**
 - iii. were ‘upset and embarrassed that they did not accept your gifts’ and that you were ‘angry with them’ or words to that effect;
To be determined.
- g. sent a number of inappropriate WhatsApp messages to Dr C as set out in Schedule 6. **To be determined.**
9. Your actions as described in paragraph 8:
- a. 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 Dr C, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Dr C. **Amended under Rule 17(6).**
To be determined.
 - b. were sexually motivated. **To be determined.**

Ms D

10. On 10 January 2022 you attended at the Hospital and shouted at Ms D.
To be determined.

Ms E

11. On the 13 January 2022, you attended at the Hospital and:
- a. acted in an aggressive and threatening manner towards Ms E;
To be determined.
 - b. said to Ms E ‘I don’t want to have to do something stupid and hurt someone here XXX’ or words to that effect. **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**

Witness Evidence

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

- Miss A;
- Dr B;
- Dr C;
- Ms D, Personal Assistant to the Director of Transformation and Quality Improvement, Kettering General Hospital;
- Ms F, Deputy Director of Integrated Governance, Kettering General Hospital and Freedom to Speak Up Guardian;
- Ms E, Medical Directorate Project Manager, Kettering General Hospital.

14. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses:

- Miss A, dated 23 April 2020, and a supplemental statement dated 23 November 2023;
- Dr B, dated 1 July 2023;
- Dr C, dated 5 July 2023
- Ms E, dated 25 May 2023;
- Ms D, dated 30 May 2023; and

- Ms F, dated 23 November 2023.

15. Dr Abdulhadi provided a response to the GMC Allegation dated 7 November 2022, but did not give evidence at the hearing.

Documentary Evidence

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

- Email from Miss A to the Trust, dated 18 August 2019;
- Miss A's Police Witness statement, dated 20 August 2019;
- Transcript of Police interview with Dr Abdulhadi;
- Letter from Police enclosing 'Occurrence report', dated 19 February 2020;
- WhatsApp messages from Dr Abdulhadi to Dr B, dated December 2021;
- Email chain between Dr B and the Hospital; various dates
- WhatsApp messages from Dr Abdulhadi to Dr C, various dates;
- Email chain between Dr B and clinical supervisor, various dates;
- Note found by Dr C, dated December 2021;
- Statements provided by Miss D to the Hospital, dated 10 January 2022 and 18 January 2022;
- Statement provided by Miss E to the Hospital, dated 13 January 2022;
- Photograph of note given to Miss E by Dr Abdulhadi, dated 13 January 2022;
- Email from Mr G (Head of Urology) to Dr B, dated 17 January 2021;
- Email from Miss D to the Hospital with statement, dated 18 January 2022;
- Statement provided by Dr C to the Hospital, dated 21 January 2022;
- Notes from interview between Dr B and the Hospital, dated 21 March 2022;
- Notes from interview between Dr C and the Hospital, dated 21 March 2022;
- Email chain between Dr B and Ms F, dated 20 June 2022;
- The Hospital investigation report, dated August 2022;
- Correspondence between the GMC and Dr Abdulhadi, various dates; and
- Dr Abdulhadi's statement regarding the Hospital allegations, dated 7 November 2022.

The Tribunal's Approach

17. 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 Abdulhadi 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.

The Tribunal's Analysis of the Evidence and Findings

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

19. The Tribunal noted that Dr Abdulhadi had sent a letter to the GMC dated 7 November 2022 responding to the Allegation. This was described as an initial response, but the Tribunal noted that there had been no further information or evidence provided by Dr Abdulhadi. Dr Abdulhadi's correspondence implied that as a result of his criticisms of patient care at the Hospital, and as a result of discrimination, he had been victim of a 'witch-hunt', but he had provided no evidence of this, other than his assertion. The Tribunal could find no evidence to support this assertion. The Tribunal considered the specific points Dr Abdulhadi made in that letter, together with statements he had made to the police and others as they applied to each paragraph of the Allegation as set out below.

Miss A

Paragraph 1(a)(i) of the Allegation

20. The Tribunal considered whether, on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he, on one or more occasion, took hold of Miss A's wrist/hand.

21. The Tribunal noted Miss A's email to the Trust, dated 18 August 2019:

'When visiting the different departments, he grabbed my hand and wrist numerous times to pull me around to position me to observe which I felt was very unnecessary'

22. The Tribunal also took into account Miss A's police witness statement, dated 20 August 2019:

'Whilst on the tour around I noticed that he would frequently take hold of my wrist or hand as if to try and guide me, initially I didn't think too much of this, but upon reflection feel this to be slightly odd'

23. The Tribunal bore in mind the Transcript of the Police Interview with Dr Abdulhadi, dated 3 September 2019:

'[Person H]...you would take hold of her wrist or her hand to guide her. Did that happen at all?'

AA No, unless I opened the door and I let her to go inside or I tell her. It's not that I am grabbing her hand all the time or ---

[Person H] Did you touch her hand or her wrist at all?'

AA Well, I, I will not say I touched the hand in the sense of I'm keeping touching her hand if I open and I tell her come this way or that way'

24. The Tribunal considered that on the evidence, Dr Abdulhadi took hold of Miss A's wrist/hand on one or more occasion.

25. Further, the Tribunal considered that, as Dr Abdulhadi frequently took hold of Miss A's wrist/hand, this was more than an attempt to guide Miss A in what was an unfamiliar environment to her.

26. In the circumstances the Tribunal considered that Dr Abdulhadi had behaved inappropriately towards Miss A, in that, on one or more occasion, he took hold of Miss A's wrist/hand. Further, the frequent holding of Miss A's hand was conduct that was not necessary or appropriate in the workplace.

27. Accordingly, the Tribunal determined that paragraph 1(a)(i) of the Allegation was found proved.

Paragraph 1(a)(ii) of the Allegation

28. The Tribunal considered whether, on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he, attempted to feed Miss A food with his hand.

29. The Tribunal noted Dr Abdulhadi's denial of the allegation in the transcript of Dr Abdulhadi's Police Interview, dated 3 September 2018:

[Person H] [Police interviewer] 'She describes you sitting on a sofa, that you were sat on her left side and she said there was food on the table in front of you. Okay?

[Miss A] then describes you picking up some flatbread, sorry, and you tore it into strips and you dipped it in oils and herbs and then you've made them into parcels and you've reached forward and tried to hand-feed her; so like when I mean hand-feed, I mean put it into her mouth.

AA [Dr Abdulhadi] No.

[Person H] Did that happen?

AA *What happened - in this specific food, it's called za'atar or thyme and it's eaten the way you have described that. I told her, "This is the way I eat it" ---*

[Person H] Mmm.

AA *--- and I have eaten that ---*

[Person H] Yeah.

AA *--- and then I took another piece. I dip it in the oil and in the za'atar and I told her, "Here, try it."*

[Person H] Okay. Did you hold it to her mouth to try it?

AA *No. I told her to try it. She took it and she eat it and she says, "Very nice. I like it."*

[Person H] Okay.

AA The bread is there. I told her, "Help yourself."

[Person H] Okay. Well, she's told us that she, that you tried to feed her and she said no and you're saying that's not right?

AA No. She have eaten on her own the za'atar and the halloumi cheese; she have eaten it on her own and when we finish or when I have finished my meal and she said she want to go she ask me, "Where did you get this, this za'atar?"

30. The Tribunal in mindful of Miss A's email to the Trust, dated 18 August 2019:

'I was made to feel uncomfortable particularly during the lunch break by his persistent attempts to hand feed me food'

31. It also noted Miss A's oral evidence at the hearing during which she stated that she remembered *'the sensation of his fingers touching my mouth'* and that he tried to place food in her mouth. She stated that *'this was the part that sharply escalated to [her] feeling unsafe'*. Further she said that this had happened in spite of her telling Dr Abdulhadi that he did not need to do this and stated, *'I tried to say no in multiple forms and he persisted'*. Miss A also described how she was familiar with the type of food they were offered and told Dr Abdulhadi that she did not need to be shown how to eat it.

32. The Tribunal note Dr Abdulhadi's denial but considered that this was a sincere allegation made on the part of Miss A and that she had been consistent in her evidence from 18 August 2019 to her oral witness evidence at the hearing.

33. In the circumstances it considered that it was more likely than not that Dr Abdulhadi did attempt to feed Miss A food with his hand.

34. Further, the Tribunal concluded that Dr Abdulhadi's actions in attempting to feed Miss A food with his hand, without her consent, and in a workplace environment, were clearly inappropriate.

35. Accordingly, the Tribunal determined that paragraph 1(a)(ii) of the Allegation was found proved.

Paragraph 1(b) of the Allegation

36. The Tribunal considered whether, on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he deliberately drank from the same glass Miss A had drunk from.

37. The Tribunal noted that Miss A, in her police witness statement, dated 20 August 2019 stated that:

'I also had a glass of water on the table in front of us and after I had taken a drink from, this glass he has then taken a drink out of this. I also thought this was odd, mainly because I had my own water bottle but he was insistent that I drank from this glass rather than my bottle.'

38. Miss A further clarified this alleged incident in her supplemental statement, dated 23 November 2023:

'I do not recall exactly what Dr Ali said but I remember having a strong sense that the situation was deliberately engineered for us to try and drink from the same glass. I cannot recall specifically if this was done through Dr Ali's words, through gesturing towards the drink or the way it was placed close to me. It was only after I had drunk from the glass that Dr Ali then did the same. I cannot recall if I said anything to him about me having my own water bottle. I do remember trying to politely refuse the food I was being given and possibly trying to refuse the water as well. I think I had brought my own lunch with me so I had tried to politely decline by saying something like, 'no, I am okay, I have my own food.' However, Dr Ali was insistent that I drink from the glass he had offered. The comment he made to me afterwards that "people who drink from the same glass will become great friends or lovers" [...] made me feel there was a deliberate attempt on his behalf to drink from the same glass as me.'

39. The Tribunal noted the transcript of Dr Abdulhadi's Police Interview, dated 3 September 2018, in which he denied deliberately drinking from Miss A's glass:

'... She describes on the table there was a glass of water. She says she took a drink from it and then you have taken a drink from the same glass. Did that happen with the glass of water on the table?

AA No. There was water and juice ---

[Person H] Okay

AA --- *that I have drank or she have drank. It was just on the table. It's just like this here and I'm drinking from it.*

[Person H] Okay, and was she drinking from the same glass?

AA No.

[Person H] No. Okay.

AA *Unless she have taken when I was not paying attention to her'*

40. The Tribunal considered that Dr Abdulhadi did drink from the same glass that Miss A had drunk from but could not be satisfied, on balance of probabilities, that this action had been deliberate, and consequently, inappropriate.

41. The Tribunal further noted that Miss A's oral evidence gave rise to some doubt as to the exact order in which the incident had occurred and seemed to contradict the order of events asserted by Miss A in her police statement and supplemental statement. It particularly noted that, during her oral evidence, Miss A could not recall how many glasses were on the table and referred to *'the glass that I thought was mine'*.

42. In the circumstances, the Tribunal could not be certain that it was more likely than not that Dr Abdulhadi had deliberately drunk from the same glass that Miss A had drunk from.

43. Accordingly, the Tribunal found that paragraph 1(b) of the Allegation was not proved.

Paragraph 1(c) of the Allegation

44. The Tribunal considered whether, on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he said to Miss A that ‘people who drink from the same glass will become friends or lovers’, or words to that effect.

45. The Tribunal noted that Dr Abdulhadi, in the transcript of Dr Abdulhadi’s Police Interview, dated 3 September 2018, denied that he had made this comment to Miss A:

‘...Then she said that you said to her, “People who drink from the same glass will become great friends or lovers.”

AA No. No.

[Person H] Did you say that to her?

AA No. No.’

46. The Tribunal noted that Miss A had consistently asserted that Dr Abdulhadi had made this comment, from her statement to the police on 20 August 2019, which was near contemporaneous to the alleged events, through to her supplemental statement, dated 23 November 2023, and her oral evidence at the hearing.

47. The Tribunal considered that Miss A had consistently repeated that Dr Abdulhadi had made this very specific and unusual comment and was satisfied, that it was more likely than not, that the doctor did use these words, or words to that effect.

48. Although the Tribunal could not determine whether Dr Abdulhadi had deliberately or accidentally drunk from Miss A’s glass, it was satisfied that once it became apparent that he had drunk from the same glass Dr Abdulhadi did make this comment. The Tribunal viewed that making this comment to a XXX, in a professional environment, to be inappropriate.

49. Accordingly, the Tribunal found paragraph 1(c) of the Allegation to be proved.

Paragraph 1(d) of the Allegation

50. The Tribunal considered whether, on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he suggested that he and Miss A could visit a pretty coastal town together.

51. The Tribunal noted that Dr Abdulhadi had, in the transcript of his Police Interview, dated 3 September 2018, denied that he had suggested that he and Miss A could visit a pretty coastal town together.

'Okay. Did you offer to take her on a trip to a coastal town?'

AA No. She told me she's going on holiday ---

[Person H] Yeah.

AA --- the next day or after two days to XXX, where she's going to be with XXX for two weeks ---

[Person H] Yeah.

AA --- so I did not offer her.

[...]

...Okay. She said that you said to her that you knew of a pretty coastal town and that you could take a trip, that "we", so you and her, could take a trip down there and that she shouldn't worry because you wouldn't do anything untoward towards her. Did you say that?'

AA No. No.

[Person H] Did you say that?'

AA No. No.

[Person H] Did you suggest that at all?'

AA No, I did not say that at all'

52. The Tribunal considered Miss A's police statement, dated 20 August 2019, in which she stated:

‘He has gone on to say to me that he knew of a pretty coastal town and that we could take a trip down there and that I shouldn’t worry because he wouldn’t do anything untoward to me’

53. The Tribunal noted that Miss A further stated in her police statement that after Dr Abdulhadi made this comment she wanted to get out of the situation and felt extremely uncomfortable, whereupon she took her phone and pretended that she had received a message from her mother to say that she should go home straight away.

54. The Tribunal noted that the alleged incident regarding Dr Abdulhadi making a comment regarding visiting a pretty coastal town did not appear in her statement, dated 23 April 2020. However, the Tribunal was mindful that Miss A had referred to this alleged incident in her oral evidence and in her statement to the police. The Tribunal considered that she had been broadly consistent in her evidence.

55. In the circumstances, given Miss A’s near contemporaneous reference to the alleged event and the distinctness of the claim, the Tribunal considered that it was more likely than not that Dr Abdulhadi had suggested that he and Miss A could visit a pretty coastal town together.

56. Further, the Tribunal concluded that making a comment regarding visiting a pretty coastal town together to a XXX on XXX visit to a hospital was inappropriate.

57. Accordingly, the Tribunal determined that paragraph 1(d) of the Allegation was found proved.

Paragraph 1(e) of the Allegation

58. The Tribunal considered whether on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he said to Miss A that she ‘shouldn’t worry because I won’t do anything untoward to you’, or words to that effect.

59. The Tribunal considered Miss A’s police statement, dated 20 August 2019, in which she stated:

'He has gone on to say to me that he knew of a pretty coastal town and that we could take a trip down there and that I shouldn't worry because he wouldn't do anything untoward to me'

60. The Tribunal accepted Miss A's evidence, as noted above, and considered that it was more likely than not that Dr Abdulhadi had made this comment to Miss A following his suggestion that he and Miss A could take a trip to a pretty coastal town.

61. It considered that Miss A's evidence had been consistent and noted that the comment that Miss A should not worry as Dr Abdulhadi would not do anything untoward to her would have been an alarming comment for a XXX to receive. As such, it would have been memorable.

62. Given, Miss A's police statement and her assertion at the hearing that Dr Abdulhadi had made this comment, it considered that it was more likely than not that the doctor had indeed said to Miss A that she 'shouldn't worry because I won't do anything untoward to you', or words to that effect.

63. The Tribunal went on to consider whether Dr Abdulhadi's actions in saying to Miss A that she 'shouldn't worry because I won't do anything untoward to you', or words to that effect, were inappropriate.

64. The Tribunal considered Dr Abdulhadi's actions in making this comment to a XXX visitor to the Hospital, given her very junior position and the fact that the comment was made in a professional environment was clearly inappropriate and would have caused unease to Miss A.

65. According, the Tribunal determined that paragraph 1(e) of the Allegation as found proved.

Paragraph 1(f)(i) of the Allegation

66. The Tribunal considered whether on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he hugged Miss A putting both of his arms around her back and holding her tightly.

67. The Tribunal noted that Dr Abdulhadi, in his police statement, initially denied that he had hugged Miss A but then went on to say that they had had a ‘cuddle’:

[Person H] So she has described walking to a stairwell with you and she said that she put her hand out to shake your hand. She’s told us that you ignored her hand and you put both arms around her and pulled her tightly into a hug.

AA No, that is not true at all. What happened ---

[Person H] How did you say goodbye.

AA --- we shook hands and I saw her opening her arms that she want to say, to have a hug or a cuddle which I felt it will be rude of me to turn my back when --
-

[Person H] So you did have a, you did have a hug then?

AA Yeah, we have – I shook her hands and a cuddle.

[Person H] So you’re saying you had a cuddle?

AA Yes.

[Person H] Yes, you did. Okay. She said that you held on to her a little bit longer than a normal hug?

AA No. No.’

68. The Tribunal noted that Miss A had stated in her initial email to the Trust on 18 August 2018:

‘When ending the day and saying goodbye I offered him a handshake to which he pulled me in to a hug and kissed my neck.’

69. Further, the Tribunal took account of Miss A’s statement to the police:

'I have then put my hand out offering to shake his out of politeness and has ignored my outstretched hand and put both of his arms around my back and pulled me tightly into him in a hug. He has held me there for longer than any hug you would ever give someone and has then kissed me to my neck. He has then released me and I have been able to walk out.'

70. The Tribunal also noted Miss A's oral evidence at the hearing during which she reiterated her assertion that Dr Abdulhadi had hugged her putting both of his arms around her back holding her tightly.

71. In view of the evidence that it received, particularly the consistency of Miss A's assertions, the Tribunal considered that it was more likely than not that the alleged factual events took place. Further, it considered that it was inherently unlikely that Miss A would have initiated a hug with a relative stranger.

72. The Tribunal went on to consider whether such actions on Dr Abdulhadi's part were appropriate.

73. The Tribunal concluded that Dr Abdulhadi's actions were inappropriate as Miss A, as a XXX visitor would have been unlikely to welcome a prolonged hug with a stranger, particularly in a professional environment. As such, Dr Abdulhadi's actions were inappropriate.

74. Accordingly, the Tribunal determined that paragraph 1(f)(i) was found proved.

Paragraph 1(f)(ii) of the Allegation

75. In light of the Tribunal's factual findings at paragraph 1(f)(i), namely that Dr Abdulhadi behaved inappropriately towards Miss A, in that he hugged Miss A putting both of his arms around her back holding her tightly, it also considered that it was factually more likely than not that the doctor held Miss A in that hug for a period of time.

76. The Tribunal considered that a prolonged hug with a XXX visitor, in a professional environment, was not appropriate.

77. Accordingly, the Tribunal determined that paragraph 1(f)(ii) of the Allegation was found proved.

Paragraph 1(g) of the Allegation

78. The Tribunal considered whether on 25 July 2019, whilst working at John Radcliffe Hospital, Dr Abdulhadi behaved inappropriately towards Miss A, in that he kissed Miss A on the neck.

79. The Tribunal was mindful that Dr Abdulhadi, whilst giving his statement to the police, had denied having kissed Miss A:

‘And then she said you’ve kissed her on her neck?’

AA No, that’s not true.

[Person H] Okay.

AA That’s not true.

[Person H] You’re saying you didn’t.’

80. However, the Tribunal considered that Miss A’s assertion that Dr Abdulhadi had kissed her in her initial email to the Trust, dated 18 August 2018, her police statement, dated 20 August 2018, and her oral evidence at the hearing was consistent and convincing.

81. The Tribunal particularly noted Miss A’s oral evidence, during which she stated that she had *‘felt breath on neck and this crossed the line into sexual’* and, in response to questioning, her assertion that she was *‘confident there was contact’*.

82. In the circumstances, the Tribunal considered that it was more likely than not that Dr Abdulhadi had kissed Miss A on the neck.

83. Further, the Tribunal concluded that Dr Abdulhadi’s actions in kissing Miss A, XXX on the neck in a professional setting was inappropriate.

84. Accordingly, the Tribunal determined that paragraph 1(g) of the Allegation was found proved.

Paragraph 2 of the Allegation

85. The Tribunal considered whether Dr Abdulhadi telephoned Miss A's mobile telephone number on one or more occasion as set out in Schedule 1.

86. The Tribunal noted that Dr Abdulhadi, in his police statement, had stated that it was unlikely that he telephoned Miss A, then said he could not remember, and then provided a possible explanation for having contacted her:

..Okay. So did you try to ring her on the mobile?

AA I don't remember.

[Person H] You don't remember. Is it possible you may have done or ---

AA Most unlikely.

[Person H] Okay. I mean, I can understand what you're saying, you were, you being interested in this girl because she's interested in becoming a doctor and you're trying to help her, but actually her experience has upset her and she's made this report to the police. Okay? Now, you have said, you've given the explanations for what's happened. I mean, were you sexually attracted to her at all?

AA No. No.

[Person H] What reason can you really give for trying to keep making contact afterwards? I would imagine you're a busy man. You've told me your job. Why would you feel the need to be contacting this XXX?

AA Well, I felt she need help when she told me the family background she is on and she shows that she is bright in the sense that she's working hard to do a professional job for her future

87. Miss A was certain that Dr Abdulhadi had attempted to call her on the dates set out in Schedule 1 and repeated the assertion that Dr Abdulhadi had contacted her in her email to the Trust, her police statement and her oral evidence at the hearing.

88. The Tribunal noted Miss A's email to the Trust, dated 18 August 2018:

'I gave him my phone and email address before the placement and he has since used these numerous times attempting to contact me, today trying to ring me twice which I have obviously not responded to.'

89. In the circumstances and given the unclear response that Dr Abdulhadi gave in response to questioning from the police on this matter, the Tribunal concluded that Dr Abdulhadi had telephoned Miss A's mobile telephone number on one or more occasion as set out in Schedule 1.

90. Accordingly, the Tribunal determined that paragraph 2 of the Allegation was found proved.

Paragraph 3 of the Allegation

91. The Tribunal considered whether between 26 July 2019 and 3 August 2019, Dr Abdulhadi sent emails to Miss A as set out in Schedule 2.

92. The Tribunal noted that it had received documentary evidence of the said emails and confirmation of Dr Abdulhadi's work email address.

93. In the circumstances the Tribunal concluded that it was more likely than not that Dr Abdulhadi had sent emails to Miss A as set out in Schedule 2.

94. Accordingly, the Tribunal determined that paragraph 3 of the Allegation as found proved.

Paragraph 4(a) of the Allegation

95. The Tribunal considered whether Dr Abdulhadi's actions as described in paragraphs 1-3 of the Allegation constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Miss A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Miss A.

96. The Tribunal considered Miss A's oral evidence and noted that she asserted that she had found Dr Abdulhadi's actions to be intimidating.

97. The Tribunal also noted Miss A's oral evidence in which she asserted that Dr Abdulhadi's actions had been unwanted.

98. In particular the Tribunal was mindful of Miss A's assertion that she was particularly uncomfortable and intimidated by Dr Abdulhadi's act of hugging Miss A and kissing her on the neck.

99. Further, the Tribunal noted that she had stated that, in relation to Dr Abdulhadi kissing her neck, *'because I remember this and him turning his head into my neck as well as the length of the hug crossed the line into a sexual dynamic – no I wouldn't have wanted anything more than a hand-shake'*. In accepting this evidence, the Tribunal considered it was inappropriately intimate and had left Miss A with a feeling of confusion. She went on to state *'I remember getting onto the bus in a state of shock'* and of a feeling of surprise that Dr Abdulhadi had allowed her to leave after the incident.

100. The Tribunal considered that Dr Abdulhadi's actions in relation to the proven paragraphs 1(f)(i), 1(f)(ii) and 1(g) of the Allegation, were more likely than not, unwanted conduct of a sexual nature which had the purpose or effect of or creating an intimidating environment for Miss A and constituted sexual harassment.

101. Accordingly, the Tribunal found paragraph 4(a) of the Allegation proved in relation paragraphs 1(f) and 1(g).

Paragraph 4(b) of the Allegation

102. The Tribunal considered whether Dr Abdulhadi's actions as described in paragraphs 1-3 of the Allegation were sexually motivated.

103. The Tribunal considered that Dr Abdulhadi's actions in inappropriately attempting to feed Miss A food with his hand; inappropriately saying to Miss A that 'people who drink from the same glass will become friends or lovers'; inappropriately saying to Miss A that she 'shouldn't worry because I won't do anything untoward to you'; inappropriately hugging Miss A tightly for a prolonged period of time; telephoning Miss A's telephone number and sending

Miss A a number of emails were more likely than not sexual in nature and were carried out either in pursuit of sexual gratification and/or in pursuit of a future sexual relationship.

104. Accordingly, the Tribunal determined that paragraph 4(b) of the Allegation was found proved in relation to paragraphs 1(a)(ii), 1(c), 1(d), 1(e), 1(f)(i), 1(f)(ii), 1(g), 2, and 3.

Paragraph 5(a) of the Allegation

105. The Tribunal considered whether, at all material times, Miss A was vulnerable due her age.

106. Miss A found herself in an unfamiliar environment being shown around by a much older male who was a senior registrar and as such there was an obvious power differential. Although Miss A acted with maturity, after the events through her follow-up action, this does not mean that his actions meant she was not vulnerable. However, this vulnerability was not solely due to her age, but mainly due to the circumstances in which she found herself.

107. Accordingly, the Tribunal concluded that, at all material times, Miss A was not vulnerable due to her age.

108. Accordingly, paragraph 5(a) of the Allegation was found not proved.

Paragraph 5(b) of the Allegation

109. As the Tribunal did not find that, at all material times, Miss A was vulnerable due to her age, it could not find that Dr Abdulhadi knew that Miss A was vulnerable due to her age.

110. Therefore, paragraph 5(b) was not proved.

Dr B

Paragraph 6(a) of the Allegation

111. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that he made inappropriate comments to her as set out in Schedule 3.

112. The Tribunal considered Dr B's 20 December 2021 email to Mr G, Clinical Lead, Urology of the Hospital in which she set out the comments that Dr Abdulhadi was alleged to have made to her.

113. Further, the Tribunal noted that Dr B had been consistent throughout her evidence up to and including her oral evidence at the hearing.

114. The Tribunal concluded that it was factually proved that Dr Abdulhadi had made these comments to Dr B.

115. It noted that Dr Abdulhadi had claimed that these comments were light-hearted and made in jest, as stated in his written response regarding the Hospital allegations, dated 7 November 2022:

'My tone in asking the question and her tone in replying implied a light-hearted humorous discussion. I certainly did not mean anything by saying that. It was just a "banter" and nothing malicious was intended. Although ill-judged, my action was made purely in misguided jest'

And:

'not meant to be malicious in any way'.

116. The Tribunal considered that the comments from Dr Abdulhadi were individually inappropriate in any circumstances:

- she had 'brains and beauty';
- 'now I know you're working here and I can see your face every day, I want to stay in Kettering' or words to that effect;
- 'can I make your boyfriend jealous and accompany you shopping, and treat you to lunch in a Turkish restaurant afterwards' or words to that effect;
- called her 'darling';
- asked if he could call her 'darling';

117. The Tribunal also considered that cumulatively in the context of Dr Abdulhadi's communication with the Dr B, all of the comments set out in Schedule 3 were inappropriate.

118. Therefore, the Tribunal concluded that on one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that he made inappropriate comments to Dr B as set out in Schedule 3.

119. Accordingly, the Tribunal determined that paragraph 6(a) of the Allegation was found proved.

Paragraph 6(b) of the Allegation

120. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that on 12 December 2021, he touched Dr B on the side of her neck with his index finger.

121. The Tribunal took account of the Notes from the interview between Dr B and the Hospital, dated 21 March 2021, in particular:

“[Dr B] replied that he just touched it with one finger and she couldn’t see he was going to do it until he did it, he asked about a rash that she had – [Dr B] explained that she flushes quite easily on her face and neck and doesn’t feel comfortable with people asking about it.”

122. The Tribunal also noted the ‘continuation interview between Dr B and the Hospital’s Notes, dated 4 April 2021:

‘[Dr B] commented that [Dr Abdulhadi] had touched your neck because you had a rash and asked [Dr B] to describe other things he had done or said regarding unprofessional conduct. [Dr B] felt that most things were described in the first meeting and that touching her neck was the only thing that was physical. [Ms F] wanted to know when these behaviours started? [Dr B] replied that it was a gradual insidious thing and it was when she worked with [Dr Abdulhadi] on on-call nights’

123. The Tribunal also took account of Dr B’s statement, dated 1 July 2023:

‘Then Dr Abdulhadi said, ‘what’s this?’ just before he touched the flushed

skin on the left side of my neck with his index finger. I remember that Dr Abdulhadi gave me no warning before touching my neck and did not ask my permission to do so. I feel that the neck is not a part of the body that people casually touch so I was very surprised when he did this. I can't remember exactly what I did, but I think I must have leant back or moved away from his hand somehow because he only touched me for a moment – I felt very uncomfortable that he felt he could touch me without any warning or permission.'

124. The Tribunal further took account of Dr B's oral evidence during which she reiterated that Dr Abdulhadi had made contact with her neck with his index finger.

125. The Tribunal noted Dr Abdulhadi's statement regarding the Hospital's allegations, dated 7 November 2022:

'Page 50 of claimed that I touched [Dr B's] neck. the "Information Subject to Investigation": It is I confirm this never happened. I pointed out to her that she had extensive skin rash on her arms and neck. I was concerned about her wellbeing. I did not mean in any way to make her uncomfortable. She did not tell me that there mark made her uncomfortable as I was commenting on her appearance, when she entered that small office wearing the hospital scrub dressing. my apology if she felt that. when saying a comment about the extensive patchy redness, my intention was not to make her uncomfortable. I was concerned that it might be acute allergic process'

126. The Tribunal accepted Dr B's description of the event in question, namely that Dr Abdulhadi made slight contact with her neck as he commented on her rash. However, it considered that it was feasible that Dr Abdulhadi may have accidentally made contact whilst discussing the rash.

127. In the circumstances the Tribunal was not persuaded that Dr Abdulhadi's action in touching Dr B's neck was, more likely than not, inappropriate or that it was his intention to touch the side of Dr B's neck with his index finger as it was feasible that he may have made contact whilst discussing her rash.

128. Accordingly, the Tribunal found that paragraph 6(b) of the Allegation as not proved.

Paragraph 6(c) of the Allegation

129. The Tribunal considered whether, on one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that he sent a number of inappropriate WhatsApp messages to Dr B as set out in Schedule 4.

130. The Tribunal considered that the following message sent on 13 December 2021 and concluded that *'You deserve all good things in life. Have a nice sleep and sweet dreams, and good night.'* was not an appropriate message to send to Dr B, his workplace junior who he only knew in a professional environment, and with whom he had only worked twice during two night shifts.

131. Further, the Tribunal also considered that Dr Abdulhadi's message sent on 19 December 2021 *'Hi Dr B, are you on holiday? Missing you. Christmas greetings waiting you'* was also inappropriate in that Dr B was not working at the time, was junior to Dr Abdulhadi XXX and Dr Abdulhadi was a senior registrar, and that the message implied a lengthier and social relationship, which was not the case.

132. In the circumstances, the Tribunal concluded between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that he sent a number of inappropriate WhatsApp messages to Dr B as set out in Schedule 4.

133. Accordingly, the Tribunal determined that paragraph 6(c) of the Allegation was found proved.

Paragraph 6(d) of the Allegation

134. The Tribunal considered whether, on one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that on 20 or 21 December 2021, he cooked food and brought it into the Hospital for Dr B.

135. The Tribunal noted Dr Abdulhadi's admission that he cooked food and brought it into the Hospital for Dr B.

136. However, the Tribunal considered that Dr Abdulhadi's act of cooking food and bringing it into the Hospital was not inappropriate in itself. Further, it noted that Dr B, in her oral evidence, had acknowledged that they had had a conversation about cooking and sharing food and that Dr Abdulhadi may have misinterpreted this conversation as an invitation or suggestion to bring food in.

137. Therefore, the Tribunal concluded that Dr Abdulhadi had not behaved inappropriately towards Dr B, in that on 20 or 21 December 2021, he cooked food and brought it into the Hospital for Dr B.

138. Accordingly, the Tribunal found that paragraph 6(d) of the Allegation was not proved.

Paragraph 6(f) of the Allegation

139. The Tribunal considered whether, on one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), Dr Abdulhadi behaved inappropriately towards Dr B, in that on or around 21 December 2021, he offered a Christmas card to Dr B and attempted to persuade her to take the card despite her refusing to accept it.

140. The Tribunal considered the evidence presented, in particular Dr B's oral evidence, in particular her assertion that ordinarily she would feel rude to refuse a card, but did not want to encourage him. The Tribunal accepted that Dr Abdulhadi had offered Dr B a Christmas card and attempted to persuade her to take it.

141. However, the Tribunal concluded that this act in itself was not an inappropriate act as colleagues do sometimes present each other with Christmas cards.

142. In the circumstances, the Tribunal did not consider that Dr Abdulhadi's act of giving Dr B a Christmas card was inappropriate.

143. Accordingly, the Tribunal determined that paragraph 6(f) of the Allegation as not proved.

Paragraph 7(a) of the Allegation

144. The Tribunal considered whether Dr Abdulhadi's actions as described in paragraph 6(a) and 6(c) of the Allegation constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Dr B, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Dr B.

145. The Tribunal considered that inappropriate comments made by Dr Abdulhadi, referred to in paragraph 6(a) as set out in Schedule 3, created an intimidating atmosphere and constituted unwanted conduct of a sexual nature, implied and gave Dr B the perception of being pursued which was unwanted.

146. Further, The Tribunal considered that inappropriate WhatsApp made by Dr Abdulhadi, referred to in paragraph 6(a) as set out in Schedule 4, created an intimidating atmosphere and constituted unwanted conduct of a sexual nature, in particular *'sweet dreams, and good night'* sent on 13 December 2021 and the reference to *'missing you'* sent on 19 December 2021 which implied and gave Dr B the perception of being pursued and was unwanted.

147. Accordingly, the Tribunal determined paragraph 7(a) was found proved in relation to paragraph 6(a) and 6(c) of the Allegation.

Paragraph 7(b) of the Allegation

148. The Tribunal considered whether Dr Abdulhadi's actions as described in paragraphs 6(a) and 6(c) were sexually motivated in nature.

149. The Tribunal considered that there was a future focus in Dr Abdulhadi's comments and WhatsApp messages to Dr B. For example, his comments that *'now I know you're working here and I can see your face every day, I want to stay in Kettering'* and *'can I make your boyfriend jealous and accompany you shopping, and treat you to lunch in a Turkish restaurant afterwards'* or words to that effect.

150. The Tribunal considered that Dr Abdulhadi's comments to Dr B, as set out in Schedule 3, and his WhatsApp messages to Dr B, as set out in Schedule 4, were more likely than not to be sexual in nature and were made in pursuit of a future sexual relationship.

151. Accordingly, the Tribunal found that paragraph 7(b) was found proved in relation to paragraphs 6(a) and 6(c).

Dr C

Paragraph 8(a) of the Allegation

152. The Tribunal considered whether Dr Abdulhadi, on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, behaved inappropriately towards Dr C, in that he made inappropriate comments to Dr C as set out in Schedule 5.

153. The Tribunal had regard to the consistent evidence of the statement of Dr C and her oral evidence. The Tribunal concluded that it was more likely than not that Dr Abdulhadi had made the comments set out in Schedule 5.

154. It noted that Dr Abdulhadi felt that he was misunderstood by colleagues at the Hospital.

155. However, the Tribunal considered that Dr Abdulhadi's comments in which he called Dr C 'love' and 'darling' and that he had only bought her a present as he felt they had bonded were not appropriate for a work relationship with a junior colleague.

156. Accordingly, the Tribunal found that paragraph 8(a) was found proved.

Paragraph 8(b) of the Allegation

157. The Tribunal considered whether Dr Abdulhadi, on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, behaved inappropriately towards Dr C, in that he bought Dr C a Christmas present.

158. The Tribunal noted Dr C's oral evidence that she was adamant that she did not want a Christmas present and purely considered Dr Abdulhadi to be a colleague with whom she had only worked on a few occasions. However, the Tribunal also noted that in her initial interview with the Hospital, Dr C had said that *'at the time I didn't think it was too strange. I was just embarrassed because he brought them in just for me and not others'*.

159. In the circumstances, the Tribunal considered that although Dr Abdulhadi's gift had been unwelcome it did not find that he had behaved inappropriately in giving Dr C a Christmas present.

Paragraph 8(c) of the Allegation

160. The Tribunal considered whether Dr Abdulhadi, on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, behaved inappropriately towards Dr C, in that he gave Dr C a card which said ‘to someone special with love’.

161. The Tribunal noted that the card had been embossed with the words ‘to someone special with love’ and that Dr Abdulhadi had not written those words himself.

162. However, the Tribunal noted that Dr Abdulhadi had not denied that he had sent the card, and that Dr C, in the statement provided by her to the Hospital, dated 21 January 2022:

‘When I later opened the gift it consisted of chocolate and a card. The front of the card said “to someone special with love...” which obviously made me concerned.’

163. The Tribunal concluded that Dr Abdulhadi had behaved inappropriately towards Dr C, in that he gave Dr C a card which included the words, ‘to someone special with love’, which considering their limited and professional relationship, was not appropriate.

164. Accordingly, the Tribunal found that paragraph 8(c) of the Allegation as found proved.

Paragraph 8(d) of the Allegation

165. The Tribunal considered whether on one or more occasions between December 2021 and January 2022, whilst working at the Hospital, Dr Abdulhadi behaved inappropriately towards Dr C, in that he attempted to call Dr C on their personal mobile via WhatsApp video late in the evening.

166. The Tribunal noted that Dr Abdulhadi stated that he did not remember calling her on WhatsApp video at 10pm.

167. The Tribunal noted that Dr C’s evidence was that Dr Abdulhadi admitted a few days later that he had called her via video late in the evening on WhatsApp to discuss a gift for her housewarming present. Dr Abdulhadi denied this admission in his subsequent correspondence. Dr C’s oral evidence at the hearing was that, *‘he made me very uncomfortable – I did not want to take calls after work’*.

168. The Tribunal was cognisant of the fact that Dr Abdulhadi was a senior registrar contacting a junior colleague outside of work hours to discuss non-work matters. It considered that such a call would only be appropriate if it had been invited.

169. However, the Tribunal noted that Dr Abdulhadi and Dr C were not friends, and that Dr C was off duty. It also considered that a WhatsApp video call late in the evening was more intrusive than a telephone call.

170. In the circumstances, the Tribunal considered that, Dr Abdulhadi had behaved inappropriately towards Dr C, in that he attempted to call Dr C on their personal mobile via WhatsApp video late in the evening.

171. Accordingly, the Tribunal found that paragraph 8(d) of the Allegation was found proved.

Paragraph 8(e) of the Allegation

172. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, Dr Abdulhadi behaved inappropriately towards Dr C, in that he cooked food for Dr C and brought it into the Hospital.

173. In Dr Abdulhadi's statement regarding the Hospital's allegations, dated 7 November 2022, he accepted that he had cooked food for Dr C and brought it into the Hospital:

'I asked her if she wanted me to bring some food the next day and I would share the recipe if she wanted. She did not mind to that. The next day, I brought some food and she declined to have it. I was confused why she changed her mind and why she had asked to try the food in the first place'

174. The Tribunal accepted that he had brought food into the Hospital and went on to consider whether he had behaved inappropriately towards Dr C.

175. Dr Abdulhadi accepted that Dr C declined his food and stated that he was confused why *'as to why she changed her mind and why she had asked to try the food in the first place'*.

176. In her statement to the Hospital, 21 January 2022, Dr C stated that she had not taken Dr Abdulhadi up on his offer to bring in food the previous day, but had tried to be polite:

'He told me that it was a good cook and I should try his food. I was actually really busy this day and I was trying to do my jobs at the computer, so I tried to remain polite but I did not take him up on his offer.'

177. Dr C stated that the next day a shopping bag appeared next to where she kept her things in the XXX Room and that when she saw Dr Abdulhadi, he said that he had cooked the food for her. She stated that that she was *'obviously embarrassed and shocked'* she went on to state the following:

'I asked him if it was for everyone, but he said it wasn't and it was just for me. I tried my best to avoid him for the rest of the day, and at lunchtime when I'd normally eat at the desk in the office I went to Costa Coffee, so I didn't have to face him.'

178. In her statement, dated 5 July 2023, Dr C stated that she had *'firmly'* told Dr Abdulhadi not to bring food in for her when he had offered the day before he actually brought the food in:

'He said something about cooking and bringing food into work, and I firmly but politely told him not to and that it wouldn't be a good idea. I was not expecting Dr Abdulhadi to cook and bring in food for me, as I thought I had made it clear I didn't want him to do that.'

179. In her oral witness evidence she stated that she had *'firmly and politely told him not to'* and that when he brought the food in the following day, she did not accept the food and stated that *'she was very embarrassed – I didn't take the food – I was embarrassed that it was just for me and not for everyone'*.

180. However the Tribunal did consider that there had been some vagueness in her evidence regarding whether she firmly and specifically told Dr Abdulhadi not to cook her food and bring it in or whether she *'did not take him up on his offer'*.

181. In the circumstances, the Tribunal could not find that it was more likely than not, that Dr Abdulhadi's behaviour in cooking and bringing food in for Dr C had been inappropriate and that he had been explicitly told not to do so.

182. Accordingly, the Tribunal found that paragraph 8(e) of the Allegation was not proved.

Paragraph 8(f)(i) of the Allegation

183. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, Dr Abdulhadi behaved inappropriately towards Dr C, in that he told her that he would be ‘offended’ and ‘upset’ and that it would ‘hurt his feelings’ if they did not try the food or words to that effect.

184. In her statement to the Hospital dated 21 January 2022, Dr C stated the following:

‘At about 3pm I am working in the Registrar’s Room, and he says he will serve the food. He takes out two plates and two sets of cutleries and starts to open the food. I tell him bluntly that he has embarrassed me and I do not want the food. I said that it was not ok to treat me differently from the rest of the team. He told me that I had upset him and hurt his feelings, and he looked as though he was going to cry. I returned to what I was working on at the computer, but he continued to pester me about the food to the point I had to stand up and walk out of office’

185. In her witness statement, dated 5 July 2023, she stated that, upon telling Dr Abdulhadi she did not want the food, that he had embarrassed her, and that he should have cooked food for everyone and not just her, she stated that:

‘Dr Abdulhadi told me that I had upset him and hurt his feelings, and I thought that he looked like he was going to cry. I returned to my desk in the Registrar’s Room and tried to get on with my work at the computer, but he continued to talk to me and pester me about the food, trying to persuade me to eat with him. He was saying things like, ‘I made this food, I want you to try it,’ and he was also telling me that he would be upset and offended if I didn’t try the food, and that it would hurt his feelings. Dr Abdulhadi even began serving the food onto plates and tried to physically pass this to me along with some cutlery, and he told me he would be very disappointed if I didn’t eat it.’

186. Dr C further stated in her statement to the Hospital, dated 21 January 2022, that, on 31 December 2021, she had been on a ward round with Dr Abdulhadi, during which they had stopped in a narrow corridor whereupon he told her that he had been upset that she had not accepted his food:

'We go over to the Treatment Centre to go and see one of the patients and everything is fine, but as we get to Ashton ward there is a narrow corridor, and he stops walking and says he wants to speak to me. I felt uncomfortable and there is no one else around. He then tells me that I upset him greatly by not accepting his food or his gifts and he is angry. He went on about this for what felt like a very uncomfortable length of time, so I interrupted him told him which room the patient was in that we were about to see and I walked off leaving him on his own.'

187. In her oral evidence Dr C further stated that, when she further emphasised that Dr Abdulhadi had told her that he would be 'upset' if she did not try her food.

188. In the circumstances, the Tribunal considered that, on the balance of probabilities, and in the light of Dr C's consistency in her evidence, Dr Abdulhadi had told her that he would be 'offended' and 'upset' and that it would 'hurt his feelings' if they did not try the food or words to that effect.

189. Further, the Tribunal considered that whilst bringing food into the workplace was not inappropriate, it was inappropriate for Dr Abdulhadi to attempt to pressurise Dr C into trying food that she had made clear she did not want.

190. Accordingly, the Tribunal found paragraph 8(f)(i) of the Allegation to be proved.

Paragraph 8(f)(ii) of the Allegation

191. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, Dr Abdulhadi behaved inappropriately towards Dr C, in that he told her he wanted to buy them a 'rose bush or an olive tree' or words to that effect.

192. The Tribunal noted Dr C's statement to the Hospital, 21 January 2022, in which she stated the following:

'He told me that he wants to buy me either an olive tree or a rose bush. He said he'd had this idea and he had been video calling me to discuss it further. He asked me again whether I would either like the olive tree or the rose bush, and I told him bluntly I didn't want either and I told him to stop talking about it.'

193. In the Hospital investigation report, dated 21 March 2022, Dr C further stated that Dr Abdulhadi had told her that he wanted to buy her a rose bush and that she had told him that she did not want one.

194. Further, in her witness statement, dated 5 July 2023, Dr C had stated the following:

'He said he had been trying to video call to ask me what type of tree I wanted: a rose bush or an olive tree. I very bluntly told Dr Abdulhadi that I didn't want any presents from him, and I didn't want a tree. Despite my refusal, Dr Abdulhadi continued to try and persuade me and just kept talking about the tree, asking which type of tree I wanted; again, he was not taking no for an answer. I tried to ignore him and look disinterested, but he just kept talking about getting me a tree with the same momentum. Eventually I had to very abruptly and firmly tell Dr Abdulhadi that I didn't want a tree and to stop talking about it and I think he did stop then.'

195. In his statement regarding the Hospital allegations, dated 7 November 2022, Dr Abdulhadi stated that he had discussed 'gift ideas' with Dr C 'in the context of a XXX' but asserted that Dr C had misunderstood him and that it was not true that he was going to buy her more gifts.

196. The Tribunal considered that factually, Dr Abdulhadi did tell Dr C he wanted to buy her a 'rose bush or an olive tree' or words to that effect.

197. The Tribunal further considered that, although a discussion took place between Dr Abdulhadi and Dr C regarding the topic of buying Dr C a rose bush, it did not consider that this conversation of itself was inappropriate and noted that Dr C had previously accepted a Christmas gift:

'I didn't want to accept this Christmas card and gifts from Dr Abdulhadi (especially after he explained that he had only got this for me and no one else because he felt we had 'bonded') but I was in a very uncomfortable position and didn't know how else I could refuse. I felt very conscious of Dr Abdulhadi's senior position over me and didn't want to be very rude to him, so I politely accepted the bag and thanked him as I left'

198. The Tribunal also noted Dr C's statement to the Hospital, dated 21 January 2022:

‘Just before Christmas, I noticed that a shopping bag had appeared next to where I keep my things in the Registrar’s Room. Later on that day AA told me that he had wanted to buy me a Christmas present, because he felt that he bonded with me more than the rest of the team. I felt a bit embarrassed, but I thanked him as I thought he was just being polite’

199. In the circumstances, and in light of Dr C’s previous acceptance of a gift from Dr Abdulhadi, it considered that it was not unreasonable to believe that a gift of a rose bush or olive tree might be accepted, and as such it did not conclude that it was inappropriate for Dr Abdulhadi to tell Dr C that he wanted to buy them a ‘rose bush or an olive tree’

200. Accordingly, the Tribunal found that paragraph 8(f)(ii) of the Allegation was not proved.

Paragraph 8(f)(iii) of the Allegation

201. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, Dr Abdulhadi behaved inappropriately towards Dr C, in that he told Dr C that he was ‘upset and embarrassed that they did not accept your gifts’ and that you were ‘angry with them’ or words to that effect.

202. The Tribunal considered that Dr C had been consistent in her assertion that Dr Abdulhadi had stated that he was and ‘upset and embarrassed that they did not accept your gifts’ and that you were ‘angry with them’.

203. The Tribunal noted Dr C’s statement to the Hospital, dated 21 January 2022:

‘I felt uncomfortable and there is no one else around. He then tells me that I upset him greatly by not accepting his food or his gifts and he is angry’

204. In her statement, dated 5 July 2023, Dr C had stated that Dr Abdulhadi had been angry as she had not accepted his gifts:

‘Dr Abdulhadi started to talk about almost every interaction we had had previously that I had found inappropriate. He told me how upset and embarrassed he was that I didn’t accept his food or gifts and that he was angry with me because of this.’

205. In the circumstances, the Tribunal accepted Dr C's evidence that Dr Abdulhadi had told her that he was 'upset and embarrassed that they did not accept your gifts' and that you were 'angry with her' and noted that she had been consistent from January 2022 in giving her oral evidence at the hearing.

206. Further, the Tribunal concluded that such behaviour in the workplace between colleagues was inappropriate.

207. Accordingly, the Tribunal determined that paragraph 8(f)(iii) was found proved.

Paragraph 8(g) of the Allegation

208. The Tribunal considered whether on one or more occasion between December 2021 and January 2022, whilst working at the Hospital, Dr Abdulhadi behaved inappropriately towards Dr C, in that he sent a number of inappropriate WhatsApp messages to Dr C as set out in Schedule 6.

209. The Tribunal noted that Dr Abdulhadi sent a WhatsApp message on 21 December to Dr C stating '*Do you fancy we have a chat?*' and further sent a WhatsApp message on 1 January 2022 which stated, '*With the warmest aspirations wishing you a Happy and prosperous new year, and may all your dreams [sic] com true with lol warm cuddles and kisses especially for you*'.

210. The Tribunal noted that Dr Abdulhadi had accepted that he sent these WhatsApp messages.

211. However, it further noted that he said he had intended the WhatsApp message sent on 1 January 2022 to be sent to his daughter who, he said, was suffering from Covid-19 at the time.

212. The Tribunal considered whether these messages were inappropriate and was not persuaded of Dr Abdulhadi's explanation that he had intended to send the 1 January 2022 message to his daughter.

213. The Tribunal concluded that sending these WhatsApp messages to a junior work colleague who he did not know well, when she was not on-duty, was not appropriate. It particularly considered that a reference to '*warm cuddles and kisses especially for you*' as part

of a New Year greeting WhatsApp was not appropriate. Dr Abdulhadi statement was that he had noticed that he had incorrectly sent a message to Dr C instead of his daughter on the same day. It was evident from the WhatsApp messages that Dr Abdulhadi made no attempt to notify Dr C that he had incorrectly sent a WhatsApp message to her until 23 January 2022. The Tribunal considered that this was after he became aware of the Hospital investigation.

214. The Tribunal accepted that this message was not welcomed or thought appropriate by Dr C.

215. In the circumstances, the Tribunal considered that Dr Abdulhadi had behaved inappropriately towards Dr C, in that he sent a number of inappropriate WhatsApp messages to Dr C as set out in Schedule 6.

216. According, paragraph 8(g) of the Allegation was found proved.

Paragraph 9 of the Allegation

217. The Tribunal considered whether Dr Abdulhadi's actions described in paragraph 8 constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Dr C, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Dr C.

218. The Tribunal noted Ms Hill's submission, on behalf of the GMC, that cumulatively, as well as individually, Dr Abdulhadi's behaviours could constitute sexual harassment:

89. With regards to Dr C, the combination of DR ABDULHADI calling her "my love" and "my darling", messaging her "with lol warm cuddles and kisses especially for you", giving her a card which said: "to someone special with love" may, if proved, and when considered as a whole, amount to conduct that is sexual in nature because of its nature it may be sexual, and because of its circumstances or Dr ABDULHADI's purpose in relation to it (or both) it is sexual. Again, the surrounding circumstances will be relevant and may include the nature of the relationship between Dr ABDULHADI and Dr C, and the timing and location of the conduct. Depending on which facts are found proved (if any) the Tribunal may conclude that Dr ABDULHADI's conduct was sexual in nature because of its circumstances (and/or his purpose in relation to it) with reference to any combination of facts.

219. The Tribunal considered that inappropriately calling Dr C ‘my love’ and ‘my darling,’ inappropriately giving a card embossed with ‘To Someone Special with Love’, inappropriately attempting to call Dr C on their personal mobile via WhatsApp video late in the evening, inappropriately telling Dr C that he would be offended and upset if she did not try the food, and inappropriately telling Dr C that he was ‘upset and embarrassed that they did not accept your gifts’ and that you were ‘angry with them’ constituted sexual harassment and combined to create an intimidating environment for Dr C.

220. Accordingly, paragraph 9(a) was found proved in relation to paragraphs 8(a), 8(c), 8(d), 8(f)(i), 8(f)(iii) and 8(g).

Paragraph 9(b) of the Allegation

221. The Tribunal considered whether the actions described in paragraph 8 were sexually motivated.

222. The Tribunal considered that the actions described, namely, inappropriately calling Dr C ‘my love’ and ‘my darling,’ inappropriately giving a card embossed with ‘To Someone Special with Love’, inappropriately attempting to call Dr C on their personal mobile via WhatsApp video late in the evening, inappropriately telling Dr C that he would be offended and upset if she did not try the food, and inappropriately telling Dr C that he was ‘upset and embarrassed that they did not accept your gifts’ and that you were ‘angry with them’.

223. Further, it considered that Dr Abdulhadi’s anger was the result of frustration at his efforts not leading to a relationship with Dr C.

224. The Tribunal considered that the actions described, cumulatively, were more likely than not to be sexual in nature and were carried out in pursuit of a future sexual relationship.

225. Accordingly, paragraph 9(b) was found proved in relation to paragraphs 8(a), 8(c), 8(d), 8(f)(i), 8(f)(iii) and 8(g).

Ms D

Paragraph 10 of the Allegation

226. The Tribunal considered whether Dr Abdulhadi attended at the Hospital and shouted at Ms D.

227. The Tribunal noted that the alleged incident took place on 10 January 2022.

228. The Tribunal considered Ms D's statement, dated 30 May 2023:

'As [Ms E] had requested, I then asked Dr Abdulhadi what time in the day the feedback forms dated 7 January 2022 had been completed. Dr Abdulhadi became very angry when I asked him this and was questioning why that was relevant or important. I think he put his hands in the air, and he was shouting loudly and almost puffed out his upper body as he shouted at me. He repeated two or three times that there was no section on the feedback forms where you were supposed to fill out a time, so why did it matter when these had been completed. I hadn't been told by [Ms E] why I should ask Dr Abdulhadi this, and 'I felt very intimidated and left it at that.' I thought if I tried to pursue that question and get an answer Dr Abdulhadi would get angrier, which made me feel intimidated and uneasy so I just wanted him to leave at that point.'

229. The Tribunal also noted Ms D's oral evidence at the hearing during which she stated that Dr Abdulhadi, during her exchange with him, *'had puffed out his upper body'*.

230. Further, it also considered her original statement to the Hospital, dated 10 January 2022:

'He was unhappy as he was told he would get the minutes from the meeting he has with [Dr J], I apologised and said I didn't know about that but I would call [Ms E] and ask, he then said he was very disappointed as they should have been that morning. I felt a bit intimidated then went to reception office and called [Ms E] for more information.

After talking with [Ms E], I went back to Dr Abdulhadi [sic] and said the minutes would be shared but were awaiting [Dr J]'s sign off, he huffed. He had feedback forms that he wanted to give in too but said he wanted them copied as copies had gone missing and wanted the originals back.'

231. The Tribunal took account of the inconsistency of Ms D's evidence as noted that the only mention of Dr Abdulhadi having shouted at her was in her statement dated 30 May 2023.

232. In light of Ms D only referring to Dr Abdulhadi shouting in one of her statements, and having not referred to shouting in her almost contemporaneous statement to the Hospital or in her oral evidence, the Tribunal was not persuaded that it was more likely than not that Dr Abdulhadi had shouted at Ms D.

233. Accordingly, paragraph 10 of the Allegation was found not proved.

Ms E

Paragraph 11(a) of the Allegation

234. The Tribunal considered whether, on the 13 January 2022, Dr Abdulhadi attended at the Hospital and acted in an aggressive and threatening manner towards Ms E.

235. The Tribunal noted that, in her original email to the Hospital, dated 13 January 2022, Ms E had referred to Dr Abdulhadi appearing ‘*distressed and frustrated*’ and that he ‘*held his finger out*’ at her, but did not explicitly refer to any aggressive or threatening manner on the doctor’s part.

236. The Tribunal took account of Ms E’s statement, dated 25 May 2023, in particular:

‘The GMC have asked me to clarify what I meant in paragraph 3 of Exhibit XXX/ 1, where I have stated that Dr Abdulhadi ‘appeared distressed and frustrated.’ I remember that Dr Abdulhadi appeared agitated as his knee was bouncing up and down where he sat, and he kept leaning back and forwards in his chair at different points in the conversation. His hands were open gesturing, and I felt his movements were reflective of his obvious frustration and anger – for example he would pound one hand onto the other when reiterating his points, and he pointed quite a lot during our conversation. I recall that the language he used throughout our conversation was sometimes aggressive and threatening as well, for example when he stated: ‘I don’t want to have to do something stupid and hurt someone here XXX’

237. It further noted the following:

‘I don’t want to have to do something stupid, and hurt someone here XXX.’ These are the exact words I recall him using. I am not easily intimidated, but when he said this to me my blood ran cold. Firstly, I was extremely concerned for Dr Abdulhadi’s wellbeing, he was very clearly worried and distressed by the situation and complaint against him. His

behaviour seemed quite erratic and out of sorts compared to what I would expect from a medical professional, although I didn't ever meet Dr Abdulhadi prior to 7 January 2022. I was also very concerned for my own safety at that point, as well as the safety of my colleagues in the building. I considered the possibility that Dr Abdulhadi could lash out against me or another staff member, or that he could XXX.'

238. The Tribunal noted that Ms E had been consistent in her recollection of the phrase, 'I don't want to have to do something stupid, and hurt someone here XXX.' The Tribunal noted that the first reference to an alleged 'aggressive and threatening manner' on Dr Abdulhadi's part is not made until 2023, 16 months after the alleged incident, and was not alleged nearer the time of the alleged incident in Ms E's contemporaneous email.

239. Further, it noted that Ms E's reference to an aggressive and threatening manner first appeared after a request from the GMC on an earlier reference to the doctor appearing '*distressed and frustrated*'.

240. The statement '*I don't want to have to do something stupid, and hurt someone here XXX*' could by its content be interpreted as threatening but the Tribunal did not find that this wording alone was sufficient to demonstrate that Dr Abdulhadi had behaved in an aggressive and threatening manner towards Ms E. In her contemporaneous statement of 13 January 2022, Ms E described Dr Abdulhadi's behaviour as distressed and frustrated and it was only in her subsequent statement to the GMC of 25 May 2023 that she first suggested that his 'language' was sometimes aggressive and threatening. This did not persuade the Tribunal that Dr Abdulhadi's behaviour was aggressive and directed or personal towards Ms E.

241. The Tribunal considered that the GMC had not discharged its burden of proof, and it could not be found that it was more likely than not, that Dr Abdulhadi had acted in an aggressive and threatening manner towards Ms E.

242. Accordingly, the Tribunal found that paragraph 11(a) of the Allegation was not proved.

Paragraph 11(b) of the Allegation

243. The Tribunal considered whether, on the 13 January 2022, Dr Abdulhadi attended at the Hospital and said to Ms E 'I don't want to have to do something stupid and hurt someone here XXX' or words to that effect.

244. The Tribunal took account of Ms E's email to the Hospital, dated 13 January 2022:

'AA said 'I don't want to have to do something stupid, and hurt someone here XXX'. He also stated 'XXX.'

245. It also noted Ms E's statement, dated 25 May 2023:

'I don't want to have to do something stupid, and hurt someone here XXX.' These are the exact words I recall him using. I am not easily intimidated, but when he said this to me my blood ran cold. Firstly, I was extremely concerned for Dr Abdulhadi's wellbeing, he was very clearly worried and distressed by the situation and complaint against him. His behaviour seemed quite erratic and out of sorts compared to what I would expect from a medical professional, although I didn't ever meet Dr Abdulhadi prior to 7 January 2022. I was also very concerned for my own safety at that point, as well as the safety of my colleagues in the building. I considered the possibility that Dr Abdulhadi could lash out against me or another staff member, or that he could XXX.'

246. The Tribunal considered that Ms E had been specific and consistent about these alleged words.

247. Ms E had recorded the alleged comment in her first contemporaneous email to the Hospital on 13 January 2022 and had again referred to the alleged comment in her statement dated 25 May 2023.

248. Further, the Tribunal considered that these words would have been memorable to Ms E and took account of her stating that her *'blood ran cold'* upon hearing these words.

249. In the circumstances, the Tribunal concluded that, on the balance of probabilities, it was likely that Dr Abdulhadi had said to Ms E *'I don't want to have to do something stupid and hurt someone here XXX'* or words to that effect.

250. Accordingly, the Tribunal found paragraph 11(b) of the Allegation to be proved.

The Tribunal's Overall Determination on the Facts

251. The Tribunal has determined the facts as follows:

252. The Allegation made against Dr Abdulhadi is as follows:

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

Miss A

1. On 25 July 2019, whilst working at John Radcliffe Hospital, you behaved inappropriately towards Miss A, in that you:
 - a. on one or more occasion:
 - i. took hold of Miss A’s wrist/hand;
Determined and found proved
 - ii. attempted to feed Miss A food with your hand;
Determined and found proved
 - b. deliberately drank from the same glass Miss A had drunk from;
Not proved
 - c. said to Miss A that ‘people who drink from the same glass will become friends or lovers’, or words to that effect;
Determined and found proved
 - d. suggested that you and Miss A could visit a pretty coastal town together; **Determined and found proved**
 - e. said to Miss A that she ‘shouldn’t worry because I won’t do anything untoward to you’, or words to that effect;
Determined and found proved
 - f. hugged Miss A:
 - i. putting both your arms around her back holding her tightly;
Determined and found proved
 - ii. and held her in that hug for a period of time;

Determined and found proved

- g. kissed Miss A on the neck. **Determined and found proved**
2. You telephoned Miss A's mobile telephone number on one or more occasion as set out in Schedule 1. **Determined and found proved**
3. Between 26 July 2019 and 3 August 2019, you sent emails to Miss A as set out in Schedule 2. **Determined and found proved**
4. Your actions as described in paragraphs 1-3:
- a. 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 Miss A, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Miss A.
Amended under Rule 17(6).
Determined and found proved in relation to paragraphs 1(f) and 1(g)
- b. were sexually motivated.
Determined and found proved in relation to paragraphs 1(a)(ii), 1(c), 1(d), 1(e), 1(f)(i), 1(f)(ii), 1(g), 2, and 3
5. At all material times:
- a. Miss A was vulnerable due her age; **Not proved**
- b. you knew that Miss A was vulnerable due to her age. **Not proved**

Dr B

6. On one or more occasion between December 2021 and January 2022, whilst working at Kettering General Hospital ('the Hospital'), you behaved inappropriately towards Dr B, in that:
- a. you made inappropriate comments to Dr B as set out in Schedule 3;

Determined and found proved

- b. on 12 December 2021, you touched Dr B on the side of her neck with your index finger; **Not proved**
- c. you sent a number of inappropriate WhatsApp messages to Dr B as set out in Schedule 4; **Determined and found proved**
- d. on 20 or 21 December 2021, you cooked food and brought it into the Hospital for Dr B; **Not proved**
- ~~e. on 20 December 2021, you asked Dr B to assist you with discharge papers which you knew was not their responsibility;~~
Withdrawn under Rule 17(6)
- f. on or around 21 December 2021, you offered a Christmas card to Dr B and attempted to persuade her to take the card despite her refusing to accept it. **Not proved**

7. Your actions as described in paragraph 6:

- a. 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 Dr B, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Dr B; **Amended under Rule 17(6)**
Determined and found proved in relation to paragraphs 6(a) and 6(c)
- b. were sexually motivated.
Determined and found proved in relation to paragraphs 6(a) and 6(c)

Dr C

- 8. On one or more occasion between December 2021 and January 2022, whilst working at the Hospital, you behaved inappropriately towards Dr C, in that you:
 - a. made inappropriate comments to Dr C as set out in Schedule 5;

Determined and found proved

b. bought Dr C a Christmas present; **Not proved**

c. gave Dr C a card which said ‘to someone special with love’;

Determined and found proved

d. attempted to call Dr C on their personal mobile via WhatsApp video late in the evening; **Determined and found proved**

e. cooked food for Dr C and brought it into the Hospital;
Not proved

f. told Dr C you:

i. would be ‘offended’ and ‘upset’ and that it would ‘hurt your feelings’ if they did not try the food or words to that effect;

Determined and found proved

ii. wanted to buy them a ‘rose bush or an olive tree’ or words to that effect; **Not proved**

iii. were ‘upset and embarrassed that they did not accept your gifts’ and that you were ‘angry with them’ or words to that effect;

Determined and found proved

g. sent a number of inappropriate WhatsApp messages to Dr C as set out in Schedule 6. **Determined and found proved**

9. Your actions as described in paragraph 8:

a. 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 Dr C, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Dr C. **Amended under Rule 17(6)**

Determined and found proved in relation to paragraphs 8(a), 8(c), 8(d), 8(f)(i), 8(f)(iii) and 8(g)

b. were sexually motivated.

Determined and found proved in relation to paragraphs 8(a), 8(c), 8(d), 8(f)(i), 8(f)(iii) and 8(g)

Ms D

10. On 10 January 2022 you attended at the Hospital and shouted at Ms D.

Not proved

Ms E

11. On the 13 January 2022, you attended at the Hospital and:

a. acted in an aggressive and threatening manner towards Ms E;

Not proved

b. said to Ms E 'I don't want to have to do something stupid and hurt someone here XXX' or words to that effect.

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 - 19/08/2024

1. 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 Abdulhadi's fitness to practise is impaired by reason of misconduct.

The Evidence

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

Submissions

3. On behalf of the GMC, Ms Hill submitted that given the Tribunal's findings of fact in relation to Dr Abdulhadi's conduct towards Miss A, Dr B, and Dr C, a finding of misconduct could properly be made in his case. She submitted that although the GMC does not ignore the finding of fact in relation to Ms E (at paragraph 11(b) of the Allegation), the Tribunal's focus is likely to be on Dr Abdulhadi's conduct in relation to Miss A, Dr B and Dr C.

4. Ms Hill submitted that paragraphs 1, 36, 37 and 65 of Good Medical Practice (2013) ('GMP'), as set out below, were relevant to the Tribunal's determination on misconduct:

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.

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.

5. Ms Hill also drew the Tribunal's attention to the following GMC guidance documents: *Leadership and management for all doctors* (section) *Working with Colleagues*, *Maintaining Personal and Professional Boundaries*, and *Identifying and Tackling Sexual Misconduct*.

6. Ms Hill submitted that Dr Abdulhadi's behaviour with regards to Miss A, Dr B and Dr C, including his comments and the actions taken by him, fell so far short of what would be proper in a work environment that it amounted to misconduct. She submitted that Dr Abdulhadi's conduct was repeated on a number of occasions, during 2019, 2021 and 2022, involving three separate female complainants, all of whom were significantly younger than him in circumstances where there existed an imbalance of power.

7. Ms Hill reminded the Tribunal of its findings that, in relation to all complainants, Dr Abdulhadi's conduct constituted sexual harassment in that it created an intimidating environment for them, and further, that his conduct was sexually motivated. She submitted that Dr Abdulhadi's conduct breached fundamental tenets of the profession as evidenced by his departure from the principles set out in Good Medical Practice, in particular the need to work well with and respect his colleagues. She submitted that in light of all these factors and the breaches of the applicable guidance, Dr Abdulhadi's overall conduct therefore amounted to serious professional misconduct.

8. Ms Hill submitted that Dr Abdulhadi's fitness was currently impaired as a result of his misconduct and that paragraphs (b) and (c) of the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as set out below, were applicable in this case.

9. Ms Hill submitted that whilst the Tribunal had been provided with documentary evidence in the form of previous responses given by Dr Abdulhadi to some of the allegations, he had not provided a formal response to the Allegation, nor had he given oral evidence with regards to the level of his insight. She submitted that Dr Abdulhadi had failed to demonstrate that he had any insight into his conduct and had expressed his view that the allegations made by Miss A were "*malicious*" and claimed that she misunderstood or misinterpreted events. She submitted that Dr Abdulhadi also described Dr B's complaint as "*malicious*" and in relation to Dr C, he did not admit any inappropriate behaviour and stated that she was coerced into providing a statement. Ms Hill submitted that Dr Abdulhadi lacked insight into his behaviour as he had failed to recognise that his conduct was inappropriate, had failed to demonstrate that he understood professional boundaries and failed to modify his behaviour since the allegations regarding Miss A were investigated in 2019.

10. Ms Hill submitted that there was little or no evidence of remediation and that a troubling aspect of this case was that despite being interviewed by the police in relation to the allegations made by Miss A in 2019, Dr Abdulhadi conducted himself in a similar manner in respect of Dr B and Dr C in 2021 and 2022. She submitted that Dr Abdulhadi had expressed very little or no empathy or understanding of the impact of his conduct on Miss A, Dr B, or Dr C, nor had he acknowledged the risks to the reputation of the profession as a whole.

11. Ms Hill submitted that, considering the evidence in the case, including the previous responses provided by Dr Abdulhadi, the likelihood of repetition in this case was high. She further submitted that a finding of impairment was necessary to reaffirm clear standards of professional conduct, to maintain public confidence in the profession, and to mark the

unacceptability of Dr Abdulhadi's conduct. She submitted that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment was not made in this case.

The Relevant Legal Principles

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

13. 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.

14. The Tribunal reminded itself that it must determine whether Dr Abdulhadi's fitness to practise is impaired today, taking into account Dr Abdulhadi's conduct at the time of the events and any relevant factors since then such as whether the matters were remediable, had been remedied and any likelihood of repetition.

15. In approaching the decision, the Tribunal had regard to the case of *Roylance v General Medical Council (No.2) [2000]1 AC 311 (UKPC)* which states:

“Misconduct is 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 may often be found by reference to the rules and standards ordinarily required to be followed by a [medical] practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word professional which links the misconduct to the profession [of medicine]. Secondly, the misconduct is qualified by the word serious. It is not any professional misconduct which would qualify. The professional misconduct must be serious.”

16. In relation to the definition of impairment, the Tribunal was mindful of the guidance provided by Dame Janet Smith in the Fifth Shipman Report. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

- a. *'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. *Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The Tribunal's Determination on Impairment

Misconduct

17. In reaching its decision on misconduct, the Tribunal focused on its findings of fact in respect of Miss A, Dr B and Dr C. It considered those findings of fact that it had found were sexually motivated and/or constituted sexual harassment.

18. The Tribunal determined that in respect of each individual complainant, Dr Abdulhadi's actions were in breach of paragraphs 1, 36, 37 and 65 of GMP, as set out above.

19. The Tribunal also considered the further guidance documents referred to by Ms Hill and considered the following paragraphs applicable:

Leadership and management for all doctors (section) Working with Colleagues: *"You must tackle discrimination where it arises and encourage your colleagues to do the same. You must treat your colleagues fairly and with respect. You must not bully or harass them or unfairly discriminate against them. You should challenge the behaviour of colleagues who do not meet this standard."*

Maintaining Personal and Professional Boundaries: *the guidance notes that all forms of sexual misconduct in medicine, including all forms of sexual harassment, are always unacceptable. Examples of unacceptable sexual behaviours can include sexual or sexist comments, jokes, innuendo and "banter"; suggestive looks or leering; intrusive questions about a person's private or sex life; propositions and sexual advances.*

Identifying and Tackling Sexual Misconduct: the guidance defines sexual misconduct as: “uninvited or unwelcome behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that offends, embarrasses, harms, humiliates or intimidates an individual or group”. It explains that: “sexual misconduct encompasses elements of harassment, violence and abuse and can be physical, verbal or visual”. The guidance also states that:

- a. All healthcare professionals have a right to a workplace free of discrimination, bullying and sexual harassment.*
- b. A culture of civility and respect benefits all staff, enabling health professionals to work together more effectively – ultimately improving patient safety.*
- c. A breach of sexual boundaries can cause health professionals serious psychological, emotional or physical harm, long after the abuse happens.*

20. The Tribunal considered its earlier findings that Dr Abdulhadi’s actions amounted to sexual misconduct in each case, which was sexually motivated and amounted to sexual harassment.

21. The Tribunal concluded that sexually motivated inappropriate behaviour towards a colleague clearly amounts to serious misconduct, particularly given that these were junior colleagues, and, in the case of Miss A, she was XXX.

22. In reaching its decision, the Tribunal noted that Dr B and Dr C both attempted to avoid being alone with Dr Abdulhadi following the incidents. Miss A felt the need to cut short her XXX in order to get away from him. It considered this significant, and noted their evidence of being fearful that there would be an escalation in the inappropriate behaviour.

23. The Tribunal determined that individually, Dr Abdulhadi’s actions would be considered deplorable by fellow practitioners and amounted to serious misconduct, and that when considered cumulatively, his misconduct was particularly serious. It determined that his behaviour was wholly unacceptable, in breach of GMP and relevant GMC guidance, and breached fundamental tenets of the profession.

24. The Tribunal therefore concluded that Dr Abdulhadi's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment

25. The Tribunal, having found that the facts found proved which were sexually motivated and/or constituted sexual harassment, amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Abdulhadi's fitness to practise is currently impaired.

26. The Tribunal considered that whilst Dr Abdulhadi's misconduct was potentially remediable, non-professional and/or behavioural matters are generally harder to remediate.

27. In reaching its decision the Tribunal noted that the evidence provided by Dr Abdulhadi did not go beyond his initial responses to the Allegation. The Tribunal considered that there was little or no evidence of insight provided by Dr Abdulhadi, and no evidence of any steps he had taken to remediate his behaviour.

28. The Tribunal noted that Dr Abdulhadi said in his statement to the GMC, dated 7 November 2022, *"I am sorry that I conducted myself in such a way and for any distress caused by receiving those messages by Dr [B] and Dr [C]."* This apology contained no reference or acknowledgment of the impact his actions had on Miss A, Dr B or Dr C, or the wider profession and public confidence, and did not acknowledge the inappropriateness or seriousness of his communication and behaviour.

29. He went on to say: *"On reflection, the process has been, and still, deeply painful but it spurred me to rethink how to carefully choose the phrases I use with colleagues and I always maintain professionalism in my work."* The Tribunal considered that this was the only indication of Dr Abdulhadi's reflection of his behaviour, and was of the opinion that this comment was vague and general. As such, the Tribunal attributed it little weight in respect of demonstrating insight and/or remediation.

30. The Tribunal therefore concluded that Dr Abdulhadi had little or no insight and that there was no evidence of remediation.

31. The Tribunal concluded that in the absence of any meaningful insight or any evidence of remediation, a risk of repetition remained. In reaching this decision, the Tribunal reminded itself that Dr Abdulhadi’s misconduct occurred over an extended period of time with three individuals, and was repeated following his police interview in respect of Miss A.

32. The Tribunal also considered the guidance set out in the Shipman report, as set out above. It concluded that paragraphs (b) and (c) were applicable in this case, namely that Dr Abdulhadi: *has in the past and/or is liable in the future to bring the medical profession into disrepute; and has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession.*

33. In addition, the Tribunal determined that the second and third limbs of the statutory overarching objective would be undermined were a finding of impairment not made in the circumstances of this case.

34. The Tribunal therefore determined that Dr Abdulhadi’s fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 22/08/2024

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

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

The Evidence

3. The Tribunal took into account the evidence received during the earlier stages of the hearing, where relevant, to reach a decision on sanction.

Submissions

4. On behalf of the GMC, Ms Hill submitted that the appropriate sanction in this case was that of erasure and drew the Tribunal’s attention to the relevant paragraphs of the Sanctions Guidance (February 2024) (‘SG’) and GMP.

5. Ms Hill submitted that the GMC adopted the submissions made at the impairment stage with regards to remediation, insight, and likelihood of repetition. She submitted that the following may be considered mitigating factors in this case: Dr Abdulhadi had no previous fitness to practise history; his personal and family circumstances, and; the lapse of time since the incidents.

6. Ms Hill submitted that the following may be considered aggravating factors in this case: Dr Abdulhadi lacked insight into his conduct and had not apologised for his behaviour or accepted his mistakes; he failed to work collaboratively with colleagues; he abused his professional position, and; his misconduct was sexual in nature.

7. Ms Hill submitted that there were no exceptional circumstances in this case which would justify taking no action and that undertakings would not be appropriate in this case, nor would they be sufficient either to protect the public or maintain confidence in the profession.

8. Ms Hill submitted that conditions would not be appropriate because of the number of incidents and the nature of the misconduct found proved. She submitted that Dr Abdulhadi's misconduct was serious and included sexual harassment and conduct that was sexually motivated. She said that it would not be possible to formulate a set of conditions that would be appropriate, proportionate, workable, and measurable in the circumstances. In addition, conditions would not reflect the gravity of Dr Abdulhadi's conduct and would be insufficient to maintain public confidence in the profession and to promote proper standards of conduct for members of the profession.

9. In respect of suspension, Ms Hill submitted that Dr Abdulhadi's conduct constituted behaviour unbefitting of a registered doctor. She said that the Tribunal had no evidence before it that Dr Abdulhadi had acknowledged any fault on his part [arising from the Allegation], or any evidence that his behaviour was unlikely to be repeated. She submitted that the relevant paragraphs and sub-paragraphs of the SG do not indicate that suspension would be appropriate.

10. Ms Hill submitted that erasure was the appropriate sanction in this case because Dr Abdulhadi's conduct, when considered cumulatively, amounted to serious professional misconduct: his conduct represented a significant departure from the principles set out in GMP and fell far below the standards of conduct reasonably to be expected of a doctor and

further, would be considered deplorable by fellow practitioners. She submitted that having regard to the facts of the case and the Tribunal's determination on impairment, Dr Abdulhadi's conduct was fundamentally incompatible with continued medical registration and that erasure was the appropriate response to protect patient safety, to maintain public confidence in the medical profession and to maintain proper standards of conduct for members of the profession.

The Tribunal's Determination on Sanction

11. The Tribunal's decision as to the appropriate sanction to impose on Dr Abdulhadi's registration, if any, was a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal has taken account of the SG and the overarching objective.

12. In making its decision, the Tribunal had regard to the principle of proportionality, and it weighed Dr Abdulhadi's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of sanctions is not to punish doctors although sanctions may have a punitive effect. It also took into account the overarching objective which is to protect the health, safety and wellbeing of the public, maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

13. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

Aggravating & Mitigating Factors

14. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case. In doing so, it considered the below paragraphs of the SG:

52 A doctor is likely to lack insight if they:

a refuse to apologise or accept their mistakes

...

c do not demonstrate the timely development of insight

...

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.

15. The Tribunal considered the following features to be aggravating factors:
- Dr Abdulhadi only provided a partial apology in his statement to the GMC, to which the Tribunal attributed limited weight in its impairment determination;
 - Dr Abdulhadi's failure to accept his mistakes;
 - The lack of evidence of remediation or development of timely insight;
 - Dr Abdulhadi's failure to work collaboratively with colleagues;
 - Dr Abdulhadi's misconduct was sexual in nature.
16. The Tribunal considered the following to be mitigating factors:
- Dr Abdulhadi had a long, otherwise unblemished career (over 45 years) with no previous Fitness to Practise concerns identified;
 - The personal circumstances of Dr Abdulhadi, XXX.

No action

17. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

18. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

19. Given the serious findings against Dr Abdulhadi, including sexually motivated misconduct and sexual harassment, the Tribunal determined that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

Undertakings

20. The Tribunal noted that no undertakings had been offered or agreed in this case.

Conditions

21. The Tribunal next considered whether it would be appropriate to impose a period of conditions on Dr Abdulhadi's registration. It had borne in mind that any conditions must be appropriate, proportionate, workable and measurable.

22. The Tribunal determined that given the serious nature of Dr Abdulhadi's misconduct, the lack of meaningful insight, the absence of any remediation and the risk of repetition, conditions would not be appropriate or proportionate and would fail to uphold the overarching objective.

Suspension

23. The Tribunal then went on to consider whether to impose a period of suspension. In doing so, it was mindful of paragraphs 92 of the SG, which states:

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

24. The Tribunal then considered Paragraph 93 of the SG, which states that

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or

incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.

25. The Tribunal considered, however, that Dr Abdulhadi had made very limited acknowledgement of fault and had not provided evidence of meaningful insight or any steps he had taken to remediate. It also reminded itself of its earlier finding that there was a risk of repetition.

26. The Tribunal went on to consider paragraphs 97 (e), (f) and (g) of the SG, which state:

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.

27. The Tribunal noted that Dr Abdulhadi had not engaged with the proceedings and that this could suggest that he would not engage with any attempt at remediation.

28. The Tribunal noted that there had been no evidence of repetition in the thirty months since the last incident. However, it appeared that Dr Abdulhadi had not been employed since the Hospital investigation had begun and as a result the Tribunal could place little weight on the passage of time since the incident.

29. The Tribunal reminded itself of its earlier finding that Dr Abdulhadi had little or no insight and as a result was at a significant risk of repeating his behaviour as a consequence.

Erasure

30. In light of the absence of insight and remediation, the risk of repetition, and the identified aggravating factors, the Tribunal went on to consider whether erasure would be appropriate and proportionate in the circumstances.

31. In considering the sanction of erasure, the Tribunal bore in mind the relevant paragraphs of the SG, including paragraphs 107 and 108, which state:

107 The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor’s health and/or knowledge of English – where this is the only means of protecting the public.

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.

32. The Tribunal noted that the first limb of the overarching objective, namely, to protect patient safety, was not applicable in this case, which related solely to Dr Abdulhadi’s inappropriate interactions with colleagues.

33. The Tribunal also considered that paragraphs 109(a), (d) and (j), as set out below, were relevant in reaching its decision.

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.

...

.

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’).

...

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

34. The Tribunal noted that Dr Abdulhadi had not demonstrated any attempt at remediation and given his continued lack of engagement, the Tribunal determined that remediation was unlikely.

35. The Tribunal reminded itself that Dr Abdulhadi had demonstrated little or no insight. There had been little acknowledgement by Dr Abdulhadi as to how his colleagues had been affected by his behaviour. Dr Abdulhadi had given no thought to the impact of his behaviour on the profession and the need to maintain public confidence in it. The Tribunal considered that Dr Abdulhadi had demonstrated a persistent lack of insight into the seriousness of his actions and its consequences. Further, the Tribunal had determined that the risk of repetition was significant.

36. In considering its findings, the Tribunal concluded that erasure was the appropriate and proportionate sanction in the circumstances of this case. The Tribunal determined nothing less than erasure would satisfactorily uphold the statutory overarching objective, namely the second and third limbs which were engaged.

Determination on Immediate Order - 22/08/2024

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

Submissions

2. On behalf of the GMC, Ms Hill submitted that an immediate order is necessary to protect members of the public and is otherwise in the public interest.

The Tribunal's Determination

3. The Tribunal has taken account of the relevant paragraphs of the SG, in particular paragraphs 172, 173 and 178 as set out below:

172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the

misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

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

4. In reaching its determination, the Tribunal considered the submissions made on behalf of the GMC and the relevant paragraphs of the SG.
5. The Tribunal concluded that it would be inappropriate not to impose an immediate order in this case, given its finding of serious misconduct constituting multiple counts of sexual harassment. The Tribunal found that the misconduct in this case was so serious that the only appropriate sanction was that of erasure, and that a risk of repetition remained.
6. The Tribunal determined that public confidence in the profession would be undermined and that it would be failing to uphold the statutory overarching objective if an immediate order were not imposed in this case.
7. Accordingly, the Tribunal determined that an immediate order of suspension was required in the public interest.
8. This means that Dr Abdulhadi'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. The interim order of conditions currently in place will be revoked when the immediate order takes effect.

9. That concludes this case.

ANNEX A – 28/05/2024

Application on Service & Proceeding in Absence – Rule 31

Service

1. Dr Abdulhadi was neither present nor represented today at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rules 15 and 40 of the General Medical Council ('GMC') ('Fitness to Practise') Rules 2004 ('the Rules') and Schedule 4, Paragraph 8 of the Medical Act 1983.
2. Ms Hill, representing the GMC, referred the Tribunal to the relevant documents provided. In particular, she signposted the Tribunal to the screenshot of Dr Abdulhadi's registration and documents that showed that Dr Abdulhadi had, in the past, engaged with the GMC and confirmed his email address and registered postal address. Ms Hill therefore submitted that service had been effective.
3. The Tribunal noted the GMC information letter, enclosing the final allegations, dated 16 April 2024 was sent to Dr Abdulhadi via email. The Tribunal further noted that the GMC information letter was sent by Special Delivery to Dr Abdulhadi's registered address on the same day, and delivery was attempted on 18 and 19 April 2024.
4. The Tribunal also noted that the Medical Practitioners Tribunal Service ('MPTS') Notice of Hearing, was sent by Special Delivery to Dr Abdulhadi on 18 April 2024 and was further sent by First Class post on 19 April 2024.
5. The Tribunal had regard to all the documents provided to it and the submissions made by Ms Hill. It noted that the GMC and the MPTS had notified Dr Abdulhadi of this hearing on several occasions, using both his registered address and by email. Therefore, the Tribunal was satisfied that notice of this hearing had been served in accordance with Rules 15 and 40.

Proceeding in the Absence

6. Having been satisfied that notice was properly served upon Dr Abdulhadi, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules.

7. Ms Hill submitted that Dr Abdulhadi had deliberately and voluntarily absented himself from these proceedings. Ms Hill submitted that Dr Abdulhadi had not engaged with the GMC since April 2023 when he attended an IOT hearing without representation. Ms Hill submitted that Dr Abdulhadi had not given any indication as to why he had not engaged or did not wish to engage. Ms Hill further submitted that Dr Abdulhadi's decision not to attend had been made having been given appropriate notice of the hearing and that it may commence in his absence. Ms Hill submitted that in light of that information, it was clear that an adjournment would not result in Dr Abdulhadi's engagement or attendance. Ms Hill acknowledged that Dr Abdulhadi would be at a disadvantage as he was unable to engage in the hearing, however she submitted that the Tribunal must balance those considerations against the public interest in a fair, economic, and expeditious disposal of the hearing. Ms Hill submitted that the Tribunal should proceed in the absence of Dr Abdulhadi, as it would be fair, just and in the public interest to do so.

8. The Tribunal had regard to the principles established in *R v Jones* (2001) EWCA Crim 168 and *Adeogba* (2016) EWCA Civ 162, and that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

9. In the light of the lack of correspondence from Dr Abdulhadi, the Tribunal was unable to identify the nature and circumstances of his absence. The Tribunal therefore concluded that Dr Abdulhadi had deliberately and voluntarily absented himself from proceedings. The Tribunal noted that Dr Abdulhadi did not request a postponement of the hearing. The Tribunal determined that were it to adjourn today and reconvene at a later date, there was no indication that Dr Abdulhadi would attend.

10. The Tribunal further noted that the nature of the Allegation involved sexual misconduct and vulnerable witnesses were prepared to give evidence at this hearing. The Tribunal was mindful that parts of the Allegation related to events which occurred five years ago and any adjournment may affect the memory of witnesses. The Tribunal also took into account the disadvantage that Dr Abdulhadi would face if it continued in his absence. However, this was an experienced Tribunal able to test the evidence of the GMC and expose any weaknesses in the GMC case to ensure fairness.

11. On the basis of the information provided and in accordance with Rule 31, the Tribunal determined that there was a clear public interest in proceeding with the hearing today and nothing would be gained by delaying the hearing. The Tribunal considered that it was fair and

reasonable, and in the interests of justice, to proceed with this hearing in Dr Abdulhadi’s absence.

ANNEX B – 28/05/2024

Application to Amend the Allegation – Rule 17(6)

1. On behalf of the GMC, Ms Hill made an application under Rule 17(6) of the Rules, to remove paragraph 6 (e) of the Allegation and to amend Schedule 3.

Submissions

2. Ms Hill submitted that paragraph 6 (e) of the Allegation should be removed as it does not constitute misconduct, nor does it constitute sexual harassment within the meaning of the Equality Act 2010.

3. Ms Hill further submitted that Schedule 3 should be amended to reflect the contents of Dr B’s witness statement, that messages were sent to her by Dr Abdulhadi over the course of two night shifts, and therefore the Schedule should read as follows:

Date	Action
11-12 December 2021	Said to Dr B: <ul style="list-style-type: none"> - she had ‘brains and beauty’; - she was an ‘angel’; - ‘now I know you’re working here and I can see your face every day, I want to stay in Kettering’ or words to that effect; - ‘can I make your boyfriend jealous and accompany you shopping, and treat you to lunch in a Turkish restaurant afterwards’ or words to that effect;
12 -13 December 2021	Said to Dr B: <ul style="list-style-type: none"> - called her ‘darling’; - asked could you call her ‘darling’;
	<ul style="list-style-type: none"> - ‘you wanted to boost her confidence’ or words to that effect; - ‘you really wanted to be friends with her’ or words to that effect

4. Ms Hill submitted that the amendment to Schedule 3 does not change the content of the Allegation and is sought to ensure accuracy.

Tribunal's Decision

5. The Tribunal was mindful of paragraph 17(6) of the General Medical Council's (Fitness to Practise) Rules 2004, as amended, which states:

'17(6) Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and

(b) the amendment can be made without injustice,

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

6. The Tribunal allowed the GMC's application to remove paragraph 6 (e) of the Allegation. The Tribunal found that it was fair and sensible and would cause no injustice to Dr Abdulhadi to remove the paragraph.

7. The Tribunal allowed the GMC's application to amend Schedule 3. The Tribunal found that this was a matter of common sense, as it ensured that the Schedule accurately reflected that a night shift straddled two dates. The Tribunal found that there would be no injustice to Dr Abdulhadi.

ANNEX C – 31/05/2024

Application for Anonymity of Witnesses – Rule 35(4)

1. On behalf of the GMC, Ms Hill made an application under Rule 35(4) of the Fitness to Practise Rules (2004, as amended) ('the Rules') that Miss A, Dr B and Dr C be granted anonymity throughout proceedings.

Submissions

2. Ms Hill submitted that the matters alleged are of a sensitive nature, in that they involve sexual misconduct. Ms Hill submitted that therefore Miss A, Dr B, and Dr C's identities should not be revealed in public session. Ms Hill clarified that no anonymity was sought in relation to Ms [D] ('Ms D'), or Ms [E] ('Ms E') as there is no sensitivity in relation to their allegations.

Tribunal's Decision

3. The Tribunal accepted Ms Hill's submissions and in addition noted that special measures had previously been granted in relation to Dr B and Dr C's evidence by Case Management at the MPTS, and they were to be treated as vulnerable witnesses under Rule 36 (1) of the Rules. The Tribunal therefore granted the application.

ANNEX D – 03/06/2024

Application to Amend the Allegation – Rule 17(6)

1. On behalf of the GMC, Ms Hill made an application under Rule 17(6) of the Rules, to amend paragraphs 4a, 7a, and 9a, to read as follows:

'4. Your actions as described in paragraphs 1-3:

a. 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 Miss A, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Miss A.

...

7. Your actions as described in paragraph 6:

a. 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 Dr B, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Dr B;

...

9. Your actions as described in paragraph 8:
- a. 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 Dr C, or creating an intimidating, hostile, degrading, humiliating ~~and~~ or offensive environment for Dr C.’

Submissions

2. Ms Hill submitted that the word ‘and’ has been used in error and is incorrect. Ms Hill submitted that this was a genuine oversight and an obvious error, as the intention was to replicate the wording of Section 26(2) of the Equality Act 2010, which uses the word ‘or’. Ms Hill submitted that the amendment could be made without injustice to Dr Abdulhadi.

Tribunal’s Decision

3. The Tribunal was mindful of paragraph 17(6) of the General Medical Council’s (Fitness to Practise) Rules 2004, as amended, which states:

‘17(6) Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and

(b) the amendment can be made without injustice,

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

4. The Tribunal allowed the GMC’s application to amend paragraphs 4a, 7a and 9a of the Allegation. The Tribunal found the amendment accurately reflected section 26(2) of the Equality Act 2010 and as such it would not cause an injustice to Dr Abdulhadi.

ANNEX E – 05/06/2024

Applications regarding Miss A’s evidence – Rule 34(1)

1. On behalf of the GMC, Ms Hill made an application under Rule 34(13) of the Fitness to Practise Rules 2004, (as amended) ('the Rules') to hear oral evidence by video link from Miss A while she resides in XXX. In the alternative, Ms Hill made further applications for Miss A's witness statement to be entered into evidence under Rule 34(1), or to be admitted into evidence as hearsay evidence, also under Rule 34(1).

Submissions

2. Ms Hill submitted that the Tribunal should exercise its discretion under Rule 34(13) to permit Miss A to give oral evidence from XXX. Ms Hill reminded the Tribunal that it has been made aware the MPTS has sought input from the Taking of Evidence Unit ('ToE Unit') at the Foreign Commonwealth and Development Office ('FCDO') as to whether there was any objection to Miss A giving evidence from XXX. As no response had been forthcoming the FCDO had advised that the taking of evidence should not proceed and the MPTS/GMC should consider an application to the Foreign Authority. Ms Hill referred the Tribunal to the case of *Agbabiaka* [2021] UKUT 00286 (IAC) ('*Agbabiaka*').

3. Ms Hill noted the MPTS Tribunal Circular titled '*Taking/Receiving evidence from witnesses abroad*' (October 2023) which stated as follows:

'Permission from another state (whether on an individual or general basis) is required before oral evidence can be taken from that state by a court or tribunal in the United Kingdom. The decision in Agbabiaka ('Agbabiaka') confirmed that this requirement applied to immigration tribunals and other "administrative tribunals" as well as courts falling within the jurisdiction of His Majesty's Court and Tribunal Service ('HMCTS'). While the MPTS is not a court or administrative tribunal within that meaning, Agbabiaka explains that: "Whenever the issue arises in a tribunal about the taking of evidence from outside the United Kingdom, the question of whether it would be lawful to do so is a question of law for that country, whether or not that country is a signatory to the Hague Convention... In all cases, therefore, what the Tribunal needs to know is whether it may take such evidence without damaging the United Kingdom's diplomatic relationship with the other country.'

4. Ms Hill submitted that the effect of this circular and the '*Receiving witness evidence at Medical Practitioners Tribunal hearings*' (October 2023) ('the guidance') which accompanied it, was that the MPTS followed the process set out in *Agbabiaka*. Ms Hill submitted that this

was in contrast to the position of the General Dental Council which has adopted the position that the decision in *Agbabiaka* does not bind the GDC's Statutory Committees.

5. Ms Hill submitted that the GMC questioned whether the MPTS, being neither a court nor an administrative tribunal was required to abide by the process set out in *Agbabiaka*. Ms Hill submitted that the MPTS guidance took an unnecessarily wide and over-prescriptive approach to the applicability of *Agbabiaka* to proceedings and wrongly prevented the GMC from adducing evidence that it might otherwise have been able to do so. Ms Hill submitted that the MPTS was required to act in a way which was proportionate to protect the public and given the low risk of damage to relations between the governments of the UK and XXX, Miss A should be permitted to give evidence via video link from XXX.

6. Ms Hill further invited the Tribunal to consider whether it would be unlawful for it to do so. Ms Hill submitted that the decision in *Agbabiaka* applied to the giving of evidence from a foreign jurisdiction to a Tribunal or court in the UK, and the MPTS had not concluded that the MPT is a tribunal to which the authority strictly applied, in reference to the circular set out above. Ms Hill further submitted that the MPT cannot be properly described as 'the judicial authority', because the MPTS was not part of the judicial functions of the state. Ms Hill submitted that this was further evidence that allowing the application would not damage diplomatic relations between the UK and XXX. Ms Hill therefore submitted that because it was not accepted by the GMC that the guidance applied to a regulatory tribunal such as this Tribunal, it would not be unlawful to grant the application.

7. In the alternative, Ms Hill submitted that the Tribunal should admit Miss A's witness statement into evidence under Rule 34(1). Ms Hill submitted that the Tribunal should admit the evidence because it was fair to do so and because her evidence was relevant and important. Ms Hill submitted that Miss A's witness statement was in the proper format and contained the necessary statements of truth and signed declarations.

8. Ms Hill submitted that there was no evidence before the Tribunal to suggest that Miss A was an unreliable witness or that she had any motive to have fabricated her account, taking into account that she did not know Dr Abdulhadi prior to events and was reluctant to report the events in the first instance.

9. Ms Hill further submitted that the Tribunal should have regard to the guidance which stated that where permission has not been obtained from the foreign state where the witness resides, the MPT may want to consider whether the evidence can be properly

received in accordance with Rule 34(1) and further questions put in writing. Ms Hill therefore submitted that the Tribunal admit the documentary evidence of Miss A and thereafter put any questions it may have to her in written question and answer format.

10. In the alternative, Ms Hill submitted that the Tribunal may admit Miss A's evidence as hearsay. Ms Hill submitted that the Tribunal may want to consider the following matters, as set out in the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565:

- That Miss A's evidence was the sole and decisive evidence in relation to paragraphs 1-5 of the Allegation, as well as evidence that Dr Abdulhadi made phone calls to her and sent her several emails.
- Whilst Dr Abdulhadi has not formally responded to the Allegation, Ms Hill noted the responses which he gave in his police interview in relation to the matter on 3 September 2019.
- There was no evidence before the Tribunal to indicate that Miss A would have any reason to fabricate the allegations, in fact she reported the matter reluctantly and has provided screenshots of the emails Dr Abdulhadi sent to her which was an indication of her overall reliability and credibility.
- The allegations were undoubtedly serious and should the Tribunal make findings of fact in respect of paragraphs 1-5 and thereafter determine that Dr Abdulhadi's fitness to practice was impaired by reason of his misconduct, a sanction would likely follow.
- Miss A's attendance cannot, at present, be secured, as she is XXX on 7 June 2024, and she works part time, which it was submitted were good and cogent reasons for her non-attendance.
- That all reasonable steps have been taken to secure Miss A's attendance, enquiries having been made about her availability.
- Dr Abdulhadi had been served notice in relation to Miss A's evidence, including the fact that her witness statement was to stand as evidence in chief and that she was to provide written submissions only.

11. Ms Hill therefore submitted that Miss A's statement could be admitted as hearsay. Ms Hill submitted that whilst paragraphs 1-5 of the Allegation relied solely on Miss A's evidence, the conduct she described was similar to the evidence given by Dr B and Dr C, and there was no suggestion of collusion between the witnesses, the conduct having been said to have occurred in different locations and some time apart.

12. Ms Hill submitted that the issues of admissibility and weight were separate, and the Tribunal may admit Miss A's statement into evidence and thereafter attach what weight it sees fit. Ms Hill further submitted that as Dr Abdulhadi was absent from proceedings and would not, therefore, be able to cross examine Miss A in any event, it was not prejudicial to his case to admit her statement as hearsay and allow any testing of evidence by the Tribunal to be carried out through written questions and answers. Finally, Ms Hill submitted that while it was accepted that the Tribunal must ensure that proceedings are at all times fair, this was a principle to be applied to both parties, in a balanced manner, and having regard to the public interest as set out in the overarching objective.

Tribunal's Decision

Miss A to give oral evidence from XXX

13. The Tribunal bore in mind the MPTS Circular titled '*Taking/Receiving evidence from witnesses abroad*' (October 2023) and the guidance which makes reference to the case of *Agbabiaka*.

14. The Tribunal noted that the MPTS had sought input from the ToE unit at the FCDO as to whether there was any objection from XXX to Miss A giving evidence in this hearing. The Tribunal noted that the FCDO advised the MPTS that it had not received a response from XXX, therefore oral evidence should not be taken from Miss A at present, and a further application to XXX should be considered. The Tribunal was mindful that this further application had been recommended on 13 May 2024, and had not yet been made.

15. The Tribunal considered the guidance and noted in particular paragraphs 45, 58, and 59:

'45. Where the witness is located in a state outside the UK, consideration must also be given to whether that state has given permission for that oral evidence to be received, as to so without permission risks damaging UK diplomatic relations with other states. It is not for individual tribunals to form their own view of what may, or may not, damage the UK's relations with another state.

...

58. A tribunal may find it is not presented with evidence that the relevant state does not object to the witness giving evidence in several circumstances: a. the relevant state

has refused permission or has not responded; b. the party wishing to call evidence from the witness has failed to notify the MPTS in sufficient time for the MPTS to seek permission or has otherwise failed to seek permission from the ToE directly; c. the party wishing to call evidence from the witness wishes to raise a legal argument as to whether the ToE scheme applies to their specific circumstances.

59. In these circumstances the tribunal will need to invite submissions from the parties on how to proceed. The tribunal may wish to consider whether or not it can properly receive the evidence in accordance with Rule 34(1) and, if not, the interests of justice and fairness in proceeding with the hearing including the impact of not receiving evidence from the witness or of any delay in the hearing proceeding if evidence from the witness is not received at that time. The tribunal may wish to consider whether the evidence may reasonably be obtained solely in writing (including by questions being put in writing by the cross-examining party and by the tribunal if necessary) or by the witness being required to attend. The tribunal may also find it relevant to understand the reasons why the witness is not available to give evidence from the UK or from another country where permission has been granted.'

16. The Tribunal determined that it was clear from the guidance at paragraph 45 that it was not the role of this individual Tribunal to form its own view of whether or not proceeding to hear Miss A's evidence without permission from XXX may damage diplomatic relations with that state. The Tribunal was aware that it retained a discretion under Rule 34(1) to hear oral evidence from abroad, however it found that it would need cogent and clear reasons for deviating from the guidance, and it determined that no such cogent reason was present in this case.

17. The Tribunal have not received any evidence as to any potential impact on diplomatic relations if it heard evidence from Miss A whilst she was based in XXX. It therefore was not in a position to form a view as to whether or not, if the Tribunal exercised its discretion, there was a risk of damaging UK diplomatic relations. The Tribunal also noted that a process was available to the GMC for obtaining permission, in that it could apply to the Foreign Authority to enquire if permission is required for the direct taking of evidence via video link in its country. The Tribunal noted this had not yet been pursued.

18. The GMC had drawn the Tribunal's attention to the GDC's guidance to the effect that the decision in *Agbabiaka* did not bind the GDC's Statutory Committees. The Tribunal had no

evidence as to the similarity or difference between the position of the GDC's Statutory Committees and this Tribunal or the reasoning behind its decision.

19. The Tribunal noted that the guidance was clear that it was not for this Tribunal to form a view of what may damage diplomatic relations with another country. The Tribunal concluded that while it may be in the interests of justice and in the interest of the overriding objective to hear Miss A's evidence, it was bound by the MPTS guidance. This clearly stated that a tribunal should not attempt to speculate on whether taking such action would damage diplomatic relations with XXX, permission not having been obtained to take evidence from within its jurisdiction or receiving confirmation that no permission was required.

20. The Tribunal therefore refused the GMC's application to hear Miss A's evidence from XXX.

Admission of evidence under Rule 34(1)

21. The Tribunal first considered whether to admit Miss A's witness statement as evidence. The Tribunal bore in mind Rule 34(1) of the Rules:

'34. (1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

22. The Tribunal agreed that Miss A's evidence was relevant, but then went on to consider if admitting the evidence was fair. The Tribunal noted that what is fair is fact sensitive and will depend on the circumstances in an individual case, particularly the nature and subject matter of the proceedings.

23. The Tribunal noted that as the hearing was proceeding in the absence of Dr Abdulhadi, the evidence to be admitted, would not be tested by cross-examination.

24. The Tribunal had noted discrepancies between Miss A's contemporaneous account made by email, and her later accounts given to the police and the GMC. The Tribunal determined that it would not be able to form a fair and just analysis of the Allegation against Dr Abdulhadi without an opportunity to ask further questions of Miss A to clarify these discrepancies in her evidence.

25. Further, the Tribunal was concerned that the Allegation involved sexual harassment and behaviour which was sexually motivated, both of which necessitated an examination of Miss A's perception and interpretation of Dr Abdulhadi's behaviour towards her. The Tribunal found that it was not able to address these issues adequately without the benefit of further evidence from Miss A.

26. The Tribunal considered the submission that the allegations regarding Dr B and Dr C were of a similar factual nature. The Tribunal noted Ms Hill's submission that there appeared to be similar facts in each case, involving food and messages, etc. however the Tribunal was concerned that these behaviours were not of the type which can only be interpreted as sexually motivated or of a sexual nature, and as such Miss A's interpretation and perception of Dr Abdulhadi's behaviour was essential to its considerations.

27. The Tribunal was mindful that Miss A stated that she had nothing further to add to her evidence. However, the Tribunal did not agree that this was necessarily the case. The Tribunal determined that while Miss A may have felt that she had nothing of a material nature to add to her statement, it was concerned with her interpretation and perception of events and intended to ask further questions to clarify her evidence.

28. The Tribunal considered the submission that Miss A's statement be entered into evidence and further questions put to her in writing. The Tribunal found that the evidence it required from Miss A could not properly be tested by written answer, in case misunderstandings and misinterpretations arose. It also seemed possible that such questioning may lead to further questions, resulting in a lengthy back and forth and even then, the Tribunal may not be able to properly test and establish the true extent and weight of Miss A's evidence.

29. The Tribunal considered that in a case such as this, oral questions could significantly reduce the risk of miscommunication, for example, through rephrasing, repeating, or clarifying the questions put.

30. The Tribunal was mindful of its need to ensure that the hearing was fair to both parties and to balance the competing interests of Dr Abdulhadi against those of the GMC. It also had to be satisfied that it could properly test the evidence.

31. Justice demands that determinations are made on the basis of evidence and the Tribunal concluded that without additional oral evidence from Miss A to clarify her evidence, would be to jeopardise the fairness of the proceedings.

32. The Tribunal could not admit the evidence from Miss A under Rule 34 (1) as it would not be fair to do so.

33. The Tribunal then considered whether Miss A's statement was to be admitted into evidence as hearsay evidence. The Tribunal considered the relevant factors as set out in *Thornycroft*.

34. The Tribunal did not find that there was a good reason for Miss A's non-attendance. The Tribunal was mindful that Miss A was currently XXX abroad, however it found that the MPTS/GMC had received instructions from the FCDO on how to make an application for her to give evidence from abroad and they had not done so. Further, The Tribunal noted that Miss A had made the GMC aware that XXX was 7 June 2024, and therefore the Tribunal found that the GMC had not made all efforts to secure her attendance after that date and during the course of this hearing. The Tribunal found that, given the time available, a short adjournment could have been sought to secure Miss A's attendance. However, the Tribunal noted that despite there not being a good reason for Miss A's attendance, this was not of itself a reason to not admit her evidence as hearsay.

35. The Tribunal accepted the GMC submission that paragraphs 1-5 of the Allegation constituted serious allegations which could result in a significant impact on Dr Abdulhadi's career. The Tribunal further accepted that Dr Abdulhadi had been provided notice that Miss A's witness statement was to be entered into evidence. However, as set out above, it was concerned that it was unable to hear the case fairly without Miss A's oral evidence to resolve discrepancies in her written evidence and ask further questions on her interpretation and perception of events. The Tribunal accepted that there was no evidence to suggest that Miss A had fabricated her evidence.

36. The Tribunal found that Miss A's evidence in relation to paragraphs 1-5 of the Allegation was the sole and decisive evidence, and many aspects of the behaviour were denied by Dr Abdulhadi in his police interview. The Tribunal therefore found that if it was to accept Miss A's witness statement as hearsay evidence, this would be a less than satisfactory manner of dealing with the sole and decisive evidence in a case where the Allegation is disputed, and discrepancies have arisen.

37. The Tribunal also considered if it could admit into hearsay evidence Miss A’s statement and give less weight to the evidence than if Miss A was available to give oral evidence. The Tribunal concluded that it could not as her oral evidence was fundamental to the Tribunal’s interpretation and understanding of that evidence.

38. The Tribunal had performed a careful balancing exercise and taken into account all the relevant matters. It had concluded that admitting Miss A’s witness statement into evidence, as hearsay or otherwise, would result in obvious unfairness to Dr Abdulhadi. The evidence would not have been properly tested as was necessary given the seriousness and nature of the allegations and to fulfil the overarching objective to protect the public.

39. The Tribunal therefore determined not to allow Miss A’s witness statement into evidence under Rule 34(1) as hearsay evidence.

40. The Tribunal accepted that to adjourn is generally undesirable but in this case it did consider it was possible to allow the hearing to proceed fairly by permitting a short adjournment until after the date of submission for Miss A’s XXX. The Tribunal noted that the deadline for submission was only two days after its determination of this application.

ANNEX F – 06/06/2024

Application to adjourn proceedings – Rule 29(2)

1. On behalf of the GMC, Ms Hill made an application under Rule 29(2) of the Rules to adjourn the hearing until next Monday in order to secure Miss A’s attendance at the hearing from the UK.

Submissions

2. Ms Hill submitted that the GMC has made further enquiries with Miss A, and she was available to travel to the UK either late on Sunday or early on Monday. Ms Hill submitted that Miss A would then be able to provide oral evidence to the Tribunal via video link on Monday or Tuesday of next week.

Tribunal’s Decision

3. The Tribunal was mindful that adjournments are generally regrettable and result in lost hearing time. However, it found that in this case, it was in the interests of justice and in the public interest that Miss A’s oral evidence was heard. The Tribunal found that an adjournment of one day would be appropriate and proportionate.

4. The Tribunal therefore granted the GMC’s application to adjourn these proceedings until Monday 10 June.

Schedule 1

- a. 25 July 2019 at 17:40;
- b. 26 July 2019 at 16:51;
- c. 18 August 2019 at 13:51;
- d. 18 August 2019 at 16:40.

Schedule 2

Email 1:

From: "Abdulhadi Aly (RTH) OUH" XXX

Date: 26 July 2019 at 08:37:11 BST

To: "Miss A

Subject: FW: XXX

I hope gained more insight into hospital work. And you have enjoyed the compmpany and interactions. Looking forward to hear from you

Kind regards

Aly

Email 2:

From: "Abdulhadi Aly {RTH) OUH" XXX

Date: 26 July 2019 at 15:54:22 BST

To: Miss A

Cc: XXX, XXX

Subject: RE: XXX Friendship respect and understanding

Dear Miss A

Thank you for your kind words. Wish you all what you wish yourself. You have attracted my attention and deserves my admiration and you will be in my thoughts and in my mind.

Kind regards

ALY ABDULHADI

Email 3:

From: aly abdulhadi XXX

Date: 3 August 2019 at 11:46:03 BST

To: 'Miss A

Subject: FW: happy and joyful holiday

good morning Miss A

in case you did not receive my email on the 27th July here is a copy of it:

Dear Miss A

Wish you safe journey and happy stay with your grant parents. Take care, be careful when going for swimming. I wonder when you will be safely back? Looking forward to hearing from you.

Kind regards

Aly

Email 4:

From: aly abdulhadi

Sent: 03 August 2019 05:48

To: 'Miss A

Subject: happy and joyful holiday

Dear Miss A

Wish you joyful holiday with your grand parents.

I wonder if you have received my message that I have sent you on 27th July?

If you are not interested in having interactions, say so and good luck in your life.

Aly

Schedule 3

Date	Action
11 December 2021	Said to Dr B: <ul style="list-style-type: none"> - she had 'brains and beauty'; - she was an 'angel'; - 'now I know you're working here and I can see your face every day, I want to stay in Kettering' or words to that effect; - 'can I make your boyfriend jealous and accompany you shopping, and treat you to lunch in a Turkish restaurant afterwards' or words to that effect;
12 December 2021	Said to Dr B: <ul style="list-style-type: none"> - called her 'darling'; - asked could you call her 'darling';
	<ul style="list-style-type: none"> - 'you wanted to boost her confidence' or words to that effect; - 'you really wanted to be friends with her' or words to that effect

Schedule 4

Date	Sender	To	Message
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**Record of Determinations –
Medical Practitioners Tribunal**

13 December 2021	Dr A	Dr B	Hi Dr B , Thank you very much for your help over the weekend busy work. You are an intelligent, dedicated young doctor. I hope you have rested and recovered from the pressure of work. Wish you a Merry Christmas and A Happy New year. Wish you all what you wish yourself in life. You deserve all good things in life. Have a nice sleep and sweet dreams, and good night.
19 December 2021	Dr A	Dr B	Hi Dr B, are you on holiday? Missing you. Christmas greetings waiting you.

Schedule 5

Date	Action
In or around December 2021 – January 2022	Called Dr C: - 'love'; - 'my darling'
In or around December 2021	Said to Dr C: - 'that you had only bought her a present as you felt you had bonded'

Schedule 6

Date	Sender	To	Message
21 December 2021	Dr A	Dr C	Do you fancy we have a chat?
1 January 2022	Dr A	Dr C	With the warmest aspirations wishing you a Happy and prosperous new year, and may all your dreams [sic] com true with lol warm cuddles and kisses especially for you