

## PUBLIC RECORD

Dates: 08/04/2024 - 12/04/2024

Medical Practitioner's name: Dr Adeline SALIM

GMC reference number: 7149064

Primary medical qualification: MB ChB 2011 University of Liverpool

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	Mr Julian Weinberg
Lay Tribunal Member:	Dr Caroline Friendship
Medical Tribunal Member:	Mr Thomas George

Tribunal Clerk:	Mr Matt O'Reilly
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**Attendance and Representation:**

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Carlo Breen, Counsel

**Attendance of Press / Public**

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

## 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 - 10/04/2024

### Background

1. At the time of these events, Dr Salim was employed as a Paediatric Surgical Trainee by St Helens and Knowsley Teaching Hospitals NHS Trust (Lead Employer) from August 2017 until June 2022. Dr Salim was also in a placement at Warrington and Halton Hospitals NHS Foundation Trust ('the Trust') between February 2021 until June 2022.
2. The matters which have led to these proceedings can be summarised in that, Dr Salim met Mr B via an online dating app and they then dated between December 2020 and March 2021. Following the conclusion of that relationship, Mr B met Ms A and they then entered into a relationship.
3. The Allegation relates to an alleged course of conduct by Dr Salim towards Ms A between 10 March 2021 and 4 April 2021, amounting to harassment. This included inappropriately accessing the medical records of Ms A and her children, and attending outside Ms A's home address at nighttime on a number of occasions, and at her place of work. It is alleged that Dr Salim's actions amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997.

### The Outcome of Applications made during the Facts Stage

4. Dr Salim did not attend these proceedings. On day one of the hearing, Mr Carlo Breen, Counsel on behalf of the GMC, made an application in relation to service of the relevant notices and proceeding in Dr Salim's absence. The Tribunal granted the application. Its full written decision can be found at Annex A.

### The Allegation

5. The Allegation made against Dr Salim is as follows:

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

1. On 10 March 2021, you accessed the medical records of Ms A and/or her XXX children and you did so without:
  - a. consent; **To be determined**
  - b. good reason. **To be determined**
2. On or around 10 March 2021, you attended the property of Ms A at around 04:00 hours and you:
  - a. hid behind Ms A's car; **To be determined**
  - b. attempted to call Ms A's cat towards you. **To be determined**
3. On 15 March 2021 you:
  - a. attended Ms A's place of work; **To be determined**
  - b. gave the impression you were taking photos of Ms A whilst she was working. **To be determined**
4. On or around 1 April 2021, you attended Ms A's property and emptied the contents of her bin onto her driveway. **To be determined**
5. On 4 April 2021 you were seen loitering outside Ms A's house.  
**To be determined**
6. Your conduct as set out paragraphs 1 to 5 amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress to Ms A when you knew or ought to have known that your conduct amounted to harassment. **To be determined**

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

## The Admitted Facts

6. As Dr Salim was neither present nor represented during these proceedings and has not responded to the Allegation, the Tribunal therefore proceeded to determine all the matters before it.

### Witness Evidence

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

- Ms A, complainant. Ms A also provided a witness statement dated 19 May 2022;
- Mr B, a former partner of Ms A and of Dr Salim. Mr B also provided a witness statement dated 19 August 2022.

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

- Mr C, Information Governance and Corporate Records Manager, IT Department at Warrington and Halton Teaching Hospitals NHS Foundation Trust, witness statement, dated 3 May 2022 and supplementary witness statement, dated 29 March 2023;
- Dr D, Assistant Medical Director and Chair of the Maintaining High Professional Standards ('MHPS') disciplinary hearing, on 26 June 2023, regarding concerns around Dr Salim's conduct under Mersey and West Lancashire Teaching Hospitals NHS Trust, dated 6 November 2023.

### Documentary Evidence

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

- Photo of a vehicle licence plate taken by Ms A on 10 March 2021 at around 4am;
- CCTV footage from XXX, dated 15 March 2021;
- Police Statement of Ms A, dated 7 May 2021;
- CCTV footage taken from the home of Ms A, dated 1 April 2021;
- Screenshot of a WhatsApp conversation between Mr B and Dr Salim, undated;
- Screenshots of notifications from Mr B's dating app, undated;
- Summary of spreadsheet data of audit trails of access by Dr Salim, undated;
- Investigation Report Independent Professional Advice, dated 14 November 2022;

- Confidential Investigation Report, dated 20 January 2023;
- Letter from the Trust to Dr Salim regarding the disciplinary hearing outcome, dated 10 July 2023;
- Documents received from Merseyside Police, various.

### The Relevant Legal Principles

10. 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 Salim 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.

11. The Tribunal drew no adverse inference of guilt because of Dr Salim’s absence. However, it noted that Dr Salim had not availed herself of the opportunity to challenge the GMC’s evidence or to offer an innocent explanation for her actions.

12. The Tribunal also had regard to Protection from Harassment Act 1997, namely:

**“1 Prohibition of harassment.**

*(1) A person must not pursue a course of conduct—*

*(a) which amounts to harassment of another, and*

*(b) which he knows or ought to know amounts to harassment of the other.*

*(2). For the purposes of this section, the person whose course of conduct is in question ought to know that it amounts to or involves harassment of another if a reasonable person in possession of the same information would think the course of conduct amounted to harassment of the other.*

*Subsection (1) does not apply to a course of conduct if the person who pursued it shows—*

*(a) that it was pursued for the purpose of preventing or detecting crime,*

*(b) that it was pursued under any enactment or rule of law or to comply with any condition or requirement imposed by any person under any enactment, or*

*(c) that in the particular circumstances the pursuit of the course of conduct was reasonable.*

...

**7 Interpretation of this group of sections.**

*(1) This section applies for the interpretation of sections [F1 sections 1 to 5A].*

*(2) References to harassing a person include alarming the person or causing the person distress.*

*(3)A “course of conduct” must involve—*

*(a) in the case of conduct in relation to a single person (see section 1(1)), conduct on at least two occasions in relation to that person,”*

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

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

### Paragraphs 1a and b of the Allegation

1. On 10 March 2021, you accessed the medical records of Ms A and/or her XXX children and you did so without:
  - a. consent; **Determined and found proved**
  - b. good reason. **Determined and found proved**

14. In her witness statement, Ms A stated that Social Services had made contact with her in respect of a report made to them about her children, which she believed was made by Dr Salim. Ms A stated that the information related to something which she had not told Mr B and also included her children’s full names, dates of birth, their father’s full name and his mobile number. Ms A stated that she believed this information could only have been obtained by accessing her or her children’s medical records. She said that Social Services made enquiries and no further action was taken.

15. Ms A made a referral to the GMC on 26 March 2021 alleging that Dr Salim had accessed her medical records and those of her XXX children, using information in those records to make a malicious report to Social Services about the care of her children. Following this complaint an investigation was undertaken by the GMC and by the Trust.

16. As part of the Trust investigation, Mr C, Information Governance and Corporate Records Manager, IT Department at Warrington and Halton Teaching Hospitals NHS Foundation Trust, stated in his witness statement, dated 5 March 2022:

*“3. I have been asked to talk about an incident involving Dr Salim accessing medical records of three patients. I believe a letter was sent directly from the GMC to our Medical Director, [Mr E] on 26 January 2022 to request information and [Mr E] got*

*in touch with me and asked me to pick it up. From the information I was given, it appeared that the doctor in question had been in touch with her ex-partner, and from the information in her possession, it became clear that she had accessed personal medical records. I was asked to generate audit trails for three patients: Ms [A] and her XXX children. ...*

4. *What became apparent very early on was that the mother and XXX children were not registered on the Trust's master patient index, which means that they had not been treated on either of our sites. I decided to widen the search to include the national system, which can be accessed by our staff with the requisite smartcard access. I established that access had been made to all three patient's records by Dr Salim on 10 March 2021 for non-business purposes. Given the patients were never registered at the Trust, it stands to reason that they had never sought any treatment here, so any access made had to have been for non-business purposes. If one of the patients had attended the Trust, they would be registered on the local system and that wasn't the case..."*

17. Having had regard to the unchallenged evidence of Mr C, the Tribunal concluded that neither Ms A nor her children were patients of Dr Salim. The Tribunal accepted Ms A's evidence that she did not give consent to Dr Salim to access her or her children's medical records. Ms A did not fall within the same Trust catchment area for treatment under which Dr Salim was working. The audit by Mr C demonstrated however that Dr Salim had accessed the medical records of Ms A and her children on 10 March 2021, which was also prior to the report made to Social Services on 23 March 2021.

18. The report of Mr C set out that Dr Salim would have had to have searched outside of the local Trust database to access Ms A and her children's medical records. He said that this could be done with the relevant smartcard access but as Dr Salim had never treated Ms A or her children, then this would have been for non-business purposes.

19. The Tribunal considered that the evidence before it was unchallenged, was supported by an IT audit, and it considered the witness evidence of Ms A to be reliable given that it was consistent with the evidence of Mr C and of the data retrieved in relation to the medical record searches.

20. The Tribunal also noted, being mindful that the burden of proof rests solely with the GMC, that Dr Salim has neither denied that she accessed the relevant medical records nor has she provided a legitimate reason for having done so.

21. In the circumstances, the Tribunal found that Dr Salim did access the medical records of Ms A and/or her XXX children without consent and without good reason.
22. The Tribunal therefore found paragraphs 1a and b of the Allegation proved.

Paragraphs 2a and b of the Allegation

2. On or around 10 March 2021, you attended the property of Ms A at around 04:00 hours and you:
  - a. hid behind Ms A's car; **Determined and found proved**
  - b. attempted to call Ms A's cat towards you.  
**Determined and found proved**
23. In her witness statement, Ms A stated:

*"3. I remember one night on 10 March 2021 around 4am in the morning, I couldn't sleep and I heard a car pull up outside. I live in a close and wondered who it could be at that time, so I looked out the window and saw a red Tesla parked outside my house. A woman that I didn't recognise got out of the car and hid behind my car and it looked as though she was trying to call my cat towards her. I took a photo of the license plate on my phone because I thought it was unusual... I opened the window, and the woman got back into her car and drove off. I rang the police and said there was someone outside my house acting really oddly and they made a note on file. [Mr B] wasn't in the house at the time, it was just me and my children. I later checked the car registration with [Mr B] and we realised that it was Dr Salim."*

24. In his witness statement, Mr B stated:

*"3. ...on around 10 March 2021, my new girlfriend [Ms A] contacted me because she had received some mail that she wasn't sure about and had also seen Dr Salim parked outside her house. Dr Salim had got out of her car and tried to call [Ms A's] cat over. [Ms A] hadn't met Dr Salim before, but she asked me if she drove a red Tesla and I said yes. She then sent me a picture of a red Tesla parked outside of her house.*

*4. I text Dr Salim to try and confront her about it, but she wouldn't give me her plate number and said it wasn't her car. ... Around two days later, I drove to [Dr Salim's] place to try and confront her in person. At this stage, I didn't know who to believe, I couldn't tell whether [Ms A] was paranoid about me keeping on good term*



*with Dr Salim, or whether Dr Salim was actually lying to me. When I got to Dr Salim's place I realised she wasn't in so I parked a bit further away from any residential area to reflect on whether I should approach her or not as I was anxious about making any wrong allegations, and that's when I noticed Dr Salim walking towards my car with her dog. We had a civil chat and I asked her again if it was her outside [Ms A's] house, but she denied that it was her and said that I was paranoid. I asked to see her car, but she wouldn't let me."*

25. In a WhatsApp conversation between Mr B and Dr Salim, Mr B sent the picture taken by Ms A of the licence plate of the vehicle parked outside her house, to Dr Salim. He asked Dr Salim if that was her car. She stated:

*"Lol no. Mine's [redacted] Who was that?  
What's going on here?"*

*Mr [B]*

*"[Ms A] says she saw you stare at her house and crouch behind her house to try to get her cat to come to you"*

*Dr Salim:*

*"Amazing. What a conspiracy story! And how would I know where she lives? So she saw someone playing with her cat outside her house and the 2 of you assumed that was me?..."*

26. In a statement to the Police on 7 May 2021, it was recorded that:

*"On the 10/3/21 at 05:35 hours, I noticed a red TESLA vehicle... outside my address, which belongs to SALIM. SALIM was stood behind my car and seemed to be trying to entice my cat over to her. I opened my bedroom window and this startled SALIM and she ran back to her car and drove away."*

27. Ms A stated in her oral evidence that she had seen a woman crouching down behind her car attempting to call her cat towards her. Ms A's evidence was that she saw a red Tesla outside of her house. The Tribunal was mindful that the GMC has not produced direct evidence in relation to the ownership of the number plate in question. However, the Tribunal noted and accepted the evidence of Ms A that Mr B confirmed that Dr Salim had a red Tesla.

28. So far as Dr Salim’s message referred to above amounts to a denial, the Tribunal rejects her assertion that she was not the person seen for the following reasons:

- The Tribunal accepts that Ms A is a credible and reliable witness in that her evidence is consistent with both that of Mr C, the CCTV video evidence provided to the Tribunal, her timely statements to the police and Dr Salim’s detention by police on 4 April 2021;
- If the person involved was not Dr Salim, this would mean that there was another person allegedly harassing Ms A. Given the Tribunal’s findings in relation to the remaining paragraphs of the Allegation, the Tribunal did not consider that such an eventuality was probable or credible.

29. The Tribunal also noted, being mindful that the burden of proof rests solely with the GMC, that Dr Salim has, save for her WhatsApp message, neither challenged Ms A’s evidence nor has she provided any supporting evidence that might amount to a defence to this paragraph of the allegation.

30. The Tribunal considered Ms A’s evidence to have been credible and reliable. The Tribunal concluded that when viewed in the context of the nature and timing of the other factual particulars found proved, that it was a proper inference to draw that on the balance of probabilities, the woman crouching down behind Ms A’s car and attempting to call her cat was Dr Salim.

31. The Tribunal therefore found paragraphs 2a and b of the Allegation proved.

#### Paragraphs 3a and b of the Allegation

3. On 15 March 2021 you:

- a. attended Ms A’s place of work; **Determined and found proved**
- b. gave the impression you were taking photos of Ms A whilst she was working.  
**Determined and found proved**

32. In her witness statement, Ms A stated:

*“5. On 15 March 2021, Dr Salim came to my work (XXX), whilst I was working and took photographs of me on her phone while I was serving. I think she must have found out where I was working from my LinkedIn profile and tried all the local XXX stores. She came in and joined the queue. I didn’t really recognise her at the time because she had*

*a mask and hat on. She ordered a coffee from me and then I realised it was definitely her because I had seen a picture of her at this point. When I turned around, she had her phone held up and if she was taking photos. I checked the CCTV after she had left and saw that she was taking photos...”*

33. The Tribunal had before it the CCTV footage referred to by Ms A and it was satisfied that the events depicted were consistent with those described by Ms A in her witness statement and in her live evidence.

34. The Tribunal also had regard to the fact that this incident, as reported by Ms A to the Police on 7 May 2021 was consistent with her account given in evidence. In her statement, she stated:

*“On the 15/03/21 I was at work in XXX. SALIM came into the store and I was in the office in the back. I could see her peering into the back of the store looking around, acting strange. There was a queue in the store, so I went out to serve customers. SALIM joined the queue and when I started to make drinks and turned my back, I seen SALIM taking pictures of me on her mobile. I challenged her and she mad an uncomfortable noise and quickly put her phone down and left the store.”*

35. The Tribunal also heard evidence from Mr B who said that he believed the person in the CCTV footage to be Dr Salim as he recognised the coat she was wearing in the CCTV footage as one he had seen her wear when they were dating.

36. In her oral evidence, Ms A had said that the only reason she checked the CCTV was because there was a woman acting suspiciously whilst she was making drinks with her back turned and she recognised that person as Dr Salim.

37. The Tribunal was nevertheless satisfied however that Ms A was a reliable witness as her evidence was consistent in her police statement, her GMC witness statement and was corroborated by the CCTV footage.

38. The Tribunal also noted, being mindful that the burden of proof rests solely with the GMC, that Dr Salim has neither denied that she attended Ms A’s place of work, gave the impression that she was taking photos of Ms A whilst she was working, nor has she challenged Ms A’s version of events.

39. The Tribunal therefore determined that Dr Salim had, on the balance of probabilities, attended Ms A’s place of work on 15 March 2021 and gave the impression she was taking photos of Ms A whilst she was working.

40. The Tribunal therefore found paragraphs 3a and b of the Allegation proved.

Paragraph 4 of the Allegation

4. On or around 1 April 2021, you attended Ms A's property and emptied the contents of her bin onto her driveway. **Determined and found proved**

41. In her witness statement, Ms A stated:

*"7. There was a further incident where Dr Salim took rubbish bags from my bins and split the bin bag open with a pocketknife and spread rubbish all over my path. I have CCTV footage of this, but it is difficult to see because it was in the early hours of the morning, so it is dark and grainy...."*

42. In her witness statement to the police, dated 7 May 2021, Ms A stated:

*"On the 1/4/21 I came out of my address to discover that rubbish had been thrown all over my driveway. I reviewed CCTV at my address and it shows a figure that looks like SALIM walk past my address at 04:20 hours and go next door. She goes into the neighbours bin and throws the contents over her driveway. She then comes to my address and takes the rubbish from my bin and uses what looks like a knife to cut the binbags open and throw it over my drive way. The CCTV on my address is not clear and SALIM cannot be clearly identified, but it appears to be her."*

43. The Tribunal had before it the CCTV footage referred to by Ms A in her witness statement. It was satisfied that the incident as described by Ms A was corroborated by the CCTV footage.

44. The Tribunal also noted, being mindful that the burden of proof rests solely with the GMC, that Dr Salim has neither denied that she attended Ms A's property or that she emptied the contents of Ms A's bin onto her driveway.

45. The Tribunal considered Ms A's evidence to have been credible and reliable. The Tribunal concluded that when viewed in the context of the nature and timing of the other factual particulars found proved, that it was a proper inference to draw that on the balance of probabilities, that Dr Salim acted as alleged.

46. The Tribunal therefore found paragraph 4 of the Allegation proved.

Paragraph 5 of the Allegation

5. On 4 April 2021 you were seen loitering outside Ms A's house.

**Determined and found proved**

47. In her witness statement, Ms A stated:

*"6. There was another occasion on 4 April 2021 when the police caught Dr Salim by my house. One of my friends, [Ms F], saw her and followed her towards my house and another friend, [Ms G] called the police. The police ... took her away in a police car. I believe she spent a few hours at the police station and was given a warning. The police came to take a statement from me and [Mr B] two or three weeks later."*

48. In the statement of Constable H, on 5 April 2021, it was stated that:

*"On Sunday 4<sup>th</sup> April 2021...At Approx 22:46 we were dispatched via the control room, initially to an address in XXX where the informant [Ms G] advised that she had caught a female in her house, this was updated that [Ms G] was now following the female. Whilst en route we were advised that the person who was being followed, now known as Adeline SALIM, was on the phone to police too stating that she was being followed.*

*Upon arrival at the location we were flagged down by a group of people, now known to be [Ms A], [Ms G] and [Mr B], as we approached they pointed to SALIM who was walking away, PC [I] ran towards SALIM whilst the others shouted that she was going to run. I got back in the car and made my way around the block to where PC [I] and SALIM were.*

*I spoke to [Ms G] and [Ms A] who advised that there had been ongoing harassment from SALIM which had been reported to police. [Ms G] said that she had a few friends around into her garden and as a friend left, SALIM was seen outside her house, as she was seen SALIM walked away, [Ms G] and [Ms A] decided to follow her.*

*...I asked SALIM why she called police and she advised that she and [Mr B] had been in a brief relationship but he had started a new relationship with [Ms A] whilst they were still together, and then ended their relationship. SALIM said that whilst they were still together they had disagreements about the Covid rules and she knew that [Mr B] breached them, she described that there would usually be a party at [Ms G's] home address every Sunday evening, and she suspected that this would be the case tonight, therefore she attended this address and then contacted the police to report a Covid breach. SALIM then however stayed in the area to watch police arriving, but was seen*

*by [Ms G], [Ms A] and [Mr B]. SALIM said that she is frustrated by people breaching the rules and not taking it seriously. SALIM told us that she had actually reported [Mr B] to police as she believed he was stalking her as he had been seen driving past her house and walking near her house, she also told us that she was a doctor, Paediatric surgeon working in Warrington.*

*SALIM was verified and told to go back to her home address.*

*PC [I] and I then went to visit [Ms A] and [Mr B] at [Ms A's] residence. [Ms A] was frustrated and distressed that she was being harassed by SALIM, she advised that this harassment has been ongoing for several weeks..."*

49. Dr Salim provided an explanation to the police that she was in that area due to her believing that there was an alleged breach of the COVID rules on gatherings. This explanation was not supported by corroborating evidence. Seen within the context of Dr Salim's behaviour as found proved in relation to paragraphs 1, 2, 3 and 4, the Tribunal rejected her explanation for her being at the premises. In reaching that decision, the Tribunal has noted that Dr Salim has not challenged Ms A's statement and in not attending this hearing, has waived the opportunity to advance any defence she may have.

50. The Tribunal was therefore satisfied that based on the evidence of Ms A, which it considered to be reliable, and that of the police officers' statement, that Dr Salim was seen loitering outside Ms A's house on 4 April 2021.

51. The Tribunal therefore found paragraph 5 of the Allegation proved.

#### Paragraph 6 of the Allegation

6. Your conduct as set out paragraphs 1 to 5 amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress to Ms A when you knew or ought to have known that your conduct amounted to harassment. **Determined and found proved**

52. The Tribunal has found that Dr Salim's course of conduct was targeted at Ms A and occurred between 10 March 2021 and 4 April 2021, on five occasions, both outside her home address and at her place of work. In relation to paragraph 1 of the Allegation, Dr Salim's conduct related to Ms A's children and included the wrongful accessing of her and her children's medical records.

53. In her oral evidence Ms A said, and the Tribunal accepted, that Dr Salim’s actions caused her to be frightened, alarmed and distressed, caused her sleepless nights and made her nervous. In respect of Dr Salim having attended her place of work, Ms A said that that sickened her and that it felt very invasive because it was her place of work and that she felt her personal space was being invaded.

54. In respect of seeing the CCTV footage Dr Salim having cut open her binbags and spread the rubbish on her driveway, Ms A said that this made her feel like her space was invaded and concerned that Dr Salim might be carrying a knife around with her. She said that it felt spiteful and unnecessary. Ms A also said that she was concerned about Social Services having been contacted and calling into question her parenting skills. She said that she was worried about Dr Salim being outside her address, including at night and in the early hours of the morning, that Dr Salim’s actions had impacted on her career and was a contributory factor in her leaving her role at XXX.

55. In her statement to the police on 7 May 2021 Ms A said:

*“I just want to be left alone by SALIM and to stop being harassed. I’m struggling to sleep at night, worrying that SALIM is outside my address.”*

56. A further record of the case summary provided by the police stated:

**“CASE SUMMARY**

*this is a further incident made by the victim there is a mal comms recorded circs on the log are :-*

*HARASSMENT \* . INFT MAKING A FURTHER CALL IN REGARDS TO HER NEW PARTNERS EX PARTNER . INFT STATES SHE DOES NOT KNOW WHAT ELSE TO DO AND THIS IS NOW HAVING A HUGE EFFECT ON HER LIFE SO MUCH SO SHE CAN NOT FACE GOING INTO WORK AND HAS CALLED IN SICK FOR THE FIRST TIME IN YEARS . HER NEW PARTNER IS CALLED XXXXXX THEY HAVE BEEN TOGETHER FOR A FEW MONTHS . THROUGH THIS TIME A NUMBER OF THINGS HAVE HAPPENED AND ALTHOUGH THERE IS NO EVIDENCE IT ALL STONGLY DIRECTS TO HIS EX HER NAME IS ADELIN SALIM- DOB ?? AGED 34 . INFT STATES THE 2 PREV REPORTS SHE HAS MADE HAVE SINCE BEEN CLOSED AND SHE FEELS SHE IS NOT GETTING ANY HELP TO THE CONSTANT HARASSMENT . SHE ADDS SALIM IS A SURGEON SO WOULD HAVE ACCESS TO MEDICAL INFORMATION A REPORT WAS MADE TO HER DRS...”*

57. The Tribunal also noted, being mindful that the burden of proof rests solely with the GMC, that Dr Salim has neither denied that her behaviour amounted to harassment, nor subject to the limited extent as referred to earlier in this determination, has she provided a justifiable explanation for her actions. Given the nature and timing of the facts found proved, the only rational conclusion that this Tribunal could draw was that Dr Salim’s actions were intended to cause alarm and distress to Ms A and that she knew or ought to have known that that would be the consequence of her actions.

58. The Tribunal concluded that a reasonable person in possession of the same information would think that Dr Salim’s course of conduct amounted to harassment of Ms A.

59. The Tribunal determined that Dr Salim’s course of conduct was improper, oppressive and unreasonable and amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997. Dr Salim’s conduct caused alarm and distress to Ms A when Dr Salim knew or ought to have known that her conduct amounted to harassment. The Tribunal concluded that there was insufficient evidence before it to conclude that any of the circumstances referred to at Section 2 of the Protection of Harassment Act 1997 were present in this case.

60. The Tribunal therefore found paragraph 6 of the Allegation proved.

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

61. The Tribunal has determined the facts as follows:

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

1. On 10 March 2021, you accessed the medical records of Ms A and/or her XXX children and you did so without:
  - a. consent; **Determined and found proved**
  - b. good reason. **Determined and found proved**
2. On or around 10 March 2021, you attended the property of Ms A at around 04:00 hours and you:
  - a. hid behind Ms A’s car; **Determined and found proved**
  - b. attempted to call Ms A’s cat towards you. **Determined and found proved**



3. On 15 March 2021 you:
  - a. attended Ms A's place of work; **Determined and found proved**
  - b. gave the impression you were taking photos of Ms A whilst she was working.  
**Determined and found proved**
4. On or around 1 April 2021, you attended Ms A's property and emptied the contents of her bin onto her driveway. **Determined and found proved**
5. On 4 April 2021 you were seen loitering outside Ms A's house.  
**Determined and found proved**
6. Your conduct as set out paragraphs 1 to 5 amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress to Ms A when you knew or ought to have known that your conduct amounted to harassment. **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 - 11/04/2024**

1. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Salim'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 on behalf of the GMC**

3. In summary, Mr Breen submitted that having determined the facts as found proved, the Tribunal now has to decide whether Dr Salim's fitness to practise is impaired. He said that under Section 35C(2) of the Medical Act 1983, a finding of impaired fitness to practise can

only be made on one or more grounds specified in the statute, namely whether the findings made by this Tribunal, which were unequivocal, taken singularly or together, constitute misconduct.

4. Mr Breen referred the Tribunal to the relevant legal principles to consider when determining misconduct. He referred to the case of *Meadow v GMC [2006] EWCA Civ 1390* in which the Court approved the approach to identifying serious professional misconduct from the earlier decision in *Roylance v GMC [2000] 1 A.C. 311*, in which it was said that the circumstances giving rise to a finding of misconduct must be linked to the practice by the doctor of medicine or be conduct which otherwise brings the profession into disrepute, and that it must be serious. Mr Breen also cited the case of *Nandi v GMC [2004] EWHC 2317 (Admin)* in which the court said that the misconduct would be conduct regarded as deplorable by fellow practitioners. Mr Breen also invited the Tribunal to have regard to the provisions of Good Medical Practice (2013) ('GMP').

5. Mr Breen invited the Tribunal, if it found misconduct, to then to go on to consider whether Dr Salim's fitness to practise is impaired because of that misconduct. He submitted that this was a matter for the Tribunal's professional judgment alone.

6. Mr Breen referred the Tribunal to the relevant legal principle as set out in the case of *Cheatle v General Medical Council [2009] EWHC 645 (Admin)* in which the judgment of Cranston J said; "*The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.*" Mr Breen submitted that this was an important principle to bear in mind when considering whether Dr Salim's fitness to practise is impaired.

7. Mr Breen submitted that the Tribunal should consider whether the need to uphold proper professional standards and public confidence would be undermined if a finding of impairment were not made. He said this was particularly relevant bearing in mind the course of Dr Salim's behaviour. He also referred the Tribunal to the overarching objective.

8. Mr Breen said that there was a difficulty in the consideration of Dr Salim's level of insight in determining whether her fitness to practise is currently impaired, as there has been no engagement from her, and so the Tribunal has no evidence of her insight into her behaviour. He submitted that given the serious nature of the Tribunal's findings, a finding of impairment was necessary to protect the public, to maintain proper standards of behaviour and to maintain public confidence in the profession.

## The Relevant Legal Principles

9. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal’s judgement alone.
10. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: firstly, whether the facts as found proved were sufficiently serious to amount to misconduct and secondly, whether the finding of that misconduct results in a finding of impaired fitness to practise.
11. The Tribunal was mindful that it must determine whether Dr Salim’s fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
12. The Tribunal reminded itself of the statutory overarching objective which is to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.
13. 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

14. The Tribunal first considered whether the facts found proved amounted to misconduct. In so doing it had regard to the following relevant provisions of GMP:

*“Communication, partnership and teamwork*

...

- *Respect patients' right to confidentiality.”*

*“50. You must treat information about patients as confidential...”*

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

15. The Tribunal has already found that Dr Salim's course of conduct was improper, oppressive and unreasonable and amounted to harassment as defined in Section 1(1) of the Protection from Harassment Act 1997, and that Dr Salim's conduct caused alarm and distress to Ms A when Dr Salim knew or ought to have known that her conduct amounted to harassment.

16. The Tribunal considered Dr Salim's actions to have been particularly serious in that she inappropriately accessed the medical records of Ms A and her children, and then contacted Social Services providing them with information she obtained from those records which she should not have done. Dr Salim did not do this in her role as the doctor treating Ms A or her children, but rather as a medical professional with the ability to access the medical records of a patient within the NHS. She then deliberately used that information to the intended detriment of Ms A. This conduct caused Ms A significant emotional harm as set out earlier in this determination.

17. The Tribunal determined that Dr Salim breached her duty as set out in GMP in not respecting Ms A's and her children's confidentiality in relation to their medical records and also inappropriately shared that information with Social Services.

18. When considering the Tribunal's findings at paragraphs 2-5 of the Allegation in which Dr Salim attended outside Ms A's home address at nighttime on three occasions, and at her place of work, the Tribunal has found that taken as a course of conduct, (including her conduct found proved at paragraph 1) her behaviour was sufficient as to amount to harassment. The Tribunal determined that Dr Salim's conduct amounted to serious breaches of paragraphs 50 and 65 of GMP. The Tribunal concluded that the nature and extent of her

harassment of Ms A was of sufficient gravity that Dr Salim's conduct would bring the profession into disrepute. Members of the public are entitled to expect doctors to respect their confidentiality, and not use that information to engage in the behaviour found proved to harass another person.

19. In the circumstances the Tribunal concluded that Dr Salim's conduct found to amount to harassment fell significantly short of the standard expected of a doctor. As such the Tribunal found that her conduct amounted to misconduct.

### **Impairment**

20. The Tribunal then went on to consider whether Dr Salim's fitness to practise is currently impaired by reason of her misconduct.

21. The Tribunal considered whether Dr Salim's conduct was remediable, has been remedied and whether there was a risk of repetition.

22. The Tribunal considered that Dr Salim's conduct was, in theory capable of being remediated, albeit that it related to an attitudinal issue and would therefore be difficult to address. However, as Dr Salim did not engage in the Trust investigation process or in this regulatory process, the Tribunal did not have sight of any evidence of her insight into her conduct or of any steps taken by her to remediate her conduct. The Tribunal did not have sight of any evidence of regret, apology or remorse, or of an understanding of the impact of her conduct on Ms A, her children or on the reputation of the profession generally.

23. The Tribunal noted that Ms A and Mr B stated that there has not been any repetition of Ms A's conduct since 4 April 2021. Nevertheless, the Tribunal concluded that, given the absence of evidence of insight and remediation, there remained a significant risk of Dr Salim's misconduct being repeated.

24. Dr Salim has been found to have harassed Ms A; inappropriately accessed her and her children's medical records through her role as a doctor; used the information obtained to cause distress and alarm by making a report to Social Services to the intended detriment of that person; attended outside that person's home address at nighttime on a number of occasions, attended their place of work, pursued a course of conduct from 10 March 2021 until 4 April 2021 with the intention of causing alarm and distress; and causing emotional harm and distress. The course of conduct only ceased following the last incident on 4 April 2021 when Dr Salim was removed from outside Ms A's home address by the police.

25. Given the lack of demonstrable evidence of insight and remediation and the ongoing risk identified above, the Tribunal determined that limbs a, b and c referred to in the case of Grant apply. The Tribunal has found that Dr Salim poses an ongoing risk to the public and that her misconduct brings the profession into disrepute and breaches a fundamental tenet of the profession by acting in a way that undermines public's trust that members of the profession will conduct themselves in a professional manner.

26. The Tribunal determined that a finding of impairment was necessary in respect of Dr Salim's misconduct in order to uphold all three limbs of the overarching objective, namely to: protect, promote and maintain the health, safety and well-being of the public; promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for members of that profession. In all the circumstances the Tribunal concluded that confidence in the profession would be undermined if a finding of impaired fitness to practise were not made.

27. The Tribunal has therefore concluded that Dr Salim's fitness to practise is currently impaired by reason of her misconduct.

#### **Determination on Sanction - 12/04/2024**

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

#### **The Evidence**

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

#### **Submissions on behalf of the GMC**

3. Mr Breen referred the Tribunal to its decision at Stage 2 and submitted that, given what the GMC would term as very damning findings, the appropriate sanction should be one of erasure. He referred the Tribunal to the relevant paragraphs of the Sanction Guidance (5 February 2024) ('SG') and to the overarching objective. He reminded the Tribunal that it had determined at Stage 2 that all three limbs of the overarching objective were engaged, and that the Tribunal had taken a very dim view of Dr Salim's behaviour when applying it. Mr Breen submitted that the Tribunal should have regard to the principle of proportionality, weighing the interests of the public against those of Dr Salim. He reminded the Tribunal that

it found Dr Salim to pose an ongoing risk to the public, which was a relevant consideration at the sanction stage.

4. Mr Breen submitted that there were no mitigating factors present, that Dr Salim had not presented any evidence that she has attempted to address or remediate her conduct, provide acknowledgement from her of her behaviour, and that there were no references or testimonials to support Dr Salim in any work that she has done. He submitted that there was a complete lack of evidence in respect of expressions of regret and apology, and that there was also a lack of insight.

5. Mr Breen invited the Tribunal to consider Dr Salim's course of conduct which took place in respect of the accessing of Ms A's and her children's medical records and attending Ms A's property as representing aggravating factors. Mr Breen said that the Tribunal may consider paragraph 56a of the SG to be relevant: *"Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life...issues relating to probity, being honest and trustworthy, acting with integrity"*.

6. Mr Breen submitted that this was not a case where the Tribunal should take no action as there were no exceptional circumstances, and that this was not a conditions case either. He said that the sanctions available to the Tribunal were either suspension or erasure. He referred the Tribunal to the relevant paragraphs of the SG in respect of suspension and erasure.

7. Mr Breen invited the Tribunal to consider whether the ultimate sanction of erasure was proportionate and reasonable in the circumstances of this case and whether the misconduct was so serious that action must be taken over and above suspension. He invited the Tribunal to consider whether, based on its findings and the ongoing risk to the public, whether suspension was proportionate, or whether the behaviour of Dr Salim was fundamentally incompatible with remaining on the medical register.

8. Mr Breen submitted that there had been no acknowledgement of fault from Dr Salim and that this Tribunal determined at Stage 2 that it was not satisfied that her behaviour was unlikely to be repeated. He submitted that whilst it was right to say there was no evidence of repetition and paragraph 97g of the SG states that suspension may be appropriate where *"the Tribunal is satisfied that the doctor has insight and does not pose a significant risk of repeating behaviour"*. Mr Breen submitted that that was not the case here. However, he submitted that if the Tribunal imposed a period of suspension, then it should be at the upper end of the range, but that the GMC's submission remained one of erasure.

9. Mr Breen referred the Tribunal to paragraph 107 and 108 of the SG:

*“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.”*

10. Mr Breen said that patient records are safeguarded and can only be accessed in certain ways for legitimate reasons.

11. Mr Breen then invited the Tribunal to consider whether the following paragraphs of the SG were engaged, namely:

*“109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*

- a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate*
  
- b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
  
- ...*
- d Abuse of position/trust (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).*
  
- ...*
- i Putting their own interests before those of their patients (see Good medical practice introduction on page 7 ‘Patients must be able to trust medical professionals with their lives and health. To justify that trust you must make the care of patients your first concern, and meet the standards expected of you in all four domains.’ and paragraphs 94–97 regarding conflicts of interest).*
  
- j Persistent lack of insight into the seriousness of their actions or the consequences.”*



12. Mr Breen submitted that on the facts of this case, and based on the findings of the Tribunal, the proportionate sanction was one of erasure.

### **The Tribunal's Determination on Sanction**

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

14. In making its decision, the Tribunal had regard to the principle of proportionality, and it weighed Dr Salim'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 they 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.

15. 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

16. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

### Aggravating factors

17. The Tribunal considered Dr Salim's course of conduct, which was deliberate and repeated from 10 March 2021 until 4 April 2021 in order to harass Ms A and to have been a particularly serious aggravating factor. Dr Salim abused her position as a doctor to access the medical records of Ms A and her children, who were not her patients. She did this in order to facilitate her harassment of Ms A. In addition Dr Salim failed to engage with the Trust investigation and with this regulatory process. She has not provided any evidence of acknowledgment, apology, regret or remorse for her actions and she has not provided any evidence of any insight or steps towards remediation to this Tribunal.

18. The Tribunal noted the submission of Mr Breen that there were no testimonials or references from Dr Salim. Whilst noting this, the Tribunal did not however consider this to amount to an aggravating factor.

#### Mitigating factors

19. The Tribunal noted that there was no previous adverse regulatory history, and that there has been no further repetition of her misconduct since the last incident on 4 April 2021, and considered these to be mitigating factors.

#### **No action**

20. 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.

21. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action. Given the serious findings against Dr Salim, the Tribunal determined that it would not be appropriate, proportionate or in the public interest to conclude the case by taking no action. Given the ongoing risks identified, and given that such an outcome would not restrict Dr Salim's practice, the Tribunal concluded that such an outcome would be inappropriate.

#### **Conditions**

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

23. The Tribunal considered that the imposition of conditions would only be workable if Dr Salim engaged in the process and was willing to comply with any conditions imposed. She would also need to be working within the field of medicine. Dr Salim has not engaged in the regulatory process and as a result, she has not provided any information that would suggest that she was either willing or able to comply with conditions. The Tribunal had no up to date information regarding her current circumstances including if she is working, whether within the medical field or not. Mr Breen had told the Tribunal that it was understood that Dr Salim had previously been at a level ST5, but that it was unknown what her current situation was or if she is working. The Tribunal was however informed that Dr Salim did not currently have a Responsible Officer and that she had not been revalidated.

24. In any event the Tribunal determined that the imposition of conditions on Dr Salim’s registration would not be appropriate in light of the serious nature of the matters under consideration. The Tribunal noted that it is very difficult to formulate conditions to address attitudinal concerns identified.

25. In the circumstances, the Tribunal determined that the imposition of conditional registration would not meet the public interest in this case.

26. The Tribunal therefore determined that conditions would be neither proportionate nor workable in the circumstances of this case and, given the serious nature of its findings and would fail to uphold the statutory overarching objective or maintain public confidence.

### Suspension

27. The Tribunal then went on to consider whether to impose a period of suspension.

28. In doing so, it bore in mind paragraphs 92, 93 and 97e and g of the SG, which state:

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

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

*“97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*...*

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

*...*

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

29. The Tribunal considered that Dr Salim’s misconduct was so serious that action must be taken to protect members of the public and maintain public confidence in the profession. It considered that a period of suspension could possibly be sufficient to maintain public confidence and protect the public. However, it had no acknowledgement of fault from Dr Salim, no evidence that she has insight into her actions or that the behaviour was unlikely to be repeated. Given Dr Salim’s complete lack of engagement, the Tribunal had no evidence before it of any insight or steps taken to address her misconduct such that a period of suspension might be the appropriate sanction to impose.

30. The Tribunal determined that a period of suspension would not therefore be the appropriate or proportionate response, given the serious nature of its findings and the aggravating factors in this case.

### **Erasure**

31. The Tribunal then went on to consider whether erasure would be the appropriate and proportionate sanction in the circumstances of this case. In so doing it accepted the submission of Mr Breen that paragraphs 108 and 109 a, b, d, i and j, as previously set out, were engaged.

32. The Tribunal therefore determined that Dr Salim’s course of conduct was fundamentally incompatible with continued registration.

33. In these circumstances, the Tribunal determined that the sanction of erasure was necessary in order to maintain public confidence in the profession and to uphold all three limbs of the overarching objective.

34. The Tribunal therefore determined to erase Dr Salim’s name from the medical register.

### **Determination on Immediate Order - 12/04/2024**

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

### **Submissions**

63. Mr Breen made an application for an immediate order under Section 38 on the basis of public protection and that it was in the public interest.

### The Tribunal's Determination

64. 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.”*

65. In reaching its determination, the Tribunal considered the submissions of Mr Breen and the relevant paragraphs of the SG.

66. The Tribunal concluded that it would be inappropriate not to impose an immediate order in this case, given its findings of misconduct and impairment. The Tribunal found that the misconduct in this case was so serious, that a risk of repetition was ongoing and that the only appropriate sanction was that of erasure.

67. 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 necessary for the protection of the public and was otherwise in the public interest.

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

69. There is no interim order to revoke

70. That concludes this case.

ANNEX A – 10/04/2024

**Application on Service & Proceeding in Absence**

71. Dr Salim is neither present nor represented today at the Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules').

Service

72. Mr Carlo Breen, Counsel, on behalf of the General Medical Council ('GMC') made an application on service and proceeding in absence of the doctor. He referred the Tribunal to the documents relevant to proof of service:

- Dr Salim's registered home address and email address on the GMC's case management system;
- Telephone note calls made by GMC to doctor's registered mobile and landline telephone numbers, dated 11 January 2024;
- An email and a letter, sent via registered post, from the GMC to Dr Salim in accordance with Rule 34(9), both dated 31 January 2024;
- Proof of service for the Rule 34(9) letter sent by registered post, dated 19 February 2024;
- Returned Rule 34(9) letter which had been sent by registered post, marked 'Card Left';
- Notice of Allegation from the GMC to Dr Salim by email, dated 23 February 2024;
- Delivery notification for the Notice of Allegation sent by email, dated 23 February 2024;
- Notice of Allegation sent by the GMC to Dr Salim by registered post, dated 23 February 2024;
- Proof of Service for the Notice of Allegation sent to Dr Salim's registered address, dated 26 February 2024;
- Notice of Hearing sent by the MPTS to Dr Salim's registered email address, dated 26 February 2024;
- Chaser email sent by the MPTS to Dr Salim in respect of requesting acknowledgement of receipt of the Notice of Hearing, dated 27 February 2024;
- Notice of Hearing sent by the MPTS to Dr Salim by registered post to the doctor's registered address, dated 28 February 2024;

- Proof of service of the MPTS Notice of Hearing which was sent by registered post, dated 28 February 2024.

73. Mr Breen submitted that a few days prior to the Rule 7 letter, the GMC investigating officer was advised of Dr Salim’s email address by the Trust and the GMC investigating officer did a *pathfinder* to that email address. Mr Breen said that it was confirmed Dr Salim used that email address and she was then sent the Rule 7 letter. The Medical Defence Union (‘MDU’) were copied in, but that it appeared Dr Salim was no longer being represented by the MDU at that point as they were without instruction and they would not be taking part in these proceedings.

74. Mr Breen submitted that that proper service had been effected, that there was no indication from Dr Salim as to why she could not attend these proceedings. He invited the Tribunal to proceed in Dr Salim’s absence pursuant to Rule 31.

75. Having considered the evidence before it and the submissions made by Mr Breen, the Tribunal was satisfied that notice of the hearing had been served on Dr Salim in accordance with Rule 15 of the Rules.

#### Proceeding in absence

76. Having been satisfied that the GMC information letter and MPTS notice of hearing were properly served upon Dr Salim, the Tribunal then considered whether to proceed with the hearing in her absence, in accordance with Rule 31 of the Rules.

*‘31. Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.’*

#### **The Tribunal’s Decision**

77. The Tribunal accepted the advice of the LQC who referred to the relevant Rules and judgments in the cases of *R v Jones [2003] 1 AC 1*; *[2002] UKHL 5* and *GMC v Adeogba [2016] EWCA Civ 163*. The Tribunal had regard to the following factors:

- The nature and circumstances of Dr Salim’s behaviour in absencing herself;
- Whether the behaviour was voluntary and therefore whether she had waived her right to be present;



- Whether an adjournment would result in Dr Salim’s attendance on a subsequent occasion;
- That four witnesses had made themselves available to give live evidence, albeit virtually;
- The general public interest in hearing cases expeditiously.

78. The Tribunal was mindful that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution and with a regard to the overall fairness of the proceedings. In doing so, it considered the need to balance Dr Salim’s interests with the statutory overarching objective.

79. The Tribunal has evidence before it that the GMC and the MPTS has made Dr Salim aware of the hearing taking place on 8 April 2024 by means of email and the postal service.

80. Dr Salim had neither engaged in the Trust investigation, nor meaningfully engaged in the current regulatory process.

81. Dr Salim had not provided any explanation for her absence from today’s hearing nor has she applied for an adjournment of it. There was no evidence before the Tribunal to suggest that Dr Salim would provide any further information or documentation if the hearing was to adjourn to a later date. In addition, it noted that four witnesses have been put on notice and have made themselves available, and have been scheduled to give their evidence.

82. The Tribunal determined that Dr Salim has chosen to voluntarily absent herself from the hearing. The Tribunal considered whether an adjournment would provide Dr Salim the opportunity to attend the hearing. It could not however be satisfied that, were there to be an adjournment, Dr Salim might attend a hearing on a future date given her complete lack of engagement.

83. The Tribunal has balanced Dr Salim’s interests with the wider public interest in deciding whether to proceed in her absence. The Tribunal concluded that it is in the public interest and in the interests of justice to proceed with the hearing today.

84. Accordingly, the Tribunal determined that it was fair and reasonable to proceed in Dr Salim’s absence in accordance with Rule 31.